



“Creating a Framework for the Wisdom
of the Community”: Review of Victim
Services in Nunavut, Northwest and
Yukon Territories

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Yukon Territories

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The views expressed in this report are those of the author and do not necessarily represent the views of the Department of Justice Canada.

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The title of this paper is a direct quote from Valerie Stubbs, Community Justice Specialist Kivalliq Region, Nunavut. Valerie described the core job of service providers, funders, governments and citizens as one of "creating a framework for the wisdom of the community." The aim of this paper is to illustrate the astuteness of this insight.

¹ For details about existing service providers in the three northern territories see the companion booklet to this paper, *Victim Services in the Territories: A Compilation of Contacts and Resources*, Mary Beth Levan, Ottawa: Policy Centre for Victim Issues and Research and Statistics Division, Department of Justice Canada, 2002.

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EXECUTIVE SUMMARY

Between January 2001 and August 2002, an extensive consultation was undertaken with victim service providers, community-based service providers and government officials across the three northern territories. This project had a number of inter-related tasks and objectives. In addition to developing a comprehensive inventory of services currently available to victims of crime in Nunavut, the Northwest Territories and Yukon, the project also identified best practices, challenges, and gaps in delivery of victim services in the territories.

This report summarizes the findings from that consultation process and makes recommendations to address the issues raised. The recommendations are grounded in the context of each territory.

Nunavut : Findings

An inventory of formal Nunavut services was undertaken to explore the nature and extent of formally structured social services available to victimized Nunavummiut. The decision was made to contact all service delivery organizations, agencies, offices, and some government departments, including such institutions as schools and churches whose mandate is not specifically service to victims. A total of 148 individual community-based services and an additional seven territorial service providers were identified for contact across the 26 Nunavut communities. Of these, 91 took part in this survey.

While there may appear to be a number of social services in each community, it would be erroneous to assume that there are adequate, or even any, services dedicated to victimized people. There are few victim-dedicated services in the communities, especially outside of the capital, Iqaluit. Most community-based services are run by volunteers or poorly paid, under-trained and over-worked staff. The overwhelming obstacles faced by these community service providers, especially in light of the high levels of victimization in Nunavut, are outlined in the body of the report. However, in general, problems in service delivery to victimized people are due to the absence of key elements to support victim service providers, such as leadership support and understanding of victims, infrastructure, and information, as well as the overall difficulties of working with victimized people.

Traditional Inuit approaches to victimization and contemporary informal services available to victimized individuals in Nunavut were investigated through an extensive consultation process and formed another branch of the research process. Respondents described a variety of traditional approaches to victimized individuals and include the expectation that women and girls, usually in arranged marriages, remain silent about the abuse they were suffering and try harder to obey and please their husbands, the avoidance of outright confrontation with violent individuals in an attempt to keep them calmer and maintain an atmosphere of respect within the group, traveling to another camp to seek safety, as well as subtle and/or direct counselling of the offending individual by elders, while avoiding shame and embarrassment to the person. Traditional approaches in Nunavut also included retaliation, sometimes after years, by the family of the victimized individual, and gossiping about both victims and offenders in an attempt to control violence in the group and ease the tension that arose from disruptive behaviour.

Through the consultations, respondents also identified contemporary informal approaches to victimization. The less constructive approaches include denial that there is a problem with interpersonal violence, keeping personal victimization experiences secret, focusing on keeping the family physically together at all costs, believing that victimized persons deserve the abuse they receive because of a personal shortcoming, using chemical and process addictions (behavioural addictions such as gambling), violent behaviour, criminal activity and suicide to cope with feelings of fear, rage and shame, and developing a range of post traumatic stress symptoms.

The more positive approaches reported include spending as much time as possible on the land, engaging in traditional and contemporary crafts and cultural expressions such as drum dancing, individuals opening their homes to victimized individuals, staying with relatives during violent episodes in one's own home, becoming involved in community sports, and focusing on a religious and/or spiritual approach to life.

Victim services programs in other non-Nunavut, remote, Aboriginal regions of northern and southern Canada, and in other circumpolar regions, were consulted in order to gain insight into service delivery approaches and "best practices" that might prove useful in Nunavut. A total of 43 individuals working in a variety of victim services programs were consulted by phone, in person, by email and fax. Effective programming and "best practices" include:

- the establishment of a community development approach to service delivery which focuses on community involvement and inclusion, relationship building, community ownership, agency cooperation, consensual decision making and universal awareness about community social problems;
- the combining of various services, such as emergency shelter, counselling and court preparation;
- the provision, through auxiliary RCMP constables, of immediate assistance to victimized individuals;
- the provision of multi-faceted, accessible practical services to victimized women;
- the development of short- and long-term recovery programs for victimized individuals;
- the employment of community-based victim services paraprofessionals;
- the establishment of programs whose purpose is the support of victimized individuals involved in restorative justice procedures; and,
- the development of progressive legislation that protects victims and increases the choices available to them.

As a result of these consultative research tasks, and a review of pertinent documentation and literature in the area of victimization in remote, Aboriginal regions, a series of key recommendations were developed in the areas of training, support and recovery for existing service providers, training, support and recovery for communities, leadership, legislation, judicial and correctional systems, and victim services programs.

Northwest Territories: Findings

An inventory of formal services available in the Northwest Territories was undertaken to explore the nature and extent of formally structured social services available to victims of crime in that territory. The inventory of all territorial services, even those whose mandate is not specifically

service to victims, identified 141 service providers from all 30 NWT communities for contact. Of this total, responses were received from 111 territorial service providers.

Traditional approaches to victimization and contemporary informal services available to victimized individuals in NWT were investigated through an extensive consultation process and formed another branch of the research process. In this regard responses indicate there are a variety of opinions regarding the extent to which the victimized people of NWT were supported and assisted in traditional times. There is also a variety of opinions regarding what the impetus for that support was, or the form that it took.

Contemporary informal approaches to victimization incorporate both positive and less constructive approaches. The less constructive approaches reflect a general lack of community support for the victim through shunning, blaming and shaming the victim. In addition, some respondents indicated that support and assistance given to victims is dependent on their place within the community power hierarchy. That is, victimized individuals belonging to the least powerful families are more likely to be blamed, shunned and intimidated than victims belonging to the more powerful families in communities. In addition, respondents noted that shelters and other victim focussed programs are often accused of “breaking up families” and attempts to start new shelters or programs are often strongly opposed by powerful community members. Some respondents note also that the victim, when they do access the service, can be turned away.

Respondents also spoke about some positive contemporary approaches to victimization. In smaller communities, where the victim is pressured to drop charges, or is otherwise threatened, victim supporters assist the victim to move permanently to a larger town in the region, saving them from the harassment of the community and the perpetrator’s family. This also allows them greater access to services such as counselling, housing, employment and education.

Respondents also noted that they are seeing a shift in attitude in the larger centres (Yellowknife, Hay River, Inuvik, Fort Smith and Fort Simpson), one that emphasizes support to victims. Women’s shelters, and other victim service providers, have come together to raise public awareness at the local level and have started some support groups for abused women. In some towns, people are volunteering to work with programs which assist victimized community members. There are more conferences and workshops on victim issues, and the territorial government recently held a major conference on the social conditions in the NWT (the “Social Agenda Conference” held in Hay River in June 2001).

As a result of these consultative research tasks, and a review of pertinent documentation and literature in the area of victimization in remote, Aboriginal regions, a series of recommendations were developed in the areas of victim assistance programs, public education and community building, training and healing for service providers, community-based programs, legislation, judicial support, and leadership.

Yukon Territory: Findings

The Yukon Territory has a highly centralized population, with 74% living in and around the capital city, Whitehorse. There are a total of 17 serviced communities and all but one are on the road system. An inventory of formal Yukon services was undertaken in the 17 communities to explore

the nature and extent of formally structured social services available to victims of crime in the Yukon Territory. For the purposes of this research a total of 42 people at 24 universally available services (based in Whitehorse) and 12 community-based victim services (in outlying communities) were interviewed.

Traditional approaches to victimization and contemporary informal services available to victims in the Yukon were investigated through an extensive consultation process and formed another branch of the research process. Most respondents believe that victims of spousal, physical or sexual assault in the distant past did not receive very much personalized support or validation. A common response is that women and children simply “endured it.” However, these respondents note that in pre-colonial times there were more built-in coping mechanisms within the culture that, in themselves, kept people more connected to each other, and therefore safer. Respondents also noted that gender specific gatherings took place as well as mediation.

Contemporary informal approaches to victimization incorporate both positive and less constructive approaches. The less constructive approaches include silence within the community. Some towns may have a loose network of informal support, but not a great deal is known about it outside of the community. Attempts are being made to build on those informal support networks and increase the viability of more formal services by focusing on community inter-agency cooperation and relationship building.

Most respondents felt that, compared with other Canadian regions, particularly northern jurisdictions, the Yukon Territory has a well developed continuum of professional services for victimized people. They note the increasing variety of specialized services for victimized individuals, the effective partnerships between agencies, the growing ability of service providers to address long-term trauma issues and the high volume of work being done by all agencies offering services to victims. Some respondents believe they are seeing the results of these efforts in greater sobriety, increased community awareness and increasing participation in healing events, particularly those based on Aboriginal healing beliefs. Although there is no definitive way to prove it, it may be that lower rates of reported spousal assault, sexual assault and child abuse are the result of these services and interventions.

However, all respondents believe that there are still gaps, barriers and needs in the area of service provision to victimized individuals, families and communities. These challenges, as reported by respondents, include limited community support, limited leadership support, resource shortfalls, information gaps, and the judicial system.

General Recommendations

Service providers across the northern territories were eager to take part in this study and provide information on the levels, the dynamics and the results of victimization in their communities. They also provided valuable insight and offered a wide variety of recommendations into what needs to be done.

The recommendations offered were grounded in the need for program support, and this is the paper's major recommendation as well. While the exact nature of the support required varies across each territory, they do share commonalities: extensive training, increased public awareness and education campaigns, increased support to networks, support through legislation, policy and the criminal justice system, as well as increased support to community-based resources.

Grounded in a community development model of understanding the issues, the author concludes that many services in the north have adopted a holistic approach and that the service providers are experts in what needs to be done; what they need is more support to do it.



1.0 INTRODUCTION

1.1 Purpose of Research

Between 2001 and 2002, the Policy Centre for Victim Issues and the Research and Statistics Division of the Department of Justice Canada began research into the circumstances, statistics, resources and needs of victims of crime in the three Territories. The project began by focusing on Nunavut. The impetus for the research was to gather information necessary to assist in the development of effective and appropriate victim services programs and policy in this new territory. Specifically the research requirements included:

- the development of a comprehensive inventory of services currently available to victims of crime in Nunavut;¹
- the identification of best practices in victim service delivery in other, non-northern, remote Aboriginal jurisdictions;
- the provision of an understanding of current informal, as well as traditional (both formal and informal), ways of dealing with victims; and
- the delineation of gaps in service, challenges and resulting recommendations regarding appropriate victim services, and service delivery.²

Following the completion of this research in Nunavut, similar research was undertaken in the Northwest and Yukon Territories. The research for all three territories was completed in October 2002.³

The goals for the Northwest Territories and Yukon were the same with the exception of the work on best practices in victim service delivery in other remote Aboriginal jurisdictions. It was determined that the best practices identified through the Nunavut focused work are relevant for the two other territories as well.

