

*There is a need  
so we help*

SERVICES  
FOR INUIT  
SURVIVORS  
OF CHILD  
SEXUAL  
ABUSE

PAUKTUUTIT INUIT WOMEN'S ASSOCIATION 2003

ANALYSIS REPORT





## **Dedication**

We would like to dedicate this report to Geela Giroux-Patterson (deceased). Geela was a support to Pauktuutit and dedicated much of her life to helping others and especially survivors of child sexual abuse. She is fondly remembered and very much missed.

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# HIGHLIGHTS

- There is an ever-increasing need to develop a foundation for healing and support for the survivors of child sexual abuse. The negative impact of the residential school system continues to show itself in the disrupted lives of individuals and families throughout the North.
- While awareness of child sexual abuse and the needs of survivors and other family members is growing, clearly much more needs to be done to bring this issue into the open, to work together to prevent further abuse and to support survivors in their healing journey.
- Survivor services start in different ways, usually in response to an identified community need. Many services for survivors were started by individuals with personal experience of abuse or an awareness of a gap in services. The services included counselling programs, healing circles, child and family services, wellness programs, and general health and social services programs that are available to survivors.
- About half (54 per cent) of the 65 services studied were multi-community services, about three out of every ten (31 per cent) were offered region-wide, and four of the services were province- or territory-wide. How well multi-community and region- or territory-wide services meet the needs of survivors was not examined in this study.
- Almost eight out of every ten (75 per cent) of the organizations contacted provide services in at least one Inuktitut dialect, but Inuktitut language services are by no means universally available. Two out of every ten (20 per cent) of the services that were described are available in English only. Interpreters are available in most – eight out of every ten (80 per cent) organizations (and almost another two out of ten (15 per cent) of the remainder sometimes have interpreters available), however, interpretation is not ideal for counselling and crisis situations.



- While use of Inuit content or Inuit Qaujimajatuqangit is becoming more common in services for Inuit, not often enough is it a core component of programs. More than seven out of every ten (73 per cent) of the services surveyed identified some Inuit content, but only two out of every ten had a cultural component and three out of every ten included Elders or traditional counsellors.
- Presently non-Inuit staff are more common than Inuit staff in services for survivors for child sexual abuse. Less than six out of every ten (60 per cent) of the organizations have full-time Inuit staff who offer services to survivors of child sexual abuse
- Almost four out of every ten services (35 per cent) stated that staff work unpaid overtime (in unionized positions, overtime is paid). In general, service providers in this area are very committed to the issue and to their clients, and being in human services, do what must be done to support clients, especially in times of crisis. Many caregivers stated they are available to those in need 24 hours a day, seven days a week.
- A little more than half (56 per cent) of caregivers spend more time helping others than they would like to. Several talked about the high demands on the few caregivers there are, and the need to be there when clients are in crisis. They also spoke of the need for balance between caring for clients, caring for their families and caring for themselves.
- Unfilled staff positions contribute to overload among existing staff. In this study, three out of every ten (30 per cent) of the organizations currently have unfilled staff positions related to support for child sexual abuse survivors: a total estimate of 40 unfilled positions in these organizations.
- While staff in most – nine out of every ten (90 per cent) – organizations with child sexual abuse services have training in healing, crisis intervention and general counselling, three out of every ten of them (30 per cent) reported that staff have no specialized training related to child sexual abuse. Workshops were the most common method of

training, followed by short courses, yet four out of every ten (40 per cent) of the organizations stated that the level of training was at a college or university level. A little over half (57 per cent) of training events included some Inuit cultural knowledge. Inclusion of Elders was the most common way of incorporating Inuit Qaujimajatuqangit in training programs.

- According to organizations providing services to survivors, there isn't enough support and healing available for caregivers. Only four out of every ten (40 per cent) thought there was enough support. Among the 16 individual caregivers contacted for this study, most – almost seven out of every ten (69 per cent) – felt they have access to support and healing themselves in their communities, but individual comments indicate that more support would be helpful.
- While respondents to the survey were justifiably proud of the services they offer to survivors of child sexual abuse, they also identified or demonstrated a number of needs to improve and sustain services. They included:
  - more Inuit content in programs
  - more training specific to Inuit child sexual abuse
  - ongoing support and networking for caregivers
  - additional staff and reduced workloads
  - longer-term and adequate funding.
- Committed people in many communities are doing what they can to address child sexual abuse, often with little community support, meagre funding and limited training. There is a real danger of losing ground if Inuit Qaujimajatuqangit related to child sexual abuse is not put into wider practice and skilled caregivers burn out through overwork and lack of support.



# RECOMMENDATIONS

## Awareness

1. Increase efforts to promote awareness of child sexual abuse in Northern communities, and support community efforts to prevent and detect abuse and to provide healing services for survivors and offenders.

## Program Development

2. Provide “seed” grants to community organizations to document community needs and develop proposals for community-based services for child sexual abuse survivors.
3. Work with formal and informal caregivers, Elders, Inuit healers and professionals to develop guidelines for Inuit caregivers working with child sexual abuse survivors.

## Service Models

4. Further study the effectiveness of different service models for Inuit survivors, in particular, how well multi-community and region- or territory-wide services meet their needs.

## Inuktitut Language

5. Explore ways to make more services for survivors available in Inuktitut, especially those intended for older participants and those involving intensive emotional or healing work.

## Inuit Content

6. Undertake other projects to document and describe ways of increasing Inuit content in services for survivors.

7. Create resources for program developers and caregivers that provide knowledge and tools to address child sexual abuse based on Inuit Qaujimagatuqangit.
8. Create opportunities such as conferences, workshops and radio and television broadcasts in order for service providers and caregivers who use Inuit cultural content in programs to share with others.

## Staffing

9. Develop strategies to recruit and train more Inuit to provide child sexual abuse services, for example, providing skills upgrading, including Inuit on multidisciplinary teams in order to transfer skills and knowledge, and recognising and incorporating more Inuit healers and Elders in programs.
10. Investigate ways to effectively support informal caregivers and service volunteers, addressing appropriate roles, how to provide additional training and supervision, and how to recognise contributions.

## Training

11. Undertake a comprehensive assessment of training needs for service providers working with survivors and develop a multi-component plan to address those needs, for example, through conferences and workshops, on-the-job training, telecommunications, etc.
12. Increase Elder and Inuit healer participation as trainers.



## Support for Caregivers

13. Sustain existing caregivers by providing training and networking opportunities, and support healing and renewal.
14. Record and share methods of self-care among caregivers.
15. Build expertise and a support base in each community by holding territory- or region-wide training events for at least three people from each community at one time.

## Funding

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16. Secure a commitment from governments for long-term, adequate funding for survivor services.

# 1. INTRODUCTION

*I believe that child sexual abuse is the main reason for a lot of addictions, violence and health problems we have today ...Sexual abuse has been happening for years. Ten years ago I spoke to an Elder who was 72 years old, it was very emotional, but I spoke to her because I wanted to know how it was growing up in her younger days. [I] also spoke with another Elder who was 66 years old who moved to my community when she was in her teens. Both Elders have told me that they have never told anyone about being sexually abused because they were ashamed.*

*Survey participant*

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Members of Inuit communities suffer from the legacy of the residential school system. There is an ever-increasing need to develop a foundation for healing and support for the survivors of child sexual abuse. The negative impact of the residential school system continues to show itself in the disrupted lives of individuals and families throughout the North. A person may be a direct survivor of the residential school system or their parents may be the survivor and they too are now suffering the effects across generations. The legacy often lies hidden beneath the surface, revealing itself in depression, family violence, alcohol and drug abuse, self-destructive behaviour, and in suicide. Often, when Inuit seek counselling for these problems, the truth of past child sexual abuse reveals itself.

To date, very little has been done to describe services for Inuit survivors of child sexual abuse. Revelations over the past decade about the residential school system have brought the issue to the forefront. Though not all students were sexually or physically abused, those who witnessed violence and abuse are survivors as well. The legacy of the residential schools is now better understood and a better sense of how to address the social and emotional problems is evolving.

In 2001-2002, Pauktuutit Inuit Women's Association, with the support of the Aboriginal Healing Foundation, conducted a survey of Northern organizations and individuals that provide child sexual abuse services. The project resulted in a Special Edition of



Pauktuutit's newsletter Suvaguuq inserted into northern papers in August 2003 and a booklet, *A Listing of Services for Inuit Survivors of Child Sexual Abuse*. The booklet lists services and caregivers and can be used to locate services, to provide ideas for new programs and to help service providers contact each other. Information from the listings, as well as other confidential data collected in interviews, forms the basis for this analysis of services for survivors.

## Awareness is Growing, But There is a Long Way to Go

8 While awareness of child sexual abuse and the needs of survivors and other family members is growing, clearly much more needs to be done to bring this issue into the open, to work together to prevent further abuse and to support survivors in their healing journey.