The defining feature of victimization in Canada's three northern territories is its endemic nature. This situation is described in detail throughout this paper. But in general one can say that all three territories have very high rates of suicide, spousal assault, sexual assault, child abuse, sexually transmitted disease, teen pregnancy, addictions and other problems indicative of a traumatized population. This problem is exacerbated by the remoteness and isolation of most northern communities. With minimal road systems, long distances, harsh weather and limited budgets,⁴ service delivery of any kind is difficult and inconsistent.

Despite these difficulties, and the many others described in each chapter of this paper, service providers in each and every community have been doing their best to address the needs of victims

¹ The service providers surveyed are listed in Appendix B. A complete and full description of all services are provided in a companion document to this report, *Victim Services in the Territories: A Compilation of Contacts and Resources*, Mary Beth Levan, Ottawa: Policy Centre for Victim Issues and Research and Statistics Division, Department of Justice Canada, 2002.

² The survey questionnaires used in the Northwest Territories and Yukon also asked respondents to describe those areas where they were experiencing some success in victim service delivery.

³ The service providers surveyed in the Northwest and Yukon Territories are listed in Appendix B. The complete and full description of all services in these two territories also are provided in the companion document noted in footnote 13 above.

⁴ Transfer payments from the federal government to the territorial government are made on a per capita basis, and all three territories have relatively small populations compared to other regions of Canada.

in their town. This is especially noteworthy as the vast majority of service providers in small remote communities (volunteer caregivers, nurses, teachers, RCMP) do not have a mandate, let alone the resources and funding, to offer specialized services to victimized individuals. Their insights and recommendations in terms of this situation were gathered during an extensive consultation process and have provided the basic framework for this research.

In the North, responsibility for program and policy development cross the jurisdictions and mandates of all levels of government. At the same time, research and consultations have made it clear that there are no “quick fixes” in the Northern Territories given economic and geographic conditions. As such, a holistic approach to understanding the context of victimization and victim services in the three territories is required, one that looks at a wide spectrum of influences, that turns its focus to the broad challenges northern victims and victim service providers operate within, as well as the various forms of resources available in each community.

In response, this research project is meant to provide a comprehensive discussion of the context within which victimization and victim services operate in the North. The report is meant to inform many audiences and is seen as an opportunity to take stock. This report will assist community members, victim service providers, human service providers, policy makers, program managers, as well as those who work in the criminal justice system to identify the resources available, the key challenges and best practices identified by the key respondents in the North.

It is hoped that this research will increase dialogue among stakeholders and facilitate an improved understanding of the context and complexity of victimization and victim services in the three territories, as well as provide a place for all those involved in the North to begin exploring better ways to understand and meet the needs of Northern victims of crime and the communities they live in.

1.2 Research Methodology

While widespread victimization is a Northern reality, the particular circumstances for victimized individuals in each territory varies, as do the resources and services available to assist them. For this reason, the inventory of services, and overall research methodology, was adapted for each territory. The general methodology used in all three territories is described below. The methodological adjustments made to suit the realities of each territory are described in the chapter which focuses on that territory.

As one of the main goals of this research was to ascertain the circumstances, needs and resources of victimized people in all three territories, an extensive series of interviews was conducted across northern Canada. Service providers in every community in all three territories, a total of 75 communities, were contacted either in person, or by phone, fax or email. This pan-territorial survey resulted in a total of 308 interviews. In addition, 43 interviews were conducted with victim service providers in other remote Aboriginal jurisdictions within Canada and Alaska, and 12 victims of crime were interviewed. In total, 363 respondents were interviewed.⁵ In each territory, key service providers were identified for in-depth interviews and ongoing participation in the research process. They reviewed drafts of the research findings, gave extensive input into analyzing best practices in

⁵ This figure doesn't reflect the fact that most key service providers in each territory were interviewed more than once.



victim services and provided detailed recommendations for victim service delivery in northern Canada. The names of these key service providers are listed by territory in Appendix A. Appendix B includes all community-based territorial services surveyed. Victims of crime were also interviewed. Their stories do not appear in this publication to respect their confidentiality, however, their stories are in keeping with the experiences of victims in the North.⁶

A standard questionnaire was developed and used in all interviews and is included here in Appendix D. Respondents had the opportunity to describe the situation regarding victimization in their community, outline their particular service and offer recommendations for improvements to victim service delivery in their community and territory. They also reported what they knew about traditional and informal methods of assisting and dealing with victimized individuals.

As there are very limited services dedicated to victims in Nunavut and Northwest Territories the decision was made to contact all those services which offer any type of human service program.⁷ The Yukon Territory has more comprehensive victim service programming, and, therefore, only those services were interviewed whose mandate focuses on victims of crime.

In order to ascertain best practices in victim service delivery in other non-northern, remote Aboriginal locations a series of interviews were conducted with service providers in Alaska, British Columbia, Alberta, Saskatchewan, Manitoba, Quebec, Labrador and Newfoundland. The names and locations of these programs, along with the interviewee's name, are in Appendix A.

The research process also involved an examination, in each territory, of the existing health and crime statistics, victim focused research literature, demographics, social conditions, historical considerations, and Inuit and First Nations political/cultural status. This documentation is cited in the Bibliography.

The chapter on Nunavut is laid out as follows:

- Considerations in Victim Service Delivery in Nunavut
- Traditional and Existing Informal Victim Services in Nunavut
- Formal Services Available in Nunavut Communities
- Review of Programs in Other (Non-Nunavut) Remote Aboriginal Communities
- Recommendations for Victim Services in Nunavut
- Summary: Victim Services in Nunavut, Needs and Recommendations

⁶ *Untold Stories of Battered Women, Part 2*, NWT Status of Women Council, Yellowknife, NWT, 2002.

⁷ The very high levels of victimization in Nunavut and Northwest Territories has resulted in populations where traumatic reactions are virtually universal and have, in some respects, become social norms. For this reason, service providers in all areas of human service delivery in these two territories are offering services to victims, and they were therefore interviewed.

The chapter on the Northwest Territories follows a similar pattern:

- Considerations in Victim Service Delivery in the North West Territories
- Services Available in Northwest Territories Communities
- Recommendations for Victim Services in the Northwest Territories
- Summary of Needs and Recommendations

The chapter on Yukon is similar as follows:

- Considerations in Victim Service Delivery in the Yukon Territories
- Culture and Social Norms: Background Information
- Services Available in Yukon Communities
- Recommendations for Victim Services in Territory Yukon
- Summary of Needs and Recommendations

Grounded in a trauma recovery model, the conclusion speaks to the need for understanding the various ways individuals and communities heal from personal and collective trauma. The concluding section also summarizes the key recommendations made by respondents regarding the types of supports, programs, funds, legislation and resources needed to respond to the endemic victimization that Northern community members are working together to get under control.



2.0 NUNAVUT

2.1 Considerations in Victim Service Delivery in Nunavut

2.1.1 Introduction

Nunavut Territory

The Nunavut Territory came into existence on April 1, 1999, through the proclamation of the *Nunavut Act* of 1993.⁹ It is a large territory with a total population of 26,745 people¹⁰ living in 26 communities scattered over some two million square kilometers. The newness of the territory and the isolation of many of the communities from one another are further exacerbated by a history of Euro-Canadian colonization of the indigenous Inuit. These factors of geography and history, together, have resulted in economic, health, and social problems for the people of Nunavut who face great challenges in the development and implementation of effective infrastructures that are necessary for adequate service delivery in this new territory.

Key health statistics for Nunavut as compared to Canada as a whole paint a picture of how these challenges play out in the life cycle of a people.¹¹ While the life expectancy for Canada overall is 78 years old, for Nunavut the life expectancy is 70 years. Looking at specific factors in this, while the death rate for Canadians as a whole from all respiratory diseases is 6 for every 10,000 people, for Nunavut it is 21 for every 10,000. The statistics are similar for deaths from all cancers. While the death rate for all cancers for every 10,000 population in Canada is 19, for Nunavut it is 33. The pattern for infant mortality rates is similar. While the infant mortality rate for Canada overall is 6 infant deaths for every 1,000 live births, the corresponding number for Nunavut is 18 infant deaths per every 1000 live births.

Turning to economic indicators, as of 1999 the unemployment rate of Nunavut was 20.7% compared to 8.5% for Canada overall. This disparity is wider among the Inuit of Nunavut. The unemployment rate in Nunavut for Inuit was 28.0% compared to 2.7% for non-Inuit.¹² This reflects, at least in part, that many non-Inuit move to Nunavut specifically to accept a job offer. This currently is being addressed by the Government of Nunavut in its focus on local capacity building.

Of most pertinent concern for victim services are the high rates of violent crime in Nunavut. In 2002, the rate of sexual assault in Canada as a whole was 7.8 for every 10,000 people, whereas in Nunavut, the rate of sexual assault was 96.1 for every 10,000 people. A similar pattern holds for the rate of violent crime overall. For Canada, the rate of violent crime overall in 2002 was 96.5 for every 10,000 people, whereas in Nunavut the rate of violent crime overall was 709 for every

⁹ Prior to this, it was part of the Northwest Territories.

¹⁰ 2001 Census of Population

¹¹ All health statistics quoted here are taken from the Statistics Canada Website at <http://ceps.statcan.ca/english/profil/Details> as of August 2001.

¹² 1999 Nunavut Community Labour Force Survey: Overall Results and Basic Tables, Nunavut: Nunavut Bureau of Statistics.

10,000 people.¹³ Moreover, there is a high rate of suicide, especially among youth. Together, these form the contexts within which victim services are provided in Nunavut.

2.1.2 Cultural Differences: Inuit Culture and the Dominant Canadian Culture

This section is devoted to building a working knowledge of key contributing factors that should be taken into account when designing victim services, and other types of human services and programming in Nunavut. The service providers, community caregivers, victims of crime, and federal, territorial and municipal government policy and decision makers interviewed during this research requested that any new services, or modified existing services, take into account the existing cultural differences between Inuit culture and the dominant Canadian culture. They also asked that a clear picture be drawn, for policy and decision makers at all levels of government, of the many challenges and obstacles that exist in terms of victim services program development and delivery in Nunavut communities.

Eighty-five percent of the population of Nunavut is Inuit, with Inuktitut the predominant language. A sizeable proportion of Nunavummiut are unilingual Inuktitut or Inuinaqtun speakers; however, a majority of younger people are bilingual, speaking English as well as their mother tongue. Ninety-one percent of the Nunavut population who identify as Inuit have knowledge of their mother tongue and 85% speak their language at home.¹⁴

Accordingly, this chapter is devoted to two topics: a general overview of the differences between Inuit culture and the dominant Canadian culture and a general overview of the challenges and obstacles inherent in victim services program development and delivery in Nunavut communities.

This section, which focuses on cultural differences, is not intended as a definitive description of the differences between the dominant “western” culture in Canada and the indigenous Inuit culture in Canada. It represents simply a basic overview, for the purposes of program planning, of major differences between European/Canadian and Inuit culture in areas that have some impact on program planning. These insights are based on interviews with Nunavummiut service providers, caregivers, victims of crime and government bureaucrats, and these respondents are quoted throughout.