Among organizations that offer child sexual abuse services, only one in 18 thought that awareness of child sexual abuse was well developed in the community, that is, it was a priority for action with some services in place. Almost half (44 per cent) felt awareness was low (there was denial of the problem and nothing or almost nothing was being done). Half of the respondents (50 per cent) felt the community was beginning to take action or there was some awareness of the issue.

**Table 1**  
**AWARENESS OF CHILD SEXUAL ABUSE**  
**IN THE COMMUNITY**  
**(18 Respondents)**

<b>Level of Awareness</b>	<b>Number</b>	<b>%</b>
Well developed	1	6%
Beginning to take action	3	17%
Some awareness	6	33%
Low awareness	8	44%
<b>Total</b>	<b>18</b>	<b>100%</b>

Comments included the following:

*There's nothing or almost nothing being done about child sexual abuse.*

*There is a lot of denial of the problem.*

*People are afraid of speaking out about family members and being punished by those family members. They're afraid of Social Services taking away their children. The women who have been abused are just afraid to open up the subject because it's too overwhelming.*

**Recommendation:** Increase efforts to promote awareness of child sexual abuse in Northern communities, and support community efforts to prevent and detect abuse and to provide healing services for survivors and offenders.



## The Need for More Services and Trained Helpers

As this report demonstrates, many communities are doing what they can to address the legacy of residential school abuse and support survivors of child sexual abuse. There are a number of examples of long-standing and recently established programs, healing circles, support groups, crisis intervention and family and children's services in Northern communities. Inuit cultural content in services continues to grow and caregivers are taking opportunities to increase skills and network with and support each other.

10 However, much more needs to be done to ensure services are available to all who need them, that programs for Inuit are based on Inuit culture and Inuit Qaujimajatuqangit<sup>1</sup>, and that caregivers have the knowledge and skills to be truly effective and able to sustain themselves in a demanding field.

### This Report

This report contains an overview of current services for survivors, how services are set up and delivered, who is served and what approaches are taken by caregivers. It also contains information on use of Inuit cultural approaches and training opportunities. The report identifies some needs for the further development of programs and for increased training and support to caregivers.

<sup>1</sup> A term used by the Government of Nunavut to describe Inuit content or knowledge including traditional and cultural knowledge. The acronym IQ is also commonly used.

## 2. PROJECT METHODOLOGY

### How Information for the Report was Collected

Information for this report was collected during a project in which Pauktuutit researched and created a companion document entitled *A Listing of Services for Inuit Survivors of Child Sexual Abuse*. To create the listing, the coordinator contacted and interviewed by telephone as many health and social service organizations (see Appendix A) as possible during the project period to determine whether they offered services for child sexual abuse survivors. Suggestions for organizations to contact came from regional Inuit organizations, a project advisory committee and organization contacts. Based on these telephone interviews, general descriptions of services were created. Using this information and with the advice of the project advisory committee, the project staff selected one community from each of four regions (Labrador; Nunavik, Quebec; Nunavut and Northwest Territories) for a site visit and face-to-face interviews with selected individual caregivers (counsellors). The selection of communities therefore rested, in part, on those organizations that were early participants in the project. Choices also reflected time and budget constraints, and, of course, weather. The coordinator was unable to visit Labrador because of bad weather. Visits were made to Inuvik, Clyde River and Kuujuaq.

Two extensive questionnaires (see Appendix B) were prepared to collect information about services to survivors of child sexual abuse. One was directed at organizations that might provide support and the other was directed towards individual caregivers. Both were designed to allow data to be entered directly into a Microsoft Excel spreadsheet while the interview was being conducted (the spreadsheet program was not used during individual interviews because it was considered too intrusive). Both questionnaires collected background information, a description of each of the services provided and methods of delivering services, as well as training and support needs. The organization questionnaire also explored training opportunities provided to staff. Many



of the questions were open-ended with no pre-coded answers. Interviewees were informed that some of the information they provided would be included in a public document that detailed the range of services available and that other information would be confidential and would be used anonymously in this analysis report. Throughout the interviews the respondents were reminded which responses would be confidential, such as questions related to training and program needs, staffing and salaries.

The questionnaires were developed over time and in close cooperation with the project's advisory committee. Test interviews were conducted to ensure that respondents could understand the questions and that the desired information was able to be collected.

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## Who Participated

In total, 20 organizations and 16 individual caregivers participated in the survey. For a complete list of organizations and individuals who are included, please see Appendix A. Respondents were spread throughout the North, representing large and small communities, government organizations, community groups, paid staff and volunteers.

**Table 2**  
**LOCATION OF ORGANIZATION RESPONDENTS**  
**(20 Respondents)**

<b>Region</b>	<b>Number</b>	<b>%</b>
Inuvialuit / NWT	4	20%
Kitikmeot	1	5%
Kivalliq	3	15%
Qikiqtani	8	40%
Nunavik	2	10%
Labrador	2	10%
<b>Total</b>	<b>20</b>	<b>100%</b>

The individuals who were interviewed were located in three communities: Clyde River, Nunavut; Kuujjuaq, Quebec; and Inuvik, Northwest Territories.

**Table 3**  
**LOCATION OF INDIVIDUAL RESPONDENTS**  
**(16 Respondents)**

<b>Region</b>	<b>Number</b>	<b>%</b>
Clyde River, Nunavut	6	38%
Kuujjuaq, Quebec	5	31%
Inuvik, Northwest Territories	5	31%
<b>Total</b>	<b>16</b>	<b>100%</b>

## Strengths of the Study

This study represents a first-ever attempt to document and study services for Inuit survivors of child sexual abuse. Information was collected from a wide range of organizations and individuals in all regions of the North.

Respondents provided a wealth of information on services and on their needs and desires for program development. Service organizations ranged from territory-wide government services to small community-based organizations, and well-established services to new programs.

Combining telephone interviews with site visits to three communities allowed the coordinator to collect both general and specific information from a larger number of organizations, then explore some topics in greater depth in more personal face-to-face interviews. Collecting both quantitative data (numbers) and qualitative information (descriptions and opinions) allowed for findings to both be counted and compared, but also explained and put in context.



## Limitations of the Study

The study contained several limitations. Because it was an initial attempt to identify and document services for survivors of child sexual abuse, finding and contacting organizations was a labour-intensive process. The questionnaires also proved quite long and ultimately contributed to fewer interviews and a less comprehensive survey. This limitation, however, is not unusual, people in the North are generally reluctant to participate in lengthy surveys and questionnaires.

Likely services have been missed and valuable insights and experiences have been omitted from the analysis. On the other hand, the 20 organizations and 16 caregivers who participated did provide a great deal of information. Since not all services in the North were included, and those that were included formed a convenience rather than a random sample, the survey isn't necessarily representative of all child sexual abuse services in the North.

The interviewer was limited in terms of time and money with respect to the number of communities that could be visited. Sixteen individual service providers in three communities were interviewed. Nonetheless, the information on individual caregivers is thought to provide a good profile of what can be found in any one community and a useful overview of caregivers general approaches and needs.

# 3. CURRENT SERVICES FOR SURVIVORS

## Services and How They are Offered

If an organization addresses child sexual abuse, it likely offers several services geared to different needs. Out of the 20 organizations that participated in the project, a total of 65 different services for survivors of child sexual abuse were described<sup>2</sup>. Almost all (17 out of 20) organizations offered at least two distinct services, and four organizations offered five or more services related to child sexual abuse. These included counselling programs, healing circles, child and family services, wellness programs, and general health and social services programs that are available to survivors. Services may be offered in one community, several communities or across a region or territory. Almost all (95 per cent) of the services described in this study are currently operating.

Services for survivors of child sexual abuse are delivered in a variety of ways, in order to serve the needs identified in the community and in accord with the mandate and resources of the sponsoring organization. Services were about equally likely to be community-specific as they were to be delivered in more than one community. About half (54 per cent) of those studied were multi-community services, about a third (31 per cent) were offered region-wide, and four of the services were province- or territory-wide. How well multi-community and region- or territory-wide services meet the needs of survivors was not examined in this study, but further consideration could be given to the effectiveness of different service models for Inuit survivors.

**Recommendation:** Further study the effectiveness of different service models for Inuit survivors, in particular, how well multi-community and region- or territory-wide services meet their needs.

The majority of organizations offering sexual abuse services are well established – two-thirds (65 per cent) have been in operation for more than 10 years. Nevertheless, many rely on project-based funding for

<sup>2</sup> For a listing and descriptions of each of these services, see the companion document *A Listing of Services for Inuit Survivors of Child Sexual Abuse*. Organizations determined which of their services could be considered survivor services.



services, which creates instability even though the organization may be well established.

### **Services for Inuit Survivors are Not Usually Separate**

In most cases, services for survivors of child sexual abuse are offered along with others in a multi-service organization, rather than being separate services or organizations. This is reflective of the smaller populations in Northern communities, and the need and desire to integrate services. Some providers noted that it was while treating an individual for another problem such as family violence or drug or alcohol abuse that a history of child sexual abuse was uncovered. Programs are now being established to deal with the trans-generational issues of child sexual abuse, and more services are specifically addressing the symptoms of residential school abuse and child sexual abuse, although the need for greater awareness of the issue and better ability to recognise and respond to survivors' needs have been noted.