Cultural Beliefs About Life

- *“ Its very hard to get white people to understand that life is like the ocean ... it comes in and goes out in its own way ... life goes up and down ... that is the way it is ... white people are like children in some ways ... they have a temper tantrum when they can’t make things happen the way they want ... but they don’t understand that things happen in their own way.”*

¹³ Marnie Wallace, “Crime Statistics in Canada, 2002,” *Juristat*, Ottawa: Canadian Centre for Justice Statistics, Statistics Canada – Catalogue no. 85-002XPE, Vol. 23, no. 5.

¹⁴ 2001 Aboriginal Peoples Survey, Statistics Canada, retrieved August, 2003, at <http://ceps.statcan.ca/english/profil/Details>



- *“People in the old days may not have liked how some people behaved but they accepted that there were always going to be bad apples and they learned to accept that things aren’t always perfect.”*
- *“Their life (before colonialism) was very hard ... everyone just knew what their role was and they had to work very hard to just even survive.”*
- *“We knew how he was going to turn out because of what happened to his great grandparents when they were out hunting one spring.”*
- *“You don’t always get into trouble yourself for your mistakes, sometimes your children or their children pay for your mistakes.”*
- *“We have to be careful about how we talk about the animals or they will leave and there will be no food.”*

Within Inuit, and perhaps all land-based indigenous cultures, all aspects of life are seen as connected to each other in a web of infinite relationships. No part of life is separate from another part. All animal species, all vegetation and mineral life are related to each other, and to the earth. Nothing and no one can be understood outside of their place within this larger web of relationships. It is not possible to understand one person, or one event, by itself, without putting that person or event in its full historical, biological and spiritual context. In fact, physical and emotional survival is totally dependent on a focused, thorough appreciation and respect for this web of relationships.

It is also understood in these cultures that this ‘web of life’ has its own pattern that ebbs and flows with no beginning and no end. Inuit, like other indigenous peoples, do not think of themselves as being in charge of how this pattern unfolds. They understand that they have a place on earth, but they do not seek to force their own agenda onto the other participants in this pattern.

This means that within indigenous cultures decisions are made largely from a holistic perspective. A proposed course of action can only be judged in terms of its widest possible impact on the web of relationships that surround the proposed action. Will the proposed course of action drive the animals away? Will it make the next generation stronger? Any course of action that could in some way upset the existing, life-giving pattern and balance of life is questionable.

On the other hand, the dominant European culture in Canada largely takes the view that human beings are to some extent ‘in charge’ of what happens around them. The mechanistic, industrial and scientific developments within this culture over the last several centuries have led to a worldview that places human beings above, and in charge of, the natural world. There is less emphasis on sustaining the fragile web of relationships in which we find ourselves. The idea of harmonizing oneself with the patterns and peoples of the natural world is somewhat obscure to the western mind. Instead, within the western worldview a person is admired when they ‘take charge’ and ‘make things happen.’ This has led to, or perhaps resulted from, a perspective on life which bases survival on the ability to break ideas, events, plans and people into their various components in an attempt to fix or alter the component that is judged to be hindering the technical ‘progress’ western minds equate with survival.

Cultural Beliefs about Time

- *“Even the queen has to wear a watch.”*
-
- *“Time goes in a circle, not a line.”*
-
- *“Everything has its own time ... time is not fixed, it stretches and shrinks.”*
-
- *“Never expect the people in this town to come on time to things.”*
-
- *“He just isn’t ready to grow up yet.”*

Within the dominant Canadian culture, clocks and calendars measure time. There is a very high cultural value put on doing things within set periods of time as measured by clocks and calendars. Being “on time” is regarded as a basic requirement for all types of employment and within most relationships. Those who are not “on time” or who do not meet “deadlines” are considered incompetent or lazy. This concept of time goes largely unquestioned within the dominant culture and is assumed to be both an accurate reflection of reality and a necessity in terms of “getting things done” and “making progress.” “Timelines” are forced onto virtually every aspect of life. Very few people in the modern world escape the regimentation imposed by this approach to time. As one respondent stated, “Even the queen wears a watch.” Time is the ultimate master of everyone within the dominant culture.

Within land-based indigenous cultures time is not measured by clocks and calendars. In fact, in these cultures, “time” does not exist in the way in which the dominant culture conceives of it as an external determiner of events. Within these cultures, “time” is not measurable but is rather a quality that exists within an event, an animal, a person and the earth. The earth and all the species living on it have their own internal time in which they express their natural birth, death and rebirth rhythms.

Therefore, within indigenous cultures, the idea of forcing events and people into an arbitrary, pre-arranged timeframe is nonsensical. Why would one do that when everything and everyone has a natural internal rhythm, which they must follow in order to truly be who and what they are?

In Inuit culture, the ultimate determinant of events is not the clock, but the earth. The earth itself, its creatures, its weather, will indicate when one should sleep, hunt, eat, rest, work, play and worship. A human being in these cultures strives to be as closely in tune with these rhythms and patterns as possible.

Cultural Norms in Communal Life

- *“On TV I can’t understand why white people are so mean to each other ... why don’t they like each other, they just fight.”*
- *“Not everything should be talked about.”*
- *“We have to go at our own pace, remember, living this way is new to us.”*



- *“We have to find ways to keep families together.”*
- *“In those days people just knew what they had to do ... no one told them.”*
- *“I don’t know how my ancestors survived ... it seems unbelievable.”*
- *“We know its real without having to ask about it or talk about it.”*

Within the dominant western culture in Canada, people live in communities based largely on the availability of work, housing and lifestyle choices. In order to secure these, Canadians of European descent will move long distances from their family and place of birth. Relationships with the people in the communities and regions to which they move are based largely on shared work, housing, recreational and social/political concerns. The technological focus of this culture means that many of these community relationships focus on the completion of mutually agreed technical tasks, which have prearranged timelines. In order to complete these tasks Canadians of a European descent organize themselves around tasks by forming committees, holding meetings, using technological communication devices, writing lists and meeting deadlines.

Within this cultural approach, rules, standards, laws, ideas, priorities, intentions and goals really only become real, and generally accepted, when they are in writing and signed by people whom the majority of residents/members have elected. There are many steps and stages before this final stage is reached.

Within the indigenous Inuit culture in Canada, communal life, as it exists today, is relatively recent. It is only within the last 40 years that Inuit people have lived in settlements that included more than their own extended family, and possibly their kinship group. While the new Inuit settlements may seem small by European Canadian standards, they are much larger than most Inuit families are accustomed to. Living with large groups of people with whom one is not intimately acquainted is a relatively new experience. Furthermore, Inuit families, and small kinship groups, moved seasonally with the animals, in an environment that is one of the harshest on earth.

Communal life was therefore bound by a life-and-death requirement to work closely together in the acquisition of food, shelter, clothing and warmth. Decisions often had to be made quickly and without warning. Energy had to be conserved for the essential tasks of survival. The people with the appropriate expertise, knowledge and ability took leadership over the survival task in question. There was no need to discuss these issues at length or hold meetings about them. In fact, doing so would constitute a waste of precious time and energy. Everyone knew each other’s expertise, knowledge and ability intimately. And everyone had the ability to understand the intentions of others without having to be told.

As a result, in this culture, as in other land-based indigenous cultures, people developed what appears to individuals from more mechanistic European cultures as an intuitive, some might say “right brain,” sense of what was happening around them. To westerners it appears that Inuit can see and feel what is happening, on a material, a cognitive/emotive and spiritual level, without being told verbally. Therefore, much of the verbalizing, arranging, planning and meeting necessary in western cultures is superfluous in land-based cultures such as the Inuit culture.

In addition, and perhaps because of the traditional need to work with and trust others to the degree necessary for physical survival, there is a strong level of commitment to keeping families and communities together at all costs. The priority is on collective survival and collective harmony as the full participation of each individual was the only way in which, until recently, people were able to survive.

Implications in Service Delivery

Services to victims of crime, and other community services, need to take these varying approaches to human existence, communal life and time into consideration. The dominant European culture requires for its communal functioning a type of infrastructure that is relatively new to Inuit and other Aboriginal peoples. Advisory committees, proposal writing, meetings and other dominant culture infrastructure tools may be either unfamiliar or meaningless in some Inuit communities. The irony is that they may, in fact, be redundant.

When the communal focus is on harmonious and fully interactive personal relationships, many of the infrastructure tools necessary in the dominant culture to create a working consensus become unnecessary. Forcing these tools onto a culture, which relies on a completely different type of infrastructure, causes frustration in both cultural groups.

At this juncture, in order to access funding and institute the programming, legislation and other initiatives necessary to address the present social situation, some degree of dominant culture infrastructure is necessary at the community level. Ironically, such requirements are in response to needs initiated by the changes imposed on the Inuit by Euro-Canadians developing the north for their own purposes.¹⁵

The answer may lie in taking an approach to service delivery that relies on both types of communal life and infrastructure. Inuit communities will most likely find it useful to employ some dominant culture infrastructure tools when it is necessary to interact with that culture or deliver a program based on a dominant culture methodology, such as a treatment centre. Governments and other dominant culture institutions, which are attempting to work with Inuit communities in finding solutions to social problems, might find it useful to learn about and employ an Inuit approach to infrastructure.

For Inuit communities, this means learning more about the technical tools involved in developing the social programs which will address specific problems. Within dominant culture institutions, this means ‘switching channels’ when dealing with Inuit communities and taking an approach that focuses primarily on building solid interpersonal relationships and a holistic perspective, rather than on the completion of technical tasks within a preset timeframe. People from the dominant culture may be surprised to see how quickly and efficiently tasks are completed once these relationships have been established. And, Inuit people may find that the technical requirements of the dominant culture can be adapted to their particular community situation.

¹⁵ See the Royal Commission on Aboriginal People, 1994, report High Arctic relocation: a report on the 1953-55 relocation.



All respondents involved in this research agreed that it would be best if future victim services programs took a “community development” approach to the delivery of services. Within the dominant culture, this might mean immediately forming committees and holding meetings, followed by the creation of funding proposals and staff training. Within Inuit and other Aboriginal cultures, this might mean putting the emphasis on visiting elders, leaders, caregivers and other community members to receive their advice, approval and commitment over many months, before doing anything else. It may mean adapting potential programs to fit the existing communal rhythms and patterns. As people are not thought of as separate from the job they do, it will mean that staff will also have to convince community members of their goodwill, skill, professionalism and altruistic intentions. And, it will also mean participating fully in community life with all its inherent ups and downs.

Within land-based cultures the program in question has to be more than a good idea that might work according to dominant culture timing, workplans and overall strategies. The community has to understand and trust the motivations of the people who are proposing the program. Nothing is separate in these cultures. The goodwill and maturity of the program proponents is more important than the program design. Once this trust and these relationships are established the technical parts of the program, as required by the dominant culture, will most likely fall into place.