Services are rarely just for Inuit. Besides meeting the needs of Inuit clients, half (51 per cent) of the services were available to other Aboriginal peoples. About three-quarters (72 per cent) served non-Aboriginal peoples as well. Many survey respondents noted that services were open to all, so the mix of clients really reflects the composition of the community and the availability of services to community members.

### **A Wide Range of People are Served**

Many of the services contacted were open to everyone (50 per cent said their services are open to all) and to people of all ages and both genders. Others were more specifically for women, offenders or people with addictions. Many organizations offer more than one service and therefore they manage to ultimately target the needs of a range of community members.

Sixteen individual caregivers in three communities were interviewed in person during the project in order to provide a deeper understanding of work to help survivors of child sexual abuse. All of the individual caregivers contacted (100 per cent) serve Inuit, three-quarters (75 per cent) provide services to non-Aboriginal people and almost half (43 per cent) worked with Aboriginal people other than Inuit. The services they offer meet the needs of a range of clients. The

legacy of child sexual abuse may be at the root of their clients' problems but the services they offer are not geared solely towards survivors or to child sexual abuse issues.

**Table 4**  
**WHO DO CAREGIVERS HELP?**  
**(16 Respondents)**

<b>Client</b>	<b>Number</b>	<b>%</b>
Inuit	16	100%
Other Aboriginal people	7	44%
Non-Aboriginal people	12	75%
Pre-school children	10	63%
School-age children	15	94%
Youth	15	94%
Parents	13	81%
Women	15	94%
Men	14	88%
Elders	10	62%
Individuals	16	100%
Couples	11	69%
Parents and Children	13	81%
Families	12	75%
Community in general (workshops, etc.)	15	94%

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*I counsel people who need counselling. Open to all who are affected.*

*[I work with] any adults who experienced child sexual abuse.*

*[I work with] youth, adults and parents.*

The individual respondents were asked to describe where they usually offer their support services. All caregivers provide services either at their own office or other centres such as hospitals, shelters, treatment centres, schools and community centres. About half (56 per cent) mentioned they also will go to people's homes when needed.



### **There are Many Ways to Help**

Caregivers have worked in a diverse range of programs and services, and each has many ways of helping. All of those interviewed provided face-to-face counselling and telephone counselling, and almost all (at least 14 out of 16) have been involved in group counselling, running support groups, crisis intervention, addiction treatment and family violence treatment. Slightly fewer also have been involved in providing long-term individual therapy; offender programs; children's, youth and parenting programs; and community workshops. About two-thirds (69 per cent) said they have used Inuit Qaujimajatuqangit healing in their work. Other forms of providing support include: family and relationship counselling, anger management, outreach work, out-on-the-land programs, sewing groups, etc.

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**Table 5**  
**HOW CAREGIVERS PROVIDE SUPPORT**  
**(16 Respondents)**

<b>Type of support or service</b>	<b>Number</b>	<b>%</b>
Face-to-face counseling	16	100%
Telephone counseling	16	100%
Group counseling	14	88%
Crisis intervention	14	88%
Support group	15	94%
Long-term individual therapy	13	81%
Addictions treatment	14	88%
Family violence treatment	14	88%
Inuit Qaujimajatuqangit healing	11	69%
Offender program	12	75%
Children's program	12	75%
Youth program	11	69%
Parenting program	13	81%
Community workshop	12	75%
Other service	13	81%

## Access to Services

Access to services was examined by asking organization representatives and individual caregivers questions about referrals, languages used, availability of interpreters and Inuit content in services and programs. It should be noted that clients were not surveyed directly, and may have other feedback on availability and appropriateness of services.

### **Survivors Can Refer Themselves to Services**

Most organizations (75 per cent) indicated that services are available on a simple walk-in or phone-in basis. None of the services needed a referral from another service. A few noted that access to services varied with the program, for example, support groups may not always be running, or are for particular clients such as women or youth.

### **Services in Inuktitut are Not Always Available**

Three-quarters (75 per cent) of the organizations contacted provide services in at least one Inuktitut dialect, but Inuktitut language services are by no means universally available. Twenty percent of all services that were described are available in English only. Half (50 per cent) are available in English and Inuktitut or Inuinnaqtun. The breakdown of the service languages is summarized in Table 6. The range tends to reflect the regional location of the service.

Interpreters are available in most (80 per cent) organizations (another 15 per cent sometimes have interpreters available), however, interpretation is not ideal for counselling and crisis situations.



**Table 6**  
**LANGUAGES USED**  
**(20 Respondents)**

<b>Languages</b>	<b>Number</b>	<b>%</b>
Inuktitut or Inuinnaqtun	3	15%
English	4	20%
French	0	—
Inuktitut or Inuinnaqtun and English	10	50%
Inuktitut or Inuinnaqtun and French	0	—
Inuktitut or Inuinnaqtun, English and French	2	10%
Other	1	5%
<b>Total</b>	<b>20</b>	<b>100%</b>

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Similarly, among caregivers interviewed, two-thirds (69 per cent) said they offer services in Inuktitut, and 13 out of 16 caregivers indicated that interpreters were available for the services they provided.

**Recommendation:** Explore ways to make more services for survivors available in Inuktitut, especially those intended for older participants and those involving intensive emotional or healing work.

### **Inuit Content Varies and is Still Developing**

While use of Inuit content or Inuit Qaujimajatuqangit is becoming more common in services for Inuit, not often enough is it a core component of programs. In this study, organizations and individuals were asked about the Inuit content or Inuit Qaujimajatuqangit in the services they offer to survivors of child sexual abuse. No definition was provided, but their comments indicated that Inuit content might range from the presence of Inuit staff and use of Inuktitut dialects, to involvement of Elders and healers, and counselling or healing methods based on Inuit knowledge and values.

Forty-six of the 63 services (73 per cent) that were surveyed said their services have some Inuit content. Many described the nature of the content (although little detail could be collected in a brief interview) and this was grouped into categories. About one-third (30 per

cent) indicated that the services of Elders were used when needed, and one-third (32 per cent) indicated that Inuit content came from the Inuit staff involved. However, only one in five responses indicated there was an Inuit cultural component to the service (21 per cent) or that traditional life or survival skills were employed (19 per cent).

The following table provides a summary of the responses.

**Table 7**  
**INUIT CONTENT IN SERVICES**  
**(46 Respondents)**

<b>Type of Inuit Content</b>	<b>Number</b>	<b>%</b>
Inuit cultural component to program	10	21%
Healing Circles or traditional healers	3	6%
Inuit staff	15	32%
Interpreters available	6	13%
Services in Inuktitut	6	13%
Elders and traditional counsellors available	14	30%
Traditional life or survival skills	9	19%
Community consultations	4	8%
Other Inuit content in programs and services.	8	17%

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Some of the comments provided on Inuit content are as follows.

*We are trying very hard to have the majority of staff to be Inuit women. We have offered healing sessions. Inuit healers are used as facilitators.*

*We run this program using our Inuit techniques in counselling sessions.*

*Yes, Inuit Qaujimagatuqangit content in the service is: Inuit hunting skills, survival skills and men's social skills and musical instruments.*

*There isn't any.*



*We try to keep Inuktitut language and culturally sensitive services. It is available to Inuit who would like to talk in Inuktitut.*

*We try to include language and culture but not all the time. Sorry to say.*

**Recommendation:** Undertake other projects to document and describe ways of increasing Inuit content in services for survivors.

### **Inuit Caregivers Promote**

#### **Inuit Values and Use Specific Approaches**

Among individual caregivers, three-quarters (75 per cent) said they provide Inuit content in their work, while one-quarter (25 per cent) stated they do not. It seems that an Inuit approach is more implicit (within the person) than explicit (prescribed techniques or activities).

Individual caregivers provided some information on the methods and techniques they use that incorporate and are sensitive to Inuit culture and values. However, it is apparent there is a wealth of knowledge held by these and other Inuit caregivers that hasn't been captured in this study. More research and writing should be done to record this important knowledge and make it more widely available to service providers and caregivers.

*[I include] cultural teaching and cultural days where we take clients out on the land for survivor skills.*

*I speak Inuktitut and counsel in the Inuit way through an Inuit values and principles system. The Inuit way is to have good support for them. [The Inuit way] is to respect and communicate.*

*Inuit-specific technique is to gather the offender and the victim together. Do not judge, do not point out each other's faults during the whole process and have them talk about the incident as long as they want out in the open.*

Inuit caregivers say they base their work in part on their own experience, on the values and beliefs of their culture and in some cases on traditional healing knowledge that has been passed down from other healers. Programs out on the land are one way for Inuit to get back in

touch with themselves and their culture and begin a healing journey. Another way is to provide opportunities for youth and Elders to talk with and learn from each other. Several caregivers mentioned the value in cooking, sewing, beadwork, etc. to provide a way to socialize and to talk. Traditional values and beliefs form the basis for much of their work.