The learning curve in this instance may land more in the court of the dominant culture institutions wishing to interact with Inuit communities and organizations. The idea that everything and everyone has their own compelling internal non-measurable time is difficult to meld with a “timeline,” task-oriented approach to service delivery. It means that success with service delivery in the community’s eyes won’t really be measured by what happens within a preset timeframe. This is especially true if one follows the understanding of indigenous cultures in regard to time, which tells them that many things cannot be judged successful until several generations have passed and the impact of the action has been seen over decades, not years or months. This does not mean that stopping and/or decreasing violence cannot be achieved in years, or even months. It simply means that the overall long-term impact of any social development initiative will be evaluated by community members within a different timeframe, and with a different ‘measuring stick,’ than that used by dominant culture institutions.

In addition, the fact that a person’s motivations, spoken and observed, will not be separated from the community’s sense of the proposed program also has implications for service delivery. As motivations can really only be known over time, and through ongoing observation, it may mean that new services won’t be accepted and fully used by community members until they have had several years to assess it, or unless it is promoted and supported by persons who are already trusted and respected in the community.

Finally, programs will have to take a holistic approach to each individual and each situation. This doesn’t mean that any one program is expected to meet every need of every person. However, it does mean that some understanding of a potential client’s full circumstances within their family and community has to form the basis of any helping relationship.

These cultural considerations form the basis of many of the descriptions and recommendations provided throughout this chapter by Nunavut service providers, and others consulted during this research.

2.2 Traditional and Existing Informal Victim Services in Nunavut

2.2.1 Introduction

The purpose of gathering information on traditional Inuit ways of dealing with victimization is to explore approaches that may have worked in the past, and that therefore might be built into the design of any new victim-centred services. The purpose of gathering information on current informal ways of dealing with victims is to understand how gaps in contemporary formal services are being addressed. Given the degree of need, and the competing demands for limited resources, it is important to learn from, and to build on, the informal supports that have worked in the past, and continue to work in the present.

The information in this section is based on interviews with Nunavummit, most of whom are currently key service providers in Nunavut. Their names are among those listed in Appendix A. Other respondents include women who were, or are, victims of interpersonal violence. The largest group of respondents are those community-based service providers contacted during the inventory of Nunavut service providers.¹⁶

2.2.2 Traditional Approaches to Dealing with Victims in Nunavut

- *“There would have been some intervention (into an abusive relationship) by a parent or elder who would counsel the abusive person about their thoughts and motivations.”*
- *“Rumours served as a social control mechanism.”*
- *“A lot of subtle, unspoken intervention took place, people did not want to be confrontational.”*
- *“They knew the offender would eventually have to face the consequences of his actions ... something would happen to him if it didn’t stop.”*
- *“They used to say, and still say, ‘its only a girl.’”*
- *“People tried to be non-aggressive and said ‘it can’t be helped.’”*
- *“Victims in the old days were blamed and abandoned to their fate.”*
- *“They knew in those days that there was always a bad apple in the group.”*
- *“People were afraid they would make the offender act even worse so they were gentle with him.”*

¹⁶ The full list of Nunavut community-based service providers can be found in *Victim Services in the Territories: A Compilation of Contacts and Resources*, Mary Beth Levan, Ottawa: Policy Centre for Victim Issues and Research and Statistics Division, Department of Justice Canada, 2002.



- *“Elders have to be obeyed.”*
- *“It was OK for the victim’s family to get revenge on the offender.”*
- *“People would not want a good hunter removed from the group no matter what he did to his wife and children.”*
- *“If the person got more violent, the elders would talk to him with more intensity.”*
- *“Elders never used shaming with people unless the violent man didn’t learn any other way.”*
- *“Women were treated the same way then as we are now ... like we don’t have feelings.”*
- *“Men still think it’s their right to have sex with whoever they want, whenever they want.”*
- *“One good thing about the white man coming here is that now when I’m beat up I can take a plane to the next town instead of having to walk.”*

Respondents report that people who were victimized in traditional times were dealt with in a variety of ways. There is universal agreement about some aspects of the common interventions used at that time, but there are also differing opinions about other aspects of this intervention.

Perhaps it is useful to state at this point that the terms “victim” and “offender” are English and reflect an understanding of justice that has grown out of European tradition. In European tradition, individual human rights have some precedence over collective human rights, perhaps as a result of very different social, economic and political conditions and traditions. Whatever the reason, it appears that interpersonal violence as it is understood in European tradition as a stand-alone “crime” was viewed in Inuit culture as the natural outcome of several generations of disharmony, wrong-doing, bad luck or incompetence afflicting the families in question. Or, it was viewed as the result of someone, not necessarily the family in question, abusing people or animals, or doing something else, which upset the natural pattern of existence.

It is important to remember the points made in section 2.1 of this chapter regarding cultural considerations. Nothing that happens is considered to be happening outside of the total context of life as it unfolds each day in all its various rhythms. Those people who appear to function poorly within this pattern, and thereby contribute less to the survival of the group, can only be understood in the context of everything, not just human relationships, that is happening now and has happened in the past.

Furthermore, according to respondents, individuals are considered free to make their own decisions as they see fit, within their understood gender, age and relationship roles and responsibilities. It is accepted that people are free to make their own mistakes within this framework, and thereby learn more accurately how to live their life in harmony with others and the natural world. Interfering in an individual’s learning process, according to people interviewed for this research, is considered intrusive and disrespectful. Confrontation is not considered a useful tool in shaping human behaviour, as it has the potential of damaging a person’s sense of personal identity and self-worth.

The following description of traditional Inuit methods of dealing with victimized individuals has to be understood within this cultural framework.¹⁷ Respondents interviewed for this research agreed with each other when they stated that women in traditional times (pre-contact with Europeans, but similar to European traditions at that time) did not have as much status as men. This did not mean that their family members and others did not love female children and adult women. However, women did not, as children or as adults, have the same decision-making power, or overall status within the group. Respondents report that it was a greater honour to give birth to boys than to girls and some respondents believe that some baby girls were allowed to die while others report that this is not true. However, most respondents agree that to this day female children are not as valued as male children. This may be due to the traditional reliance on men for their hunting skills. Female skills, such as the sewing of winter garments to make them wind proof, were also important factors in surviving the arctic winter. But without food no one survived.

Some respondents went even further to say that men considered women and girls to be for the most part sex objects and servants.¹⁸ Middle-aged and senior Inuit women and men interviewed during this research report that marriages were usually arranged for girls, and sometimes boys, at a young age. According to these respondents, girls married at a young age were most often very afraid of the men they found themselves living with. They were instructed by their families to obey these men and reported that their husbands very often forced sexual interaction on them. Girls and women who found themselves in these relationships were not usually allowed to return to their parent's home.

Respondents believe, and some have heard and experienced, that women who complained to their families about the treatment they were receiving were often told it was their fault, and that they had to try harder to obey their husbands and be good wives and mothers. Some of those interviewed say that the beating and sexual assault of women, in their experience at least, was not uncommon, and although it upset others and disrupted family life, there were not a lot of options open to the women and children in question. Apparently some women attempted to leave their family camp and travel on foot to a nearby camp for refuge. However, there was little chance of survival outside an extended family unit given the climatic conditions and geographic remoteness from large urban centres, and even other camping groups. Therefore, keeping a family together at all costs was the primary objective and largely precluded attempts to escape violent situations.

According to some of those interviewed, parents and elders, in some family groupings, might try to intervene in violent situations. More senior family members might counsel the assaulting partner, in a non-confrontational manner. These elders made an attempt to understand the feelings, motivation and thoughts of the offender in question and then spoke to him in a subtle way about these feelings. If this did nothing to lessen the violent episodes, the offender would receive progressively more pointed and direct counselling from his seniors. However, every attempt was made not to cause shame or embarrassment to the offender as the belief was that the elicitation of

¹⁷ Most of the inter-personal violence in Nunavut is male-to-female violence with most of this in the form of wife assault and sexual assault. Therefore this description focuses on traditional attitudes and behaviours towards women.

¹⁸ For more information see Aupilaarjuk, Mariano and Marie Tulimaaq, Akisu Joamie, Emile Imaruittuq, Lucassie Nutaraaluk. *Interviewing Inuit Elders, Perspectives on Traditional Law*, Nunavut Arctic College: Iqaluit, Nunavut, 1999.

these types of feelings was dangerous to the whole group. The reasoning was that if a person was shamed, embarrassed, directed and singled out for reprimand by elders they could become dangerously resentful and angry towards everyone, including their wife. So the focus, at least according to some respondents, was towards subtly redirecting the violent person's thoughts and feelings into more constructive directions.

Although respondents did not universally agree, some said that the families of women who were assaulted were free to take revenge on the husband if he became violent. This might not happen immediately, in fact it might take years, but eventually family members might take an opportunity that presented itself to avenge the violent treatment of their female family member. However, the death or disabling of a valuable hunter was not of assistance to the group's survival, let alone the survival of his own wife and children. While women did some of the fishing, most of the hunting was done by men. Therefore it appears that every means possible was employed to calm, redirect and control the violent behaviour before more serious intervention might occur.

Respondents also report that what is called "gossip" and "rumours" in the English language were also used as a mechanism of social control. Clan members discussed people who, by group standards, failed to behave appropriately. As it was shameful to be the brunt of this sort of attention, the passing of distasteful rumours likely had some affect on both victimized individuals and offenders. It may also be that the gossiping discussed by respondents served the purpose of 'letting off steam,' dealing in non-confrontational ways with anger, resentment, shame and fear.

2.2.3 Informal Contemporary Approaches to Dealing with Victims in Nunavut

- *"I thought what he was doing was normal ... it was happening to everyone and my mother went through it ... we never discussed it."*
- *"Some healing is about waiting."*
- *"I had nowhere to go so I walked around town with the kids for a few hours and just waited till he passed out."*
- *"I love spring camping and so do the kids ... we just let go and relax ... its not like being in town ... It's free."*
- *"I was running around the truck with him chasing me with a knife and the police just watched."*
- *"I went over to my mom's, but she said I deserved what I was getting so I should just go back to him."*
- *"He said I made him do it and I believed him."*
- *"I feel like I've been depressed my whole life ... like I'm nobody and nobody cares."*
- *"It happens to most women and in most families but no one talks about it."*

- *“He sleeps around on me, so I thought I’d try it too, but it didn’t do anything for me.”*
- *“I don’t go to any counsellors in this town cause they all just gossip about you if you do.”*
- *“People say ‘she teased him so she deserves it.’”*
- *“I was pretty lucky cause I could always go to my sister’s place; her husband doesn’t hit her and I stay there for a few days.”*
- *“I take abusive men out on the land with me, and we pray together and sometimes we see angels and spirits trying to help us.”*
- *“I always feel better when we go out camping, and he never hits me out there either.”*
- *“The elders in this town are mostly pretty supportive ... they disapprove of violence in relationships.”*

Despite growing public awareness in Nunavut about spousal assault, sexual assault and child abuse, these crimes are still largely kept secret. Although some of these incidents come to the attention of the police or other authorities, it appears in talking to respondents that most victims do not report these experiences to anyone. Denial and avoidance are understandable and ‘useful’ informal methods of dealing with victims in circumstances such as exist within Nunavut, which include a lack of social service resources, high unemployment, isolation, endemic poverty, lack of housing, cultural upheaval and widespread victimization.