### **Principles and Methods**

Some guidelines that caregivers follow in their work include:

- preserving confidentiality (mentioned by almost everyone);
- respecting the integrity and dignity of the individual;
- building trust and an honest and open relationship;
- being non-judgmental and non-intrusive; and,
- being patient.

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### **Advice to Others**

Caregivers had this advice to give others working with Inuit survivors of child sexual abuse.

*Heal thyself before healing someone else. Agree to start the healing process.*

*Confidentiality. I would like to let any caregiver know that it is very important to keep confidential information confidential.*

*Do not judge the client... Do not intimidate and embarrass the client.*

*Be sensitive to the individuals' problems. Be yourself. Be honest (most important).*

*Be gentle on yourself. It is difficult. Look after yourself. Recognise yourself each day.*

**Recommendation:** Work with formal and informal caregivers, Elders, Inuit healers and professionals to develop guidelines for Inuit caregivers working with child sexual abuse survivors.



## How Services are Developed and Delivered

### **Survivor Services Start in Many Different Ways**

Survivor services start in different ways, usually in response to an identified community need. Many services for survivors were started by individuals with personal experience of abuse or an awareness of a gap in services.

*Men came together and established a men's group in 2000. The men's group now teaches traditional Inuit culture, hunting, survival skills and social skills.*

*When I took over the organization there was no counselling. So I looked into this and hired a counsellor.*

Others began as community initiatives with the leadership of a local organization.

*It started with the community alcohol counselling service back in the early 1980s. And the community wanted to start a counselling service for all.*

*We had women come to the shelter and they have asked how to cope with memories of child sexual abuse.*

*...through a proposal to the Brighter Futures Program.*

Finally, some are government services, often offered in a number of communities.

*There was a need and it started through the government.*

*Started through federal government and territorial government consultations... Federal government transferred [program] to territorial government.*

Individual caregivers began their work on child sexual abuse in many different ways as well. Some started out doing general counselling and then got more involved with survivors. Some are survivors themselves and wanted to help others. Others have had family members in crisis.

*Through my training I have gained knowledge and understanding that there is a need to help survivors of child sexual abuse.*

*I started helping other people in 1995 when my sister committed suicide. When there was a call for a workshop in Iqaluit in dealing with social issues I attended to learn more about how to handle these situations better. There are many people who need help in a lot of ways and I make myself available for those seeking help.*

*I am a survivor of verbal and physical abuse in the residential school from Kindergarten to Grade 11. I got involved in a Survivors of Residential School Steering Committee... when I heard about Aboriginal Healing Foundation funds I grabbed the opportunity to start a healing process for residential school survivors.*

*I started a long time ago. My training started off volunteering. I've been a Justice of the Peace, a coroner and a prison chaplain. After that I went to school, 20 years ago in Aklavik.*

The caregivers in this study have been helping survivors of child sexual abuse from between three and 40 years. Many of them began their work with survivors in the 1990s when awareness of child sexual abuse increased.

**Recommendation:** Provide “seed” grants to community organizations to document community needs and develop proposals for community-based services for child sexual abuse survivors.

### **Staffing Services**

While many organizations are trying to change this balance, presently non-Inuit staff are more common than Inuit staff in services for survivors for child sexual abuse.

Less than two-thirds (60 per cent) of organizations have full-time Inuit staff who offer services to survivors of child sexual abuse, whereas three-quarters (75 per cent) of organizations have full-time non-Inuit staff working on child sexual abuse.



Providing services for survivors can be very demanding. Individual caregivers estimated that they work with an average of 12.5 people per week, but they would see a particular client an average of five times in that period. Many caregivers also stated they are available to those in need 24 hours a day, seven days a week.

A third of services (35 per cent) stated that staff work unpaid overtime (in unionized positions, overtime is paid). In general, service providers in this area are very committed to the issue and to their clients, and being in human services, do what must be done to support clients, especially in times of crisis. Service representatives also talked about fixed salary budgets and a great deal of need, considerable administrative work that also must be done, and the need to spread 24-hour on-call services among limited staff.

A little more than half (56 per cent) of caregivers spend more time helping others than they would like to. Several talked about the high demands on the few caregivers there are, and the need to be there when clients are in crisis. They also spoke of the need for balance between caring for clients, caring for their families and caring for themselves. Setting limits and managing time well are seen as important, however, this is difficult to do when the need is so strong.

While most caregivers in this study are paid for their work, about one-third (31 per cent) do not receive any remuneration, and might be considered informal caregivers. Not much is known about the use of volunteers in services.

Unfilled staff positions contribute to overload among existing staff. In this study, 30 per cent (6 out of 20) of organizations currently have unfilled staff positions related to support for child sexual abuse survivors: a total estimate of 40 unfilled positions in these organizations.

**Recommendation:** Investigate ways to effectively support informal caregivers and service volunteers, addressing appropriate roles, how to provide additional training and supervision, and how to recognise contributions.

### **Training for Service Providers**

Training for providers of child sexual abuse services varies a great deal from service to service. The first table below summarizes information

provided by the 20 organizations contacted that have services for child sexual abuse. The second table summarizes information on the 16 caregivers interviewed. Information indicates that while service providers have had some training opportunities, more training, especially that specific to child sexual abuse, is desired.

While staff in most organizations with child sexual abuse services (90 per cent) have training in healing, crisis intervention and general counselling, a third of them (30 per cent) reported that staff have no specialized training related to child sexual abuse. In all, only 50 per cent of organizations reported staff with general awareness of child sexual abuse issues and interventions, or specific skills related to disclosures, trauma or healing. Only eight organizations with survivor services had staff who have had intensive training in healing or long-term therapy.

Workshops were the most common method of training, followed by short courses, yet 40 per cent of organizations stated that the level of training was at a college or university level.

Only one in five organizations (20 per cent) reported any training provided by Inuit caregivers or Elders.

**Table 8**  
**TRAINING ON CHILD SEXUAL ABUSE**  
**REPORTED BY ORGANIZATIONS**  
**(20 Organizations)**

<b>Type of training</b>	<b>Number</b>	<b>%</b>
General awareness of issues and interventions	10	50%
Specific skills related to disclosure, trauma or healing	10	50%
Intensive training in healing or long-term therapy	8	40%
Workshop or course on child sexual abuse	9	45%
Short course	7	35%
Working with an experience healer or caregiver	3	15%
Training by Inuit caregivers or Elders	4	20%



Caregivers in the three selected communities reported somewhat higher levels of training, likely because they were chosen for the survey because of their knowledge of and their longer involvement with the issue. Most had general awareness of issues and interventions and specific skills (88 per cent), still, only three-quarters (75 per cent) of this select group had intensive training in healing or long-term therapy. Only half (50 per cent) had received training from Inuit caregivers or Elders. Fourteen out of 16 (88 per cent) had taken a workshop or short course, whereas only 10 of 16 (63 per cent) felt they had college- or university-level course content.

**Table 9**  
**TRAINING ON CHILD SEXUAL ABUSE**  
**REPORTED BY CAREGIVERS**  
**(16 Caregivers)**

<b>Type of training</b>	<b>Number</b>	<b>%</b>
General awareness of issues and interventions	14	88%
Specific skills related to disclosure, trauma or healing	14	88%
Intensive training in healing or long-term therapy	12	75%
Workshop or course on child sexual abuse	12	75%
Working with an experience healer or caregiver	9	56%
Training by Inuit caregivers or Elders	8	50%

*What would be really nice is to have a workshop on cultural changes from then to now. I know I've learned a lot how to recognise child sexual abuse victims and survivors from my ancestors and I've carried on most of the teachings brought down to me.*

### **Training Methods and Venues Vary**

In this study, organizations described 21 training events they had held. Eleven (52 per cent) were one-time workshops up to one day in length, six were one to several day conferences or meetings and six were ongoing educational or support groups. Training included:

- a five-day residential healing program for wellness staff and other community workers;
- how to deal with children exposed to violence;
- help line training;
- critical incidence stress debriefing; and,
- anger management.

Training is provided to foster parents, wellness staff, nurses, counselors, volunteers, support group leaders and others working with clients. Trainers included both Inuit and non-Inuit. In some cases, experts such as psychologists, traditional healers and child sexual abuse specialists were brought in to provide training, in others, experienced staff provide training to less experienced staff, or staff was sent to outside workshops and conferences or attended Nunavut Arctic College. Only about half (55 per cent) of organizations were able to provide training themselves for service providers and/or the community on the issue of child sexual abuse.

A little over half (57 per cent) of training events included some Inuit cultural knowledge. Inclusion of Elders was the most common way of incorporating Inuit *Qaujimajatuqangit* in training programs.

**Recommendation:** Increase Elder and Inuit healer participation as trainers.

### **Ongoing Support for Caregivers**

According to organizations providing services to survivors, there isn't enough support and healing available for caregivers. Only 40 per cent (8 out of 20) thought there was enough support.

Among the caregivers contacted for this study, most (69 per cent) felt they have access to support and healing themselves in their communities, but individual comments indicate that more support would be helpful. Some positive comments include:



*Our coordinator and instructor support me when I need support.*

*I go out on the land and go hunting and enjoy the peaceful quiet outdoors. Also, prayers and meditation help my soul.*

*I have a trusted person to talk to.*

However, caregivers also noted:

*[I have] very minimum access to support and healing due to a small community.*

*Not adequate. I'm on call basically. Responsibility falls on me due to shortage of staff. You don't have a choice.*

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**Recommendation:** Sustain existing caregivers by providing training and networking opportunities and support healing and renewal.

**Recommendation:** Record and share methods of self-care among caregivers.

## 4. KEY SERVICE AND CAREGIVER NEEDS

While respondents to the survey were justifiably proud of the services they offer to survivors of child sexual abuse, they also identified or demonstrated a number of needs to improve and sustain services. While only a sampling of services were included in this study, likely the needs identified are repeated throughout the North.

### More Inuit Content in Programs

It is clear that Inuit content in child sexual abuse services is growing and developing, but more is needed. Many services would like to have more Inuit content. Inuit Qaujimagatuqangit could be much more widely applied in work on child sexual abuse. Some barriers to developing this content is lack of knowledge of specific Inuit techniques applied to child sexual abuse, lack of Inuit staff or access to Elders in some programs, and lack of funding for training and lack of resources that record and transmit Inuit Qaujimagatuqangit.

*[Is there Inuit cultural content in our service?] That's a matter of debate. ... we have significant Inuit [staffing] that brings cultural knowledge. I think there's quite a cultural relevance and we don't have enough training to have a better understanding of IQ.*

*Sometimes Inuit Elders assist people who need counselling. But our Elders are very few now.*

*I would like to learn more [traditional] Inuit techniques for counselling.*

**Recommendation:** Create resources for program developers and caregivers that provide knowledge and tools to address child sexual abuse based on Inuit Qaujimagatuqangit.



**Recommendation:** Create opportunities such as conferences, workshops and radio and television broadcasts in order for service providers and caregivers who use Inuit cultural content in programs to share with others.

## More Training Specific to Inuit Child Sexual Abuse

*As a survivor of child sexual abuse I became the problem in the eyes of society. Which added more trauma to my life. As caregivers, we need training in the area of offering support to someone who discloses child sexual abuse, because it is traumatizing to disclose child sexual abuse and then enter into the court and once again become a victim in the eyes of the community. And to relive the guilt, shame, fear and rejection of the community...*

All individual caregivers identified the desire for more training in dealing with child sexual abuse, and services identified gaps in training and in knowledge of staff. Many respondents would like to add more Inuit content to their work and a number identified the need for more in-depth knowledge of child sexual abuse and more highly developed counselling skills, especially related to crisis counselling.

Service representatives reported the need for:

- regular refresher courses in current issues and intervention strategies;
- better knowledge of alcohol and drug abuse, suicide intervention, exposure to violence, gambling addictions;
- training in personal ethics, confidentiality, privacy and respect;
- better cultural awareness;
- group facilitation skills;
- training in self-care; and,
- management and supervision training.

Individual caregivers stated the need for:

- a deeper understanding of child sexual abuse trauma and counselling that helps;
- being able to recognise survivors and the effects of abuse
- more training in inter-generational impacts;
- better techniques for working with crisis among really troubled clients;
- ways to identify survivors at high risk of suicide and how to intervene;
- broader knowledge of Inuit values and approaches in counselling;
- natural Inuit caregiving techniques;
- knowledge of historical and cultural background;
- better prevention approaches;
- how to better advocate on behalf of clients; and,
- ways to teach parenting skills and anger management.

**Recommendation:** Undertake a comprehensive assessment of training needs for service providers working with survivors and develop a multi-component plan to address those needs, for example, through conferences and workshops, on-the-job training, telecommunications, etc.

## Ongoing Support and Networking for Caregivers

While caregivers have found ways to support and renew themselves in their communities, they also identified the need for more support and for ways to connect with and learn from others in the field. They noted the need for:

- better networking among service providers at the regional and territorial levels;
- more training opportunities that bring them together with others in the field;
- guidelines for Inuit approaches to caregiving and child sexual abuse; and,
- healing opportunities for themselves.



**Recommendation:** Build expertise and a support base in each community by holding territory- or region-wide events for at least three people from each community at one time.

## Additional Staff and Reduced Workloads

Both organizations and individual caregivers reported significant demands on existing staff, including unpaid overtime, on-call work spread out among too few people and unfilled positions. Staff turnover and burn-out were mentioned as problems. While these issues are common to human services in the North, they may be compounded in the case of child sexual abuse services because of the emotionally demanding nature of the work, the lack of support for caregivers and in some cases a lack of awareness of the importance of the service in the community.

Respondents from community-based organizations commented that it was difficult to attract staff when larger government agencies offer more lucrative employee packages. As one respondent stated,

*We have a difficult time recruiting. Simply cannot compete [with] government helping agencies. Government pays vacation travel and we cannot compete with them.*

Some respondents indicated that they were anticipating that unstaffed positions were temporary while others stated that positions could not be filled with a qualified candidate. A governmental employee suggested as many as 40 new positions in support of survivors of child sexual abuse could be established if staff could be found.

*We are always short of people. There's so much changeover. You need staff [in the health centre and social services around] long enough to support each other and the community. People who are trying to do this have a high burnout rate.*

**Recommendation:** Develop strategies to recruit and train more Inuit to provide child sexual abuse services, for example, providing skills upgrading, including Inuit on multidisciplinary teams in order to transfer skills and knowledge, and recognising and incorporating more Inuit healers and Elders in programs.

## Longer-term and Adequate Funding

Among the 20 organizations contacted, 40 per cent (8) rely on short-term funding for their child sexual abuse services. This type of funding creates instability in programs and prevents organizations from doing the long-term development and support to build solid programs for survivors of child sexual abuse. Low funding levels also result in inadequate facilities or office space in 30 per cent of cases, as well as contribute to the inability to provide training to staff or adequate support to caregivers.

*It is extremely difficult to find money to set up a meeting or conference or even cross training in Nunavut. Have difficulty accessing money.*

**Recommendation:** Secure a commitment from governments for long-term, adequate funding for survivor services.



# 5. CONCLUSION

*There is a need so we help.*

This quote is taken from an interview with a caregiver working with Inuit survivors of child sexual abuse, but its spirit was echoed in many of the comments provided during interviews for this survey. Committed people in many communities do what they can to address child sexual abuse, often with little community support, meagre funding and limited training. As they offer services and raise awareness in the process, more Inuit heal from the legacy of residential school experiences and child sexual abuse.

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This report has identified many strengths and some challenges facing services for survivors. There is a wealth of knowledge and experience in some communities and among many caregivers to be built upon. But there is also a real danger of losing ground if Inuit Qaujimajatuqangit related to child sexual abuse is not put into wider practice and skilled caregivers burn out through overwork and lack of support. A lack of investment in training not only reduces service providers' effectiveness, it will have long-term effects on the ability of communities to respond to new and emerging issues in child sexual abuse. If established programs are discontinued due to lack of funding, survivor healing will be disrupted again and valuable program knowledge will be lost.

There is a need so we must help.

# APPENDIX A



## Alphabetical List of Organizations and Services Included in the Listing

Arctic Bay Health Centre  
Health and Counselling Services

Aupaluk Nursing Station (CLSC)  
Crisis Intervention and General Counselling

Baffin Regional Agvvik Society, Iqaluit  
Iqaluit Victim Services  
Qimaavik Transition House

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Baffin Regional Health and Family Services, Iqaluit  
Wellness Program  
Mental Health Outreach Program  
Pulaarvik Mental Health Program

Cambridge Bay Community Wellness Centre  
Alcohol and Drug Program  
Healing Program  
Family Violence Prevention Program  
Brighter Futures

Cape Dorset Community Healing Team / Nunalingni Mamisarniqmut  
Katujjiqatigiit  
Healing Circle  
Tarralikitaaq Group  
Men's Group

Clyde River Community Health Services  
General Counselling Service  
National Addiction Awareness Week  
Mental Health Counselling

Hamlet of Holman  
Wellness Centre  
Holman Help Line

Igloolik Social Services  
Child and Family Services  
Community Corrections Services  
Traditional Elders Counselling

Iisaqsivik Family Resource Centre, Clyde River  
Individual Counselling  
Elders Traditional Counsellors  
Support Network for Service Providers  
Counselling Training Sessions  
Men's Group

Inuvik Family Counselling Centre  
Canadian Mental Health Association, Inuvik Branch  
Counselling Services  
Residential School Counselling  
Early Childhood Intervention Program