In addition, traditional beliefs about keeping the family together at all costs are very strong. And, beliefs about the culpability of the victim add to the strong tendency to keep interpersonal violence hidden, according to respondents.

The recent availability of safe recovery opportunities, such as healing circles and safe shelters, have given some victimized individuals the chance to disclose their experiences of sexual, physical and psychological abuse. But both formal and informal supports to victims of crime remain scattered and fragmented. Some victims report that they have received support from their children, friends, siblings, parents and in-laws. However, this informal support network is not universal and varies from one family, and one community, to the next. According to shelter workers, and others working with adult female victims, the majority of victimized women do not find a lot of open support within their immediate circle of family and friends.

Respondents consulted during this research report that victims of crime use the following informal methods of ‘dealing’ with their victimization:

- victimized children act out in school (and in other safe settings), abuse solvents, skip school and engage in petty crimes in order to focus attention on their inner struggle and traumatization;



- victimized teenagers run away and drop out of school, turn to drugs, alcohol, solvent abuse, early pregnancy, suicide, and crimes such as “break and enter” and assault, in order to focus attention on their situation;
- victimized women and men usually do not tell anyone about their situation until they have been assaulted over a period of many years;
- victimized women and men may also turn to various addictive behaviours such as gambling, drinking and promiscuity, in order to cope;
- some women and men (the percentage is unknown) are able to discuss their situation and/or find temporary accommodation with friends and family;
- victimized adult men do not have safe shelters and are often only able to disclose their situation if there are healing circles or local counselling services available to men; and
- children, teens and adults may act out their traumatization through abusive behaviour towards others (although victimization does not necessarily lead to abusive behaviour).

Children and adults of both sexes ‘deal’ informally with their own victimization through a range of symptoms and behaviours known as Post Traumatic Stress Disorder (PTSD).¹⁹ These symptoms include identity confusion, memory dysfunction, dissociation, mental disorientation, a wide range of emotional and psychological problems, relationship disruptions, sexuality dysfunction, a wide variety of physical symptoms, and a general loss of faith in life. Each individual unconsciously puts these symptoms together in a way that enables them to survive in their particular circumstances. These circumstances may be painful but they are at least predictable and familiar. In that respect, there is as much safety and happiness as the individual has come to accept as ‘normal.’

There are also more affirmative methods used by victimized individuals to cope with their situation. For example, some respondents report that prayer, and the intervention of angels and other helpful spirits, has made a tremendous difference in their lives, and in the lives of other victimized people they know. Others say that sports, sewing and traditional crafts, dancing and singing have proven useful tools in dealing with their victimization.

But perhaps the most universal method of informally coping with violent relationships, addictions and victimization has always been spending time away from the community, and sometimes one’s family, by going out on the land to camp, hunt, fish and trap. This can be difficult for individuals and families without snowmobiles or dog teams, and the other resources necessary to life on the land. However, respondents stated that it is the universal goal of most Inuit to spend as much time as possible away from the cares and problems of community life and replenish their psychic energy at favourite spots far from “town.”

Many individuals interviewed during this research report that they, and the people they know, feel completely revived, hopeful and alive again after even a few days camping. They report that being on the land in this way doesn’t necessarily solve their problems or alter their overall situation, but it does make it more bearable, giving them the energy to carry on.

¹⁹ For details on PTSD see Judith Lewis Herman, *Trauma and Recovery*, N.Y.: Basic Books, 1992.

According to respondents, families and communities tend to ‘deal’ informally with victims in a variety of ways. First and foremost, and according to all respondents, there is a great deal of collective and personal denial about the existence of interpersonal violence within families and communities. In these circumstances, it is also understandable when victims are dealt with informally through blaming and shaming, as well as denial. As noted earlier, shelter workers, and respondents in all other areas of social service delivery, report that the majority of victims are blamed for the abuse they suffer. Over time they learn to blame themselves. Blaming and shaming have the effect of silencing people, making them easier to control, undemanding of service or recovery (opportunities which are scattered at any rate) and obedient towards the existing private and public circumstances in which they, and their children must survive.²⁰

Respondents, however, also indicate that some communities have developed informal and formal methods of dealing with victims in ways that allow victimized individuals more choice and opportunity for safety and recovery. For example, respondents state that in some communities one or two families have opened their homes to assaulted women and children. Unfortunately, this system of informal shelter has often become unsafe for everyone involved. Providers are often forced to stop making their home available in this way when their house is shot at, or disrupted in other ways, by the partner of the women in question.²¹

A variation of this type of informal refuge is, however, more readily available to children and teenagers. As large extended families exist in most communities, and because it is relatively common for young cousins, grandchildren and other family members to stay with extended and senior family members, victimized children and teens can sometimes find at least temporary safety and respite in the homes of their extended family. The percentage of children and teenagers for whom this is an option is unknown and will vary widely from family to family, and community to community.

Although they might be called “formal services,” communities have also attempted to deal constructively with community social problems through the creation of recreational opportunities. Most communities have arenas for hockey and skating. And most have recreation coordinators who work for the Hamlet Councils providing a variety of recreational programs through each season. Some Hamlet Councils also sponsor Community Justice Committees and Wellness Committees. While these committees have a mandate to offer formal services they also assist in the creation of increased community awareness about the needs of victims, thereby strengthening informal networks of support to victimized people.

Many churches in Nunavut also attempt to reach out informally to victimized individuals and families. Some of those respondents who discussed their own recovery from victimization reported that their religious faith and church had played a major role in their lives. They reported that their religious beliefs kept them functional and hopeful, and eventually helped them leave chronically

²⁰ This situation is not unique to Nunavut, it is universal. See United Nations Press Release GA/9723, Sad and Sobering Reality that Women Continue to be Deprived of Basic and Fundamental Rights, Special Assembly Told, June 8, 2000; and Convention on Elimination of All Forms of Discrimination against Women, Office of the United Nations High Commissioner for Human Rights, General Assembly Resolution 34/180, September 3, 1981.

²¹ In southern Canada, the physical addresses of safe shelters are not made public for this reason.



abusive relationships. Others reported that the perceived religious ‘rules’ about staying with a partner ‘no matter what’ was a negative influence in their recovery.

2.3 Formal Services Available in Nunavut Communities

2.3.1 Scope and Methodology

At the outset of this research, and as described earlier, a decision was made to include the widest possible range of human service providers in the inventory of services to victims of crime. Since there are few victim-dedicated services and a large number of residents who have been victims of crime, it is reasonable to assume that all human service providers in Nunavut are assisting victims of crime in one capacity or another. Therefore, the decision was made to contact the following services in each Nunavut community: schools, Friendship Centres, health centres, churches, addictions programs, Wellness Centres, women’s shelters, child and family program centres, and counselling centres. These services are not universal in Nunavut, and, in fact, most communities have very limited human services, let alone services with a specific mandate to assist victims of crime. Those services that are universal, such as the RCMP, were contacted through their head office in Iqaluit, Nunavut.²²

There are three regions with a total of twenty-eight communities in Nunavut. The inventory of services was organized along these lines. It was divided according to the three regions, namely Qikiqtaaluk (formerly Baffin), Kitikmeot, and Kivalliq (formerly Keewatin). A total of 148 individual community-based service providers and an additional seven universal service providers were identified for contact across all 28 communities.

The inventory was completed through on-site, in-person interviews in Rankin Inlet and Iqaluit, and a telephone survey conducted from Yellowknife, Northwest Territories.²³ Phone numbers were acquired through the Nunavut Government Department of Justice, the phone book and by word of mouth from service providers in the same community or region.

There were 91 completed questionnaires from the identified 148 individual community-based service providers. All seven universal service providers completed a questionnaire. The remaining 57 non-respondent community-based services were phoned up to five separate times but either did not answer, had a recently disconnected phone line and/or discontinued service or explained that they did not offer services to victims. Services, which had discontinued their program with the intention of restarting it, were included in the inventory.

²² The detailed results of this inventory of services can be found in *Victim Services in the Territories: A Compilation of Contacts and Resources*, Mary Beth Levan, Ottawa: Policy Centre for Victim Issues and Research and Statistics Division, Department of Justice Canada, 2002.

²³ The territory now known as Nunavut formed part of the Northwest Territories, with Yellowknife as the capital city, until division into two separate territories in April 1999.

2.3.2 Inventory Findings

Most service providers were interested in participating in the inventory of services and contributed recommendations for victim services as well as data about their own service. The 91 community-based, and seven centrally run universal service providers, fall into eighteen categories. The universal service providers are:

- Crown Attorney Victim/Witness Assistants (there are three Assistants who travel to all Nunavut communities);
- Royal Canadian Mounted Police (in each community);
- the Qikiqtaaluk Crisis Line;
- “Crimestoppers”;
- Nunavut Department of Health and Social Services, Community Social Programs (located in each community);
- Municipal Hamlet Councils (in each community); and
- Nunavut Arctic College, with thirteen Community Learning Centres.

The community-based service providers included:

- 2 legal aid services;
- 6 women’s shelters;
- 2 Friendship Centres;
- 6 elders facilities;
- 3 healing groups;
- 3 residential facilities;
- 6 addiction programs;
- 32 separate family, youth and wellness programs (these are all sponsored by the above-mentioned centrally-run Nunavut Department of Health and Social Services, Community Social Programs);
- 25 health centres (again, these are all part of the above-mentioned centrally-run Nunavut Department of Health and Social Services, Community Social Programs);
- 32 schools; and
- 23 churches.

Each of these categories is discussed below. A full description of respondents’ assessments of the victim services and victimization situation in their community is provided in the next part of this section, namely, “Obstacles Faced by Nunavut Service Providers.” Their recommendations for improved services for victims are contained in the section, “Recommendations for Victim Services in Nunavut.”²⁴

The universal services available to victims of crime that exist throughout Nunavut were contacted through their head office in Iqaluit. As listed above, these universal services include: RCMP;

²⁴ Thus, there is an important caveat. The inventory findings discussed in this section, 2.3.3, are to be read as descriptions of program mandates rather than as descriptions of how these services are working *in vivo*, i.e., as lived front-line experience. They must be read in conjunction with, and in the context of section 2.3.4, “Obstacles faced by Nunavut Service Providers.”



municipal Hamlet Councils;²⁵ Nunavut Government Department of Health and Social Services (individual Health Centres are described by community); Nunavut Arctic College Community Learning Centres (present in 13 communities); and two toll-free lines, “Crimestoppers” and “Qikiqtaaluk (Baffin) Crisis Line,” which are accessible in every community. In addition, the Department of Justice Canada, Nunavut Region Crown Attorney’s Office, has a Victim/Witness Assistance program through their office in Iqaluit. There are three staff with this program who travel with the circuit court throughout Nunavut. A summary of these universal services is given below.

- Department of Justice Canada Crown Attorney Victim/Witness Assistance Program

There are currently three Victim/Witness assistants working at the Crown Attorney’s Office in Iqaluit. These workers travel with the court circuit throughout Nunavut. They assist victims through the court process by explaining the criminal justice and court processes to them, and by assisting them in their role as witnesses to crime. They help victims prepare Victim Impact Statements. They also offer emotional and logistical assistance to both children and adults, often travelling ahead of the court party to work with these victims. They have at their disposal a number of audio and visual aids for use with victims and witnesses.