Inuvik Regional Health and Social Services Board  
Hospital and Social Services

Kataujaq Society, Rankin inlet  
Safe Shelter  
Kataujaq Society Daycare  
Kataujaq Afterschool Program  
Kataujaq Counselling Service  
Workshop: Tools for Life  
Workshop: Gambling Addictions

Labrador Inuit Health Commission, North West River  
Labrador Mental Health Services  
Nain Mental Health Team  
Hopedale Mental Health Therapist  
Rigolet Mental Health Therapist



Saputjivik Treatment Centre / Ikajuttauvik  
CSA Public Awareness Sessions

Mianiqsijit, Baker Lake  
Individual Counselling  
Group Counselling  
Educational Outreach

Nain Child, Youth and Family Services  
Child Protection  
Youth Corrections  
Family and Rehabilitative Services

40 Nunavut Health and Social Services, Baffin Region  
Physical Health Services  
Mental Health Services  
Addiction Services  
Social Services

Nunavut Health and Social Services, Kivalliq Region  
Primary and Acute Care  
Public Health Initiatives  
Child Protection Service  
Family Services and Mental Health Services  
Community Corrections  
Referral Service

Rosie Ovayuak Health Centre, Tuktoyaktuk  
House of Hope  
Mental Health and Social Work Counselling

Tasiujaq Social Services  
Youth Protection Services  
General Counselling  
Outreach Work

## Alphabetical List of Individuals Included in the Listing

Eddie Amagonalok  
Lolley Annahatak  
Martin Carroll  
Nellie J. Cournoyea  
Jacobie Iqalukjuak  
Rebecca Iqalukjuak  
Kitty Johannes  
Ann Kasook  
Sarah Killiktee  
Paula Lannon  
Jacobie Panipak  
Rebecca Panipak  
Leah Panniluk  
Patricia Pedersen  
Lizzie T. Saunders  
Eva Stevenson

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SERVICES  
FOR INUIT  
SURVIVORS  
OF CHILD  
SEXUAL  
ABUSE



# APPENDIX B



# Survey and Interview Guides: Interview of Organizations

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SECTION A: Screening Questions			
A 1	YES or NO? Has your organization offered a service for survivors of child sexual abuse? We are interested in current, past, or planned programs and services as well as any training that may be offered to service providers.	No	2 2
[If YES]	We would like to gather more information on the services you have offered or plan to offer. Some of this information will be published in a directory and some will be confidential that we will only use to describe services in general (we won't mention you or your service by name). The interview will take about half an hour. Is this a good time to talk or could we set up another time? Do you have any questions about the project? <b>GO TO QUESTION A2 &amp; THEN CONTINUE INTERVIEW</b>		
[If NO]	<b>GO TO QUESTION A2 &amp; THEN END INTERVIEW</b>		
A 2	Do you know of other organizations that provide services for child sexual abuse survivors, Inuit caregivers, community caregivers, or training and support programs that we could contact?		
A 2.1	a/ Name b/ Organization c/ Contact information d/ Line #2 e/ Telephone		
A 2.2	a/ Name b/ Organization c/ Contact information d/ Line #2 e/ Telephone		
A 2.3	a/ Name b/ Organization c/ Contact information d/ Line #2 e/ Telephone		
END INTERVIEW: Thank you very much for your help.		Save Alternate Contacts Restart	
SECTION B: Questions About the Organization			
I'd like to begin by asking you some general questions about your organization.			
[OR for Nunavut Inventory entries...]			
To save you time, I would like to confirm the general information on your organization that was provided for the Inventory on Nunavut Service Providers. This information will be included in the directory.			
B 1	What is the full name of your organization?		
B 2	What is the address? [Street address if there is one]		
	a/ Street and/or Post Box b/ Community c/ Region d/ Postal Code		
B 3	What is the main phone number? [CLARIFY: Administrative phone number]		
B 4	Do you have a toll-free number?		
B 5	What is your fax number?		
B 6	What is the e-mail address for general information?		
B 7	Who is in charge of your organization?		
	a/ Name b/ Title c/ E-mail		
B 8	Can I get the correct spelling of your name and your contact information?		
	a/ Name b/ Title c/ Phone d/ E-mail		
B 9	Can you briefly describe the services the organization offers? [CLARIFY: Use the drop down menu for a list of possible options]		
	Training event for service provider	a/ Service #1 b/ Service #2 c/ Service #3 d/ Service #4 e/ Service #5 f/ Service #6	
B 10	Do people need a referral to use the service or can they phone or walk-in? [CLARIFY: Select the referral type indicated by the respondent]		
B 11	What languages is your service offered in? [CLARIFY: Select the language(s) indicated by the respondent]		
B 12	Are interpreters available if needed?		
	No		2 2
B 13	How many full-time staff in your organization offer services to survivors of child sexual abuse?		
	a/ Number of Inuit b/ Number of non-Inuit c/ Don't know / No response	0 0	0 0

		<b>How many part-time staff in your organization offer services to survivors of child sexual abuse?</b>			
B 14	a/	Number of Inuit	0	0	
	b/	Number of non-Inuit	0	0	
	c/	Don't know / No response			
		<b>How many volunteers in your organization offer services to survivors of child sexual abuse?</b>			
B 15	a/	Number of Inuit	0	0	
	b/	Number of non-Inuit	0	0	
	c/	Don't know / No response	No Response	2	
B 16	YES or NO? Are there any staff positions in your organization related to the survivors of child sexual abuse that are not filled right now? Your answer will be kept confidential. It will not be published. [CLARIFY: The question is confidential]		No	2	2
B 17	Confidentially, how many positions are not filled? [CLARIFY: The question is confidential]			0	0
B 18	Why are these positions vacant? Your response will not be published. [CLARIFY: The question is confidential]				
B 19	YES or NO? Do you consider your current facilities or office space adequate to meet your needs? [CLARIFY: Are they sharing building facilities, using church facilities, have their own office or building, etc. ?]		Yes	1	1
B 20	What hours are your service(s) available?				
B 21	How long has your organization been in operation? [CLARIFY: Select the number of years indicated by the respondent]				
B 22	What is your source of funding for your organization?				
		Is your funding ongoing or short term? [CLARIFY: Short-term is considered to be up to 1 year or funding that must be re-applied for on an annual basis.]			
B 23		Ongoing	No answer	5	5
		Short-term	No answer	5	5
		Don't know	No answer	5	5
		No answer			
		Details:			
		Save file (optional)			
<b>SECTION C: Information about Child Sexual Abuse Services for Survivors or Offenders</b>					
Now, I would like to ask some specific questions about each SERVICE you mentioned. This section includes information that will be published in the directory. I will also ask a few questions that will be confidential and will not appear in the directory.					
	1	SERVICE / PROGRAM #1		0	
	2	SERVICE / PROGRAM #2		0	
	3	SERVICE / PROGRAM #3		0	
	4	SERVICE / PROGRAM #4		0	
	5	SERVICE / PROGRAM #5		0	
	6	SERVICE / PROGRAM #6		0	
<b>Type in the NUMBER that matches the SERVICE that will now be discussed:</b>					
<b>SERVICE being described:</b> FALSE					
First/now, let's discuss your [name] service.					
C 1	a/ What is the formal name of the service?				
		Who should we list in the directory as the contact name for the service? [CLARIFY: The telephone number should be the one for access to the service, the number that will be listed in the public directory]			
C 2	a/	No specific contact			2
	b/	Name			
	c/	Position			
	d/	Telephone number			
	e/	E-mail			
C 3	Are you currently offering this service for child sexual abuse survivors or is it one that was offered within the last five years or is going to be offered within the next year? [CLARIFY: Is it a current, past, or future service?]				
C 4	To what extent is this SERVICE offered? In other words, how widely is it available? [CLARIFY: Is the service available in only one community or region, or is available in a number of communities, regions, territories or provinces?]				
C 5	How did the service get started?				
		YES or NO? Do the following use this service? [CLARIFY: Check all that apply]			
C 6	a/	Inuit?	No	2	2
	b/	Other Aboriginal people?	No	2	2
	c/	Non-Aboriginal people?	No	2	2
C 7	Who is your target group for the service. [CLARIFY: For example, youth, women, residential school survivors, men on probation, etc. or everyone?]				
C 8	Please describe the Inuit cultural / Inuit qaujimaqangit content in the service.				
		How many people have used the service in: one week, one month, one year? Please estimate if you don't know exactly.			
C 9	a/	Week?	0	0	
	b/	Month?	0	0	
	c/	Year?	0	0	
	d/	Don't know / No response			