In responding to this survey these workers report that there is a need for increased community support and services for victims, and greater public awareness about the rights and needs of victims. In addition, their own needs in terms of explaining the court process and assisting victims in their role as witnesses would be met by the availability of audio and visual aids in Inuktitut (the language of approximately 85% of Nunavut residents). Their heavy travel and interview schedule might also point to the need for increased staffing in this area of victim services.

- Royal Canadian Mounted Police (RCMP)

The RCMP offers standard policing services in all Nunavut communities. They also cooperate with local Community Justice Committees (where they exist) in community justice initiatives such as restorative justice, offender diversion programs, alternate sentencing and community policing. RCMP members refer victims to victim services, safe shelters and other resources where these are available. They also provide access to, and assistance with, Victim Impact Statements.

The respondent from the RCMP Community Policing Section stated that more victim services, with long-term funding, were necessary and added that those helping victims needed more support to prevent burnout. He also stated that the RCMP would benefit from increased training around methods of supporting victims. In addition he remarked that there needed to be more public awareness around the prevention of violence and public agreement that the behaviour of offenders is not acceptable.

²⁵ Hamlet offices, present in each community, do not offer direct service delivery programs. They may sponsor or fund various local committees, but they do not offer programs themselves.

- Qikiqtaaluk (Baffin) Crisis Line

This crisis line is available to all Nunavut and Nunavik (northern Quebec) communities from seven in the evening to midnight every night of the year. It has been running for 11 years. It is listed in each community under both “Qikiqtaaluk (Baffin) Crisis Line” and “Crisis Line.” The phone lines are staffed by approximately 50 volunteers in Iqaluit and service is offered in French, English and Inuktitut on most nights.

The respondent reports that calls are related to suicide, spousal assault and past abuse, among other issues. They receive approximately 1,000 calls a year. All calls are confidential and anonymous. The Crisis Line works in cooperation with Northwestel and the RCMP in terms of immediate crisis and suicide intervention, although they do not use call-display phones, and they advertise this fact.

Volunteer crisis line workers are trained in the areas of suicide intervention, spousal and sexual assault, addictions, trauma, grief and referral protocol. Funding for phone lines, office space, training and advertising are raised through volunteer fundraising efforts.

- “Crimestoppers”

This program is overseen by a volunteer community-based board of directors which the RCMP coordinates from its northern headquarters in the Yellowknife, Northwest Territories office. A toll-free number is available in each Nunavut (and NWT) community for people to anonymously report information relating to criminal activity. Calls are answered in person 24 hours a day by paid staff trained to ask questions related to criminal activity. Callers are given a code number and can phone collect to the RCMP member in Yellowknife to report further details of the crime and potentially collect a reward if the information leads to an arrest. The respondent notes that victims seldom phone this line looking for help, nor is it used by people anonymously reporting spousal abuse, sexual assault and child abuse crimes. The majority of calls relate to drug dealing, bootlegging, arson, theft and fraud. They receive 200 to 250 calls per year.

- Nunavut Government: Department of Health and Social Services, Community Social Programs

The Nunavut Government Department of Health and Social Services, Community Social Programs, is mandated to offer services in each Nunavut community in the areas of child welfare, adoption, community corrections, aged and handicapped, mental health, spousal assault and spousal relocation. In some Kitikmeot communities, the Social Services office and Health Services (nursing station) are combined in the same building. In other locations they are in separate buildings.

Social Service offices provide help to victims of crime, as time allows, through participation with other community agencies in the sponsorship of community-based counselling, addictions, crisis intervention and healing programs. In addition, where there is little or no support to victims, Social Service workers assist the victim with court procedures, referrals and emotional



support. In some communities, Social Services workers also work with children in the school system and with teachers.

According to the respondent, Community Social Workers carry a very heavy load and would benefit from the availability of other local community-based services in a position to focus on victims of crime. They see a strong need to hire and train community people who could both assist victims and work with the overall community in crime prevention.

- Municipal Hamlet Councils

Hamlet Councils, the municipal government body in each Nunavut community, do not directly offer any social services. They do, however, often sponsor Community Justice Committees, Recreation Committees and Community Wellness Committees. In that capacity, they help secure funding and offer administrative support to the programs run by these committees.

- Nunavut Arctic College, Community Learning Centres

Community Learning Centres are located in 13 Nunavut communities as follows: Arviat, Baker Lake, Cambridge Bay, Chesterfield Inlet, Coral Harbour, Gjoa Haven, Igloolik, Iqaluit, Kugluktuk, Rankin Inlet, Repulse Bay, Taloyoak and Whale Cove. These centres have an adult educator, and sometimes additional staff, who offer educational programs to adults in academic upgrading and a variety of employment skill areas. These learning centres are not specifically offering a victim service. However, they do provide locally available, long-term, safe, training programs available to the general public, many of whom are chronically traumatized and recovering victims of crime.

In addition, in terms of victim services, Nunavut Arctic College offers a two-year diploma program in Social Work and a one-year certificate program in Northern Alcohol and Drug Counselling. These programs are coordinated from the Nunavut Arctic College Kitikmeot Campus in Cambridge Bay.

The following services are categorized as community-based services because their service is available only to the people in the community where they are located. Some, such as women's shelters, will take victims from a nearby community if they have space, and if the victim can acquire a referral and airfare from their local social worker.

- Women's Shelters

Of the 26 Nunavut communities, six have safe shelters for women. These shelters are in Iqaluit, Cape Dorset, Rankin Inlet, Taloyoak, Cambridge Bay and Kugluktuk. They accommodate women, and their children, escaping violent situations in their homes. Most shelters can house women and children for up to a week, although the shelter in Iqaluit can accommodate women and children for up to six weeks or longer. All the shelters except the one in Iqaluit operate with part-time on-call staff. Finding capable, long-term, trained staff, and lack of funding, are problems they share with other service providers in Nunavut.

These shelters are well connected to each other as they hold annual meetings and ongoing consultations through their parent organization, Sedna, NWT/Nunavut Family Violence Prevention Workers Association. They attempt to do joint staff training and share resources amongst themselves. Aside from the Crown Victim/Witness Assistance Program working out of Iqaluit and the Victim Assistance Program at the Rankin Inlet Friendship Centre, these shelters are the only services in Nunavut dedicated to victim services.

Like other community-based service providers they understand the realities of victimization in the communities they serve, and in Nunavut Territory in general. They work with local social service offices in their communities to transfer women and children to other shelters if they remain in danger in their own community. They do as much public education, advocacy and hosting of community training and healing events as their funding and staffing situations allow.

- Friendship Centres

There is a Friendship Centre in two Nunavut communities. The Friendship Centre in Rankin Inlet sponsors a variety of programming, including a Victim Assistance Program. This program has one staff person and is available to victims of crime in Rankin Inlet needing referral, counselling, advocacy and assistance with court proceedings. As funding becomes available, this Friendship Centre also sponsors early intervention, youth and family programs. They are also hoping to sponsor a treatment program for abusive men in the future. The second Friendship Centre, in Arctic Bay, is temporarily suspended, although an interview was completed with the remaining staff.

- Elders Facilities

Six elders facilities were identified and contacted. These service providers do not identify themselves as offering services to victims, although most participated in the survey. They provide both residential and day programming to elderly people.

- Healing Groups

A search of the Nunavut phone directory and word of mouth information revealed that three communities, namely, Pangnirtung, Clyde River and Cape Dorset, have informal healing groups for men and women. However, it was only possible to talk with one of these programs as no answer was received at the other numbers. Community volunteers, usually under the sponsorship of a community agency or hamlet committee, run these programs. According to other sources these healing groups offer both on-going and time-limited group sessions. Some healing groups take an Alcoholics Anonymous approach and others hold talking circles in an effort to help people disclose and heal from past traumas.

- Residential Facilities

One residential child group home, one homeless shelter and one offender rehabilitation facility (half-way house), all in Iqaluit, were identified and contacted. All completed an interview. As with all service providers these facilities understood the situation with regard to victimization in Nunavut. However, they do not identify themselves as offering services specifically to



victims. Like other service providers, they report that the reality of victimization in Nunavut is much greater than their service and other existing services can adequately address.

- Addictions Programs

A total of six stand-alone addictions programs were identified for contact. Responses were received from five of them. The remaining program was temporarily suspended. As noted above, some addictions programming is done through wellness centres and family counselling centres. However, a few communities still try to maintain separate addictions treatment programs. These programs know they are working with victimized people but their primary mandate is to address the addictions issues of the community. Addictions programs usually have only one or two staff. Moreover, due to low wages and lack of core funding, staff turnover is high.

- Legal Services

Two legal aid services were identified. A partial response was obtained from both of these services. They explained that they do not offer services to victims of crime.

- Justice Committees

Each community has its own Community Justice Committee. Five of these were contacted. As with other service providers, they do not identify themselves as offering services to victims of crime as their focus has been on offender sentencing and rehabilitation. However, they expressed an interest in becoming more informed about victim issues and would like to offer more assistance in that area.

- Family, Youth and Wellness Programs

A total of thirty-two separate programs, which offer a variety of family, youth and wellness programming, were identified in Nunavut. These programs include:

- prenatal health programs such as Aboriginal HeadStart (Health Canada), daycare and other early intervention programs;
- youth programs which offer various land skills, cultural and recreational programming (eight programs were identified, although five could not be contacted due to disconnected phone lines, suspension of their program or no phone access);
- family counselling programs (13 were identified, although four are currently suspended due to funding issues); and
- wellness programs, with between 1 and 5 staff each, offer a wide variety of health programming, including healing groups and addictions counselling (12 wellness programs were identified, although 4 could not be reached for comment).

It is important to note that most of these programs are clustered, for unknown reasons, in a few communities. Baker Lake has the most services of this type for a small community. Iqaluit has the most services of this type for a large community. As well, Cambridge Bay, Clyde River, Cape Dorset and Kugluktuk seem to have more of this type of programming than other small towns.

These programs do not offer services dedicated specifically to victims, although much of their clientele are victimized individuals and families. Respondents are well aware of the victimization issues in their community and know that their programs are most often the only community resource for victims.

Some communities have had more success than others in holding onto this type of community-based programming. The reasons for this are unknown. However, the overriding problem expressed by all respondents in this category is the difficulty of maintaining funding that comes only on a year-to-year basis. A further challenge is finding enough capable staff willing to work at wages that are much lower than those in government.

- Health Centres

Health is a universal service in Nunavut. Each community has a health centre, or “nursing station,” as it is sometimes referred to, as nurses staff the health centre, with doctors flying in periodically. A decision was made to contact each centre individually as community-based nurses usually know the victimization situation in their community in more detail than most other service providers. A total of twenty-five health centres were contacted; however, four of these did not wish to complete the interview. In one instance this was due to a language issue (no one was available to do the survey in English) and in the other instances the respondents expressed frustration with surveys and questionnaires that never seem to lead to increased programming or services.

Health centres do not offer victim services outside of referrals to social services in cases of suspected or known abuse, and some counselling when they have time. Respondents explained that they are very overworked and do not have enough time for their medical duties, let alone counselling.

- Schools

A total of thirty-two schools were identified for contact. A response was received from all of these schools. Most schools in Nunavut have a school counsellor who is also available for some community counselling work as time permits. The schools in Nunavut are aware of the high levels of victimization in the general population but are not able to offer any dedicated victim service programs outside of the assistance they attempt to give individual students, and their parents, who approach them directly. However, a number have curricula that include discussions of interpersonal violence and most attempt to involve elders and other respected community members in their day-to-day programming.

- Churches

A total of twenty-three churches were identified. However, despite numerous attempts, no response was received from thirteen of these churches. The ten churches that did respond explained that they offer volunteer counselling services for their parishioners and other community members who approach them. Some of these churches periodically offer shelter



and programs for youth, and indigent community members, if they can find the necessary volunteer staff and resources.

In summary, in terms of service inventory findings, and as noted above, there is currently only one service in Nunavut actually called a “Victims Assistance Program”. It is sponsored by the Friendship Centre in Rankin Inlet. There was a second victim assistance program offered in the past through the Qikiqtaaluk (Baffin) Regional Aggviik Society in Iqaluit, which also sponsors the women’s shelter in Iqaluit. This victim services program is indefinitely suspended due to funding difficulties. Aside from the six women’s shelters in Nunavut, and the Crown-based Victim Witness Assistance program associated with the court circuit, there are no other services in Nunavut whose sole mandate is assistance to victims of crime.²⁶

As stated earlier, most human service providers in Nunavut are well aware of the fact that they are providing services to victimized people, and this realization is born out by their comments during interviews. It is important to note here that the overall tone expressed by respondents throughout the entire survey process was one of stress, sadness, intense frustration and even anger at what they describe as an almost complete lack of safety and recovery programs for victimized individuals. The mandate of some services may include services to victims, but due to funding shortfalls, staff burn-out and turnover, the lack of trained staff, community attitudes, and other obstacles detailed in the next section, the majority of human service providers in Nunavut find themselves unable to offer anything more than what they themselves describe as “band-aid solutions” to a problem they describe as “monumental.”

2.3.3 Obstacles Faced by Nunavut Service Providers

This detailed discussion of obstacles faced by Nunavummiut service providers, community caregivers and decision makers is based on individual consultations with key service providers (see Appendix A and B). It is also based on results from the telephone survey of the 98 community-based and universal human services in Nunavut, described in the previous section.

This section also includes insights from delegates at the Northwest Territories Victims’ Assistance Conference held in Yellowknife, Northwest Territories (NWT), in March 2001. Their comments are included here as many of these service providers worked in Nunavut prior to the splitting of the eastern and western Arctic into two separate territories, the Northwest Territories and Nunavut, in April 1999. Their comments were very similar to those of the service providers currently working in Nunavut communities.

Thirteen victims of crime from Nunavut were also interviewed during this research process and although they are not named in Appendix A, many of the quotes in this section are theirs.

The challenges and problems faced by Nunavut service providers in addressing the needs of victims of crime are described below by category. These categories are:

²⁶ A Community Justice Specialist/Victims Assistance Coordinator position was created by the Nunavut Department of Justice after the data gathering phase of this research project was completed.

- lack of community support for victims and caregivers;
- lack of leadership support and understanding of victims;
- lack of infrastructure resources and services;
- lack of information;
- the difficulties of working with victimized people; and
- the difficulties of working with the judicial and correctional systems.

Within each category, the issues are further subdivided for increased clarity. Each category begins with direct quotes from Nunavut service providers, community caregivers and victims of crime.

Lack of Community Support for Victims and Caregivers

The lack of community support for victims and caregivers, as illustrated by the following quotations, rests on a persistent distrust of services and entrenched anti-victim social norms in Nunavut communities.

- *“You are looked at as a bad person if you try to help the victim.”*
- *“There is sympathy and support for offenders and they get more services than victims.”*
- *“The local priest has condemned our counselling centre.”*
- *“The young people are without hope, lonely, ignored and they turn to drugs and alcohol for relief.”*
- *“Denial by both the victim and the offender is a community-wide problem.”*
- *“This is a transitional culture and parents are confused”*
- *“There is fear and shame about opening up ... people fear the stigma of victim, they’re afraid of being labeled and gossiped about.”*
- *“There is no moral support from our own people and no trust from them.”*
- *“No one will acknowledge there even is a victim.”*
- *“The victim as well as the perpetrator are left hanging with little community or professional support ... much of the often severe post traumatic stress experienced by a victim will often haunt them for years.”*
- *“Some teen girls here are used like slaves and even sold for sex when their parent needs money.”*
- *“There is a total lack of accountability, men are just expected to be violent.”*



- *“Here is the bottom line: we have fractured services with no trained staff in an environment where women are not seen as people and it is OK to abuse and use each other.”*

Entrenched Social Norms

Traumatic reactions and behaviour are resistant to change. Respondents report that, to some degree and in some locations, violence, betrayal and neglect have become normalized and accepted. This normalization and acceptance of traumatic reactions has become necessary for survival. These behaviours include high levels of depression, hopelessness, fear, rage, relationship problems, medical problems, apathy and general dysfunction.

A further complication in this situation is that there is, according to most respondents, a long-standing norm of discrimination against, and blaming of, victims, particularly if they are women or female children. Those interviewed for this research report that women have not been valued as much as men and are not thought capable of leadership, or major decision making.

Lack of Trust

Furthermore, according to respondents, a substantial number of people in small remote Nunavut communities do not trust the existing caregiver network as they may be related to them and/or fear the consequences of asking for help, such as loss of confidentiality and apprehension of children.

In addition, respondents report that victims are usually not believed when they try to share their story with family and friends. If they are believed, they are usually blamed for the violence. There is pressure from the victim’s family, the offender and his family, and the community, to keep quiet about violence, neglect and abuse. People are discouraged from reporting crimes to the police and pursuing court cases.²⁷

To complicate matters, support workers and caregivers themselves, often face victimization, ostracism and blame when they offer assistance. It is not uncommon for some community leaders, church leaders, elders and others to accuse caregivers and support workers of breaking up families or being evil.

Lack of Leadership Support and Understanding of Victims

Included here are obstacles arising from a lack of women in leadership and decision-making positions and men in leadership positions who do not see victimization as a top priority. A number of respondents stated that some leaders have histories as abusers themselves.

- *“There is inequality in our community as a result of political power.”*
- *“When the abuser is a respected and powerful person, it is very hard.”*

²⁷ Pressure to remain silent and not report the violence is a common phenomenon among highly victimized people everywhere, especially in circumstances where few resources exist. This phenomenon was discussed earlier in section 2.2.3, “Traditional and Existing Informal Victim Services in Nunavut.”

- *“Leaders need to see women’s issues and social issues as priorities versus economic issues.”*
- *“We need more women in leadership positions.”*
- *“There is lack of support from the hamlet council ... these are the people that should know the difference but are reluctant to help.”*
- *“There is a lack of women elected to the Legislative Assembly.”*

Lack of Women in Leadership and Decision Making-Positions

There is, at this time, only one woman in the Nunavut legislature and few women in elected leadership or decision-making positions at any government level. Women are not often in leadership positions in their communities either. Hamlet (municipal) councils, Inuit organizations and community boards are for the most part run by men.

Men in Leadership Have Other Priorities and Do Not Understand Social Problems

Respondents report that, from their perspective, the elected leadership is focused solely on economic development, and issues related to Aboriginal/Inuit land claims and self government. Those in leadership positions do not seem to be aware that social problems are as widespread and entrenched as service providers believe they are. It appears to these respondents that leaders who do understand the social problems are largely silent about them.

Some Leaders Have a Criminal Record

Respondents note that, at the time of this research, several Members of the Legislative Assembly have been re-elected after serving time in jail or paying fines in relation to convictions of spousal and sexual assault. The re-election of these individuals may be due to a reported tendency in most remote, Aboriginal communities to vote in family blocs. However, it may also reflect social norms, which, according to respondents, condone and ignore violence against women.

Lack of Infrastructure, Resources and Services for Victims

- *“The contribution agreements, contracts and cheques are always late.”*
- *“No one is paying us to write all these proposals and reports.”*
- *“The repercussions of our situation regarding victims is apparent in health services in the forms of addictions and suicide.”*
- *“Community people are abusive towards the existing caregivers and anyone who tries to help victims.”*
- *“Service providers don’t seem to know the difference between victims and offenders.”*



- *“We have a band-aid approach with no resources.”*
- *“There is no policy or training or infrastructure in place.”*

Funding Issues and Limited Community-Based Services

Territorial and municipal governments do not allocate funds specifically for victim services aside from yearly budgets for women’s shelters. There has been no new territorial or federal money for more women’s shelters, trauma treatment, addictions programs or counselling services in recent years.

In the area of family violence, there are only six women’s shelters or safe houses in Nunavut; so women and children often have to leave town when they need a safe refuge. In addition, there is an acute shortage of public housing; so victimized women are forced to remain with the men who are assaulting them, if they don’t want to leave town and go to a shelter. Lack of public social housing, combined with limited crisis housing and community attitudes as noted above, creates a situation in which victims have few choices.

In addition, respondents report that existing community-based agencies, which deliver front-line services such as women’s shelters, Friendship Centres and addictions programs, cannot keep staff as they cannot compete with government wages and benefits. In fact, community-based agencies have to apply to as many as twenty different funders in order to run any programs at all. Writing proposals and reports is a full-time job and most funders do not include administrative costs in their funding. Funders also do not include money for training staff to take on these tasks.

Upon completion of the inventory of services it became clear that there are few community-based counselling services, and even fewer residential or long-term healing and treatment programs in Nunavut. In fact, the correctional facility in Iqaluit, Qikiqtaaluk (Baffin) Correctional Centre (BCC), is the only residential treatment program of any type in Nunavut. Even at that, this is an all male facility. There are no residential treatment facilities of any kind for adult women in Nunavut.

Schools, nursing stations and social services, judging by inventory results and consultations, are stretched to the limit offering their statutory service and have neither the time nor resources to provide specialized, focused services to victims of crime. In addition, service providers do not have the level of training needed to deal effectively with traumatized and victimized community members. This lack of adequate training, and a heavy workload, quickly burns out service providers, a phenomenon we heard about throughout the research process. There is nowhere to get legal information in small towns and only one community (Rankin Inlet) has a specific victim services program.

In summary, many respondents note that current services are more of a “band-aid” approach, as community-based services don’t necessarily work together and are, at any rate, stretched to the limit with little time left for a focused approach to victim’s assistance.

Service Coordination

Working partnerships and coordination between community-based agencies, and between governments and community agencies, are difficult to maintain according to respondents.²⁸ This may be due in part to a lack of experience in networking, case management and coalition building. But it is also due to the lack of regional and community program infrastructure as noted above. In addition, community networking infrastructures, such as interagency committees, are either non-existent or function at a level that is only marginally conducive to comprehensive community development.

Lack of Information

Obstacles here include lack of information about violence and abuse, as well as a lack of information on available resources.