C 10	<b>YES or NO? Do service providers work more hours than they are paid for? We will not publish your answer to this question or identify your answers by name.</b> [CLARIFY: The question is confidential]	No	2	2	
C 11	<b>Please explain. Again, your answer will be kept confidential.</b> [CLARIFY: The question is confidential]				
C 12	<b>What is the salary range of paid service providers? Your answer will be kept confidential.</b> [CLARIFY: The question is confidential. Select the salary range indicated by the respondent]				
<input type="button" value="Save Data on Services and Repeat Section"/> <input type="button" value="Save Data on Services goto Training"/>					
<b>SECTION D: Information About Training and Support for Service Providers</b>					
<p>Now, I would like to ask if your organization offers any training or support programs. This includes existing or on-going training for current staff or training that may be offered to others. This section includes information that will be published in the directory. I will also ask you a few questions that will be confidential and will not appear in the directory.</p>					
<p><b>In general, do service providers in your organization have specific or specialized training in healing, crisis intervention, or general counselling? Your answer will be kept confidential.</b> [CLARIFY: The question is confidential. It asks about training provided to STAFF only. Indicate the respondent's answer with the following list. Do not read the list. Provide further details under DETAILS]</p>					
D 1	a/	No training	No	2	2
	b/	General awareness of child sexual abuse issues and interventions	No	2	2
	c/	Specific skills related to child sexual abuse disclosures, trauma or healing	No	2	2
	d/	Intensive training in healing or long-term therapy for survivors	No	2	2
	e/	Training by Inuit caregivers or Elders	No	2	2
	f/	On-the-job supervision by experienced person or apprenticeship	No	2	2
	g/	Workshop	No	2	2
	h/	Short course	No	2	2
	i/	College- or university-level course content	No	2	2
	j/	Other	No	2	2
<p>Details</p>					
<p><b>In general, do service providers in your organization have specific or specialized training in child sexual abuse? Your answer will be kept confidential.</b> [CLARIFY: The question is confidential. It asks about training provided to STAFF only. Indicate the respondent's answer with the following list. Do not read the list. Provide further details under DETAILS]</p>					
D 2	a/	No training	No	2	2
	b/	General awareness of child sexual abuse issues and interventions	No	2	2
	c/	Specific skills related to child sexual abuse disclosures, trauma or healing	No	2	2
	d/	Intensive training in healing or long-term therapy for survivors	No	2	2
	e/	Training by Inuit caregivers or Elders	No	2	2
	f/	On-the-job supervision by experienced person or apprenticeship	No	2	2
	g/	Workshop	No	2	2
	h/	Short course	No	2	2
	i/	College- or university-level course content	No	2	2
	j/	Other	No	2	2
<p>Details:</p>					
D 3	<b>What further training needs do staff and volunteers in the service have? Again, your answer will be kept confidential.</b> [CLARIFY: The question is confidential]				
D 4	<b>YES or NO? Does your organization offer training and support for service providers?</b> [CLARIFY: Interest is in training and support to individuals outside of the organization; to others, to people other than staff]	No	2	2	
<p><b>[If YES] CONTINUE SECTION D</b></p> <p><b>[If NO] GO TO SECTION E</b></p> <p style="text-align: center;"><input type="button" value="Go To Section E"/></p>					
	1	SERVICE / PROGRAM #1		0	
	2	SERVICE / PROGRAM #2		0	
	3	SERVICE / PROGRAM #3		0	
	4	SERVICE / PROGRAM #4		0	
	5	SERVICE / PROGRAM #5		0	
	6	SERVICE / PROGRAM #6		0	
<p><b>Type in the NUMBER that matches the TRAINING or SUPPORT PROGRAM that will now be discussed:</b></p> <p style="text-align: center;"><b>PROGRAM being described: FALSE</b></p>					
D 5	<b>What is the formal name of the training or support program?</b>				
<p><b>Who should we list in the directory as the contact name for the program?</b> [CLARIFY: The telephone phone number should be for accessing the training or support program, the number that will listed in the public directory]</p>					
D 6	a/	No specific contact			
	b/	Name			
	c/	Position			
	d/	Telephone number			
	e/	E-mail			

	<b>Can you briefly describe the nature of the training or support provided? Your answer will be kept confidential.</b> [CLARIFY: Indicate the respondent's answer with the following list. Do not read the list. Provide further details under DETAILS]		
	a/	One-time workshop or event (1 day or less)	No
	b/	One-time conference or meeting (1 to several days)	No
	c/	Ongoing educational or support group (weeks or months)	No
	d/	Individual work with Inuit caregivers or Elders	No
	e/	On-the-job supervision by experienced person or apprenticeship	No
D 7	f/	College- or university-level course content (distance education, leave, etc.)	No
	g/	General awareness of child sexual abuse issues and interventions	No
	h/	Specific skills related to child sexual abuse disclosures, trauma or healing	No
	i/	Intensive training in healing or long-term therapy for survivors	No
	j/	Healing and support for service providers	No
	k/	Other	No
	l/	Details:	
	m/	Don't know / No response	
D 8	<b>Who was the target group for the training?</b> [CLARIFY: For example, volunteers on the crisis line, support group leaders, youth leaders, etc., or staff and volunteers in general?]		
	<b>In the past 12 months how many Inuit and non-Inuit people were trained or supported?</b>		
D 9	a/	Number of Inuit	0
	b/	Number of non-Inuit	0
	c/	Don't know / No response	
	<b>Who provided the training or led the support program?</b> [CLARIFY: Indicate the respondent's answer with the following list. Do not read the list. Provide further details under DETAILS]		
	a/	Inuit caregiver	No
	b/	Inuit service provider such as a nurse, community health representative, social worker, probation officer, etc.	No
	c/	Inuit expert in child sexual abuse	No
	d/	Community caregiver	No
D 10	e/	Non-Inuit service provider such as a nurse, community health representative, social worker, probation officer, etc.	No
	f/	Non-Inuit expert in child sexual abuse	No
	g/	Other	No
	h/	Details:	
D 11	<b>What languages was the training or support offered in?</b> [CLARIFY: Select the language(s) indicated by the respondent]		
D 12	<b>Were interpreters available if needed?</b>		No
D 13	<b>YES or NO? Was there any Inuit cultural/Inuit qaujimagangit content in the training program?</b> [CLARIFY: For example, use of Inuit caregivers or Elders, traditional teachings, Inuit knowledge, stories, ceremonies, retreats to the land, etc.]		No
D 14	<b>IF YES, please explain.</b>		
D 15	<b>We will not publish your answer to this question. What other training needs do participants in your training or support program have?</b> [CLARIFY: The question is confidential]		
	<b>Save Data on Training Repeat Section D</b>		<b>Save Data and goto Section E</b>
	<b>Return to Section D (line 220) if there is another training or support program to report</b>		
	<b>SECTION E: Wrap-up</b>		
	Finally, I would like to ask you a few questions based on your knowledge and experience. Your answers will be confidential and will not be reported in the directory.		
E 1	<b>What level of awareness of child sexual abuse do you see in your community?</b> [CLARIFY: Select the level of awareness indicated by the respondent. Do not read the list. If OTHER is selected, provide details under DETAILS]		
	Details:		
E 2	<b>Please explain.</b>		
E 3	<b>YES or NO? Do service providers, caregivers and community caregivers working in the area of child sexual abuse in your community have enough access to support and healing?</b> [CLARIFY: For example, talking with Elders and caregivers, retreats, time off when needed, support networks, etc.]		
E 4	<b>Please explain.</b>		
E 5	<b>What suggestions do you have for improving the help available to survivors of child sexual abuse?</b>		
E 6	<b>What suggestions do you have for improving training and support for service providers, Inuit caregivers and community caregivers working in the area of child sexual abuse? Your answer will be kept confidential</b> [CLARIFY: The question is confidential]		
E 7	<b>Is There anything else you would like to add or ask me?</b>		
	<b>Save Interview and Return to Beginning</b>		
	I want to thank you for your time in completing this survey. And I want to assure you again that confidential information you provided will remain confidential. Your help will contribute to information sharing and planning for more help for survivors of child sexual abuse, and better training and support for helpers.		
	We will be completing the directory over the winter months and plan to send you a copy next spring. Please call me at [1-800 number] if I can provide any more information.		
	<b>END INTERVIEW</b>		



# Survey and Interview Guides: Interview of Individuals

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SECTION A: Screening Questions					
A 1	Would you be willing to talk to me about any work you have done with survivors of child sexual abuse?		No	2	2
[If yes]	I would like to ask you some questions about this work. We would like to publish some of this information in a directory and use other information you provide to talk about Inuit caregiving in general. You can tell me what information you don't want to include in the directory beside your name. The interview will take about half an hour. Is this a good time to talk or could we set up another time?				
	<b>Go to Section B</b>				
[If no]	Do you know of other organizations or people that help child sexual abuse survivors that we could contact?				
A 2.1	a/	Name			
	b/	Organization			
	c/	Contact information			
	d/	Line #2			
	e/	Telephone			
A 2.2	a/	Name			
	b/	Organization			
	c/	Contact information			
	d/	Line #2			
	e/	Telephone			
A 2.3	a/	Name			
	b/	Organization			
	c/	Contact information			
	d/	Line #2			
	e/	Telephone			
	Thank you very much for your help. END INTERVIEW		<b>Save Alternate Contacts Restart</b>		
SECTION B: Questions About the Individual					
B 1	What is your full name?				
B 2	What is the address? <i>[Street address if there is one]</i>				
	a/	Street and/or Post Box			
	b/	Community			
	c/	Region			
	d/	Postal Code			
B 3	What is the phone number we should use?				
B 4	Do you have a fax number?				
B 5	Do you have an e-mail address?				
B 6	Can you briefly describe the healing or caregiving work that you do?				
SECTION C: Public Information About the Individual's Work on Child Sexual Abuse					
	Now, I would like to ask some specific questions about the work you have done with survivors of child sexual abuse. This section includes information that will be published in the directory unless you ask me not to publish it. After that, I will ask you a few questions that will be confidential and not appear in the directory.				
C 1	Can you briefly describe the service? (extent of services etc.)				
1	a/	face-to-face counseling	service not offered	1	1
	b/	Current, past or future program?	Not Applicable	4	4
2	a/	telephone counseling	service not offered	1	1
	b/	Current, past or future program?	Not Applicable	4	4
3	a/	group counseling	service not offered	1	1
	b/	Current, past or future program?	Not Applicable	4	4
4	a/	crisis intervention	service not offered	1	1
	b/	Current, past or future program?	Not Applicable	4	4
5	a/	support group	service not offered	1	1
	b/	Current, past or future program?	Not Applicable	4	4
6	a/	long-term individual therapy	service not offered	1	1
	b/	Current, past or future program?	Not Applicable	4	4
7	a/	addictions treatment	service not offered	1	1
	b/	Current, past or future program?	Not Applicable	4	4
8	a/	family violence treatment	service not offered	1	1
	b/	Current, past or future program?	Not Applicable	4	4
9	a/	Inuit Qaujimagangit healing	service not offered	1	1
	b/	Current, past or future program?	Not Applicable	4	4
10	a/	offender program	service not offered	1	1
	b/	Current, past or future program?	Not Applicable	4	4
11	a/	children's program	service not offered	1	1
	b/	Current, past or future program?	Not Applicable	4	4
12	a/	youth program	service not offered	1	1
	b/	Current, past or future program?	Not Applicable	4	4
13	a/	parenting program	service not offered	1	1
	b/	Current, past or future program?	Not Applicable	4	4
14	a/	community workshop	service not offered	1	1
	b/	Current, past or future program?	Not Applicable	4	4
15	a/	other #1	service not offered	1	1
	b/	Current, past or future program?	Not Applicable	4	4
	c/	Details:			

16	a/	other #2		service not offered	1	1
	b/	Current, past or future program?		Not Applicable	4	4
	c/	Details:				
17	a/	other #3		service not offered	1	1
	b/	Current, past or future program?		Not Applicable	4	4
	c/	Details:				
18	a/	other #4		service not offered	1	1
	b/	Current, past or future program?		Not Applicable	4	4
	c/	Details:				
19	a/	other #5		service not offered	1	1
	b/	Current, past or future program?		Not Applicable	4	4
	c/	Details:				
C 2		How did you get started doing this work?				
		Who do you help? <i>[Check all that apply]</i>				
	a/	Inuit?	No		2	2
	b/	Other Aboriginal people?	No		2	2
	c/	Non-Aboriginal people?	No		2	2
	d/	Pre-school children?	No		2	2
	e/	School-age children?	No		2	2
	f/	Youth?	No		2	2
	g/	Parents?	No		2	2
	h/	Women?	No		2	2
	i/	Men?	No		2	2
	j/	Elders?	No		2	2
	k/	Individuals?	No		2	2
	l/	Couples?	No		2	2
	m/	Parents and Children?	No		2	2
	n/	Families	No		2	2
	o/	Community in general (e.g. community workshop)	No		2	2
C 4		Is there any particular group of people you try to reach out to, for example, youth, women, residential school survivors, men on probation, etc. or everyone?				
		Do you have any helpers?				
	a/	Number of Inuit				
	b/	Number of non-Inuit				
	c/	Don't know / No response				
C 6		Where do you do your caregiving work?				
C 7		What hours are you available to help others?				
C 8		How long have you been helping survivors of child sexual abuse?				
C 9		What languages is your service offered in?				
C 10		Are interpreters available if needed?				
C 11		Is there any Inuit cultural/Inuit qaujimagangit content in your work?				
C 12		Can you tell me about any specific Inuit techniques you use in your caregiving work with survivors of child sexual abuse, for example, talking with Elders, traditional teachings, Inuit knowledge, stories, ceremonies, retreats to the land, etc.?				
C 13		Do you have any guidelines that you follow in your work, for example, about confidentiality, safety, etc.?				
		How many people would you help in: one week, one month, one year? Please estimate if you don't know exactly.				
	a/	Number of people per week?				
	b/	Number of people per month?				
	c/	Number of people per year?				
	d/	Don't know / No response				
		What is the average number of times you would help any one person in: one week, one month, one year? Please estimate if you don't know exactly.				
	a/	Number of times per week?				
	b/	Number of times per month?				
	c/	Number of times per year?				
	d/	Don't know / No response				
C 16		Do you have any advice to give others who offer caregiving in the community?				
		<b>SECTION D: Confidential Information About the Individual's Work on Child Sexual Abuse</b>				
		The questions I am going to ask now will be used to describe the help available for survivors of child sexual abuse in general. We will not publish this information or identify your answers by name.				
		Do you have any training, which could include Inuit knowledge, working with another caregiver or self-study, in healing, crisis intervention, or general counselling? <i>[Check all that apply]</i>				
	a/	No training	No		2	2
	b/	General awareness of issues and interventions	No		2	2
	c/	Specific skills related to crisis intervention, trauma or healing	No		2	2
	d/	Intensive training in healing or long-term therapy	No		2	2
	e/	Training by Inuit caregivers or Elders	No		2	2
	f/	On-the-job supervision by experienced person or apprenticeship	No		2	2
	g/	Workshop	No		2	2
	h/	Short course	No		2	2
	i/	College- or university-level course content	No		2	2
D 1						



D 1	j/	Other #1	No	2	2
		Details:			
	k/	Other #2	No	2	2
		Details:			
	l/	Other #3	No	2	2
		Details:			
	m/	Other #4	No	2	2
		Details:			
	n/	Other #5	No	2	2
		Details:			
	o/	Other #6	No	2	2
		Details:			
Do you have any training, which could include Inuit knowledge, working with another caregiver or self-study, in responding to child sexual abuse? [Check all that apply]					
	a/	No training	No	2	2
	b/	General awareness of child sexual abuse issues and interventions	No	2	2
	c/	Specific skills related to child sexual abuse disclosures, trauma or healing	No	2	2
	d/	Intensive training in healing or long-term therapy for survivors	No	2	2
D 2	e/	Training by Inuit caregivers or Elders	No	2	2
	f/	Working with an experienced healer or caregiver	No	2	2
	g/	Workshop or course on child sexual abuse	No	2	2
	h/	Other #1	No	2	2
		Details:			
	i/	Other #2	No	2	2
		Details:			
	j/	Other #3	No	2	2
		Details:			
D 3	What further training would you like to have?				
D 4	Do you spend more time helping others than you would like to?				
		No		2	2
D 5	Please explain.				
D 6	Do you receive anything for the work you do?				
		No		2	2
<b>SECTION E: Wrap-up</b>					
Finally, I would like to ask you a few questions based on your knowledge and experience. These answers are confidential and will not be reported in the directory.					
E 1	What level of awareness of child sexual abuse do you see in your community? [Check one]				
		No answer		6	6
E 2	Please explain.				
E 3	Do caregivers and service providers working in the area of child sexual abuse in your community have enough access to support and healing, for example, talking with Elders and caregivers, retreats, time off when needed, support networks, etc.?				
E 4	Please explain.				
E 5	What suggestions do you have for improving the help available to survivors of child sexual abuse?				
E 6	What suggestions do you have for improving training and support for Inuit caregivers and service providers working in the area of child sexual abuse?				
Do you know of other organizations that provide services for child sexual abuse survivors, Inuit caregivers, community caregivers, or training and support programs we should contact?					
E 7.1	a/	Name			
	b/	Organization			
	c/	Contact information			
	d/	Line #2			
	e/	Line #3			
E 7.2	a/	Name			
	b/	Organization			
	c/	Contact information			
	d/	Line #2			
	e/	Line #3			
E 7.3	a/	Name			
	b/	Organization			
	c/	Contact information			
	d/	Line #2			
	e/	Line #3			
E 8	Is there anything else you would like to add or ask me?				
I want to thank you for your time in completing this survey. And I want to assure you again that confidential information you provided will remain confidential. Your help will contribute to information sharing and planning for more help for survivors of child sexual abuse, and better training and support for helpers.					
We will be completing the directory over the winter months and plan to send you a copy next spring. Please call me at [1-800 number] # I can provide any more information.					
END INTERVIEW					
Save Data Restart					