- *“Language barriers cause problems in understanding and information.”*
- *“The women and kids in our community don’t know where to go or who to talk to if they’re hurt.”*
- *“Other service providers don’t understand victims or shelter philosophy.”*
- *“Police underestimate the pressure on abused woman.”*
- *“People always ask why does the woman go back to him ... they’ve had no training about how victims react.”*
- *“I think a lot of the things that happen, no one knows they are crimes.”*

Lack of Information about Violence and Abuse

Respondents note that there is limited consistent public education about family violence, child abuse, healthy relationships, parenting and other areas pertinent to stopping violent crime.

To complicate matters, in some communities respondents report that some service providers, such as police and social workers, do not fully appreciate the situation of the victims and the psychology of victimization. As a result there is, in some communities, a lack of understanding amongst existing service providers about the role of a women’s shelter, and crisis intervention services in general.

²⁸ The one exception is Sedna, NWT/Nunavut Family Violence Prevention Workers Association. This is discussed above in section 2.3.3 under “Women’s Shelters.”



Lack of Information about Resources

Respondents report that community members most in need of services are often unaware of the services that do exist in their town. For example, if counselling is available at a local church, community people in need of this service often do not know about it. In addition, community residents are too often not aware of the additional, albeit limited, regional and territorial services such as women's shelters.

The roles, responsibilities, policies, services and accountability mechanisms of the local RCMP, the territorial government's Department of Health and Social Services, Hamlet Council Community Justice and Wellness Programs, and Alcohol and Drug Programs (where they exist) are not widely understood either.

Local radio programming, considered by all respondents as the most effective method of public education, has not been used to full advantage in the communities. And there is little public education in the areas of judicial processes, legal rights, police services, community justice, victim's services or treatment options.

The Difficulties of Working with Victimized People

The difficulties of working with victimized people include the patterns of trauma itself, fear of service providers, the isolation of victims, and the fact that most service providers are themselves victims.

- *"It is hard working with victims who also victimize."*
- *"We spend a huge amount of time at our school dealing with behavioural issues."*
- *"The students are attacking the teachers."*
- *"The kids don't have role models and they drop out."*
- *"We have huge family breakdown and a large generation gap."*
- *"It is hard getting them to believe that it's not their fault that the abuse happened."*
- *"Most victims are emotional hostages."*
- *"The kids come to school hungry and tired due to problems at home."*
- *"There is limited parental supervision and boundaries in too many homes ... the kids are making their own decisions."*
- *"We don't see how we can help victims when we are victims ourselves and haven't had healing or training."*
- *"Victims have a lot of emotional isolation."*

- *“It is like people have a big hole in their soul.”*
- *“Surfacing childhood abuse problems are straining the services.”*
- *“We have serious mental health problems due to family breakdown and violence.”*
- *“There is parental abuse from children addicts.”*
- *“Victimized and addicted people expect instant relief.”*
- *“People are into crisis mode thinking.”*

Traumatic Patterns

Respondents note that victims of violence are trapped in a cyclical web of anger, doubt, self-blame, shame, fear, guilt and other traumatic reactions. These feelings, though unpleasant, can become habitual and normalized over time. Respondents explained during their interviews how difficult it is for service providers to break through this hardened traumatic pattern and to encourage victims to take more control over their lives. Most service providers responding to this study said that it takes between three to seven years of consistent effort and comprehensive service provision to help victims believe they can live another way.

When victimized people victimize others, caregivers feel pulled in many directions, less sympathetic and confused about how to help. The lack of trust victims feel toward local services does not help this situation.

Fear of Service Providers

As mentioned earlier, victimized women, and men, find it hard to believe that services will help them with no repercussions. They are afraid that service providers will gossip about them and, as so many community people are related, they don't want to go to family members for help.

Most victims fear further victimization if they go to the police, the social workers and nurses, or if they cooperate with the court process.

Isolation of Victims

As mentioned earlier, most victimized adults and children do not trust other community members, family members or service providers. This leaves them almost totally isolated. Their financial and emotional dependence on the abuser, or on family members who do not support their independence, combined with the lack of alternate housing increases their isolation.

Most Service Providers Are Victims Too

Respondents note that virtually all community-based indigenous caregivers and service providers are struggling with their own victimization, or with the victimization of family members.



The Difficulties of Working with the Judicial and Correctional Systems

Obstacles noted in working with the judicial and correctional systems include inaccessibility of the justice system and inadequate correctional programs.

- *“When the victim goes to court the case is thrown out because they say ‘not enough evidence,’ so the abuse continues over and over.”*
- *“the courts go on and on and on.”*
- *“The sentences are so light, it’s a joke. How is a conditional sentence appropriate for aggravated sexual assault.”*
- *“There is a language barrier ... we are unable to express feelings and hurts especially in court language.”*
- *“There is a loss of trust in the justice system to really help ... people say ‘he’s done his time.’”*
- *“We need mandatory counselling for the offender in jail.”*
- *“there are suicides here related to court appearances.”*
- *“The courts give the offenders probation and counselling, but there is no one here to deliver those services.”*
- *“How can we get police and judges to come to training courses; they don’t understand family violence at all.”*
- *“Offenders come back to the community with more education about just how far they can go in committing crimes without being caught.”*
- *“We have difficulties with offenders not showing up in front of the community justice committee and not serving sentences imposed by the committee.”*
- *“Offenders should return to the regular court system if they refuse to cooperate.”*
- *“There is no aftercare or follow up after jail and there is no probation supervision.”*

Inaccessibility of the Justice System

Respondents universally described the justice system as inaccessible to victims of crime. They do not understand the judicial process and fear further victimization. They don’t know what to say in court and are often afraid of speaking at all as they fear repercussions from the offender and his

family. They are also afraid that their partner will be removed from them, causing further financial and emotional problems.

In addition, the circuit court process is time consuming, as cases are held over for months on end, by which time the victim has lost the will to proceed. During this waiting period, the offender is still at home and the victim is forced to deal with him or her on a daily basis.

There is a general lack of awareness about Victim Impact Statements, and some respondents report that they are seldom done properly and therefore are not useful during sentencing. In addition, information about the judicial system is not widely available in Inuktituk.

Inadequate Correctional Programs

Respondents note that fines are usually paid by the wife and probation orders are hard to monitor as the social workers responsible for them are overworked. At any rate, there is lack of trust in the correctional system as most men who are incarcerated, fined or placed on probation return to the community, or remain in the community, and continue beating their wives and/or committing other crimes. Service providers note that some incarcerated men return to their communities with increased levels of violence and confusion.

Respondents who have been the victims of crime report that there are often welcome home parties for men who have committed serious and violent crimes. This does not inspire the victim's confidence in either the judicial or correctional system, let alone in her community.

2.3.4 Summary of Formal, Informal and Traditional Victim Services in Nunavut

The inventory of Nunavut service providers in Appendix B²⁹ gives the most complete picture of the formally structured services currently available to victims in Nunavut. There is, at this time, only one formal community-based victim assistance program. The Pularvik Kablu Friendship Centre in Rankin Inlet runs this program. The Qikiqtaaluk (Baffin) Regional Agvvik Society through their women's shelter in Iqaluit, Qimaavik, has run an additional part-time victim services program in the past. However, due to high staff turnover and lack of funding, this program is temporarily suspended.

There are six emergency shelters for assaulted women and children in Nunavut. Only two shelters, those in Iqaluit and in Rankin Inlet, have the resources, in terms of staff and service referral options, to help women and children make the transition to independent living. In any case, independent living is not necessarily the first choice of the victimized women they serve. Shelter workers report that, at least when the violence is in its early stages, women wish to return to their partners, hopeful that he will stop assaulting them. At any rate, the private and public housing options available to women wishing to leave relationships are almost non-existent. For the vast majority of women, there is nowhere to go but home.

²⁹ See also *Victim Services in the Territories: A Compilation of Contacts and Resources*, Mary Beth Levan, Ottawa: Policy Centre for Victim Issues and Research and Statistics Division, Department of Justice Canada, 2002.



Nunavut service providers, providing a formally structured service in schools, health centres, social services, counselling and addictions programs, Friendship Centres, homeless shelters, elder's centres, wellness centres, churches, crisis lines, policing, adult education centres, community justice committees and through the Crown Prosecutor Victim/Witness Assistance Program are well aware that they are providing logistical, emotional and practical services to victimized people, although their services are not specifically mandated to do so. These challenges, as discussed above, include lack of community support for victims and caregivers, lack of understanding of victimization, lack of infrastructure and resources, lack of information and difficulty with access to the criminal justice system and the difficulties of working with large numbers of victimized people.

In summary, formal service providers report that they need a great deal more trained staff to meet the demands of the victimized adults, children, teenagers and elders they serve. In addition, they report the need for greatly increased services at the community level in the areas of cultural identity and traditional skill development, family and individual counselling and treatment, academic upgrading and employment training, housing, life skills that prepare people to live in both cultures, supports to parents of traumatized children, crisis intervention services, including more shelters for women, and the introduction of shelters for children and teenagers.³⁰

Most formally structured services available to victimized people in Nunavut attempt to take advantage of the existing informal support networks and traditional approaches to intervention available in their particular community. Many schools are including elders as traditional skills teachers, and advisors, in their programming with students. Local Inuit women, locally trained in counselling, crisis intervention and the dynamics of addictions, family violence and child sexual abuse staff the women's shelters. Each women's shelter, addictions program, counselling and wellness centre, and adult education centre attempts to enlist the aid of elders and other community members who can provide trips out onto the land, teach traditional skills and provide emotional support.

The two Friendship Centres and the municipal recreational services in Nunavut also attempt to bridge the gaps in formal and informal services by offering programs that bring elders and youth together in traditional cultural and land-based programs. The churches are also bridging existing gaps as they have more informal access to community people and appear to work hard, judging by inventory results, supporting people in their recovery efforts. Church membership gives many people an additional group of people to include in their personal, informal support network.

In terms of informal and traditional services to victims, it would appear from the inventory results and from the consultation process undertaken during this research, that informal and traditional supports to victims would not, on their own, provide the level of support to victimized people that would allow them to both recover and make life affirming choices for themselves and their children.

³⁰ The specific recommendations of Nunavut service providers are included in section 2.5, "Recommendations for Victim Services in Nunavut."

If safety, emotional and practical support, informed choice and personal control are the hallmarks of services to victims then the option of offering only informal and traditional services to victimized people becomes questionable. This is especially true given the endemic nature of victimization in Nunavut and the possibility that some of the current victimization patterns did not occur in pre-contact Inuit culture. Moreover, as reported in the previous section and in this section, informal and traditional services are largely dependent on the attitudes in each community towards victimized people. In those communities where blaming of victims and ‘forgiveness’ of violent behaviour are still perceived as necessary for survival, there are limited informal assistance options available to victims. As long as denial, secrecy, blaming and shaming serve an important role in individual, family and community survival they will not disappear. Severely limited employment, housing, income, education, training, counselling, treatment and independence options will continue to make these behaviours ‘useful’ in the struggle for emotional and practical survival.

However, in those communities where there is, or always has been, a greater ability to support victimized people, due to favourable local circumstances in terms of resources and attitudes, the traditionally close informal network of personal relationships can play an important role in terms of services to victims.

2.4 Review of Programs in Other (Non-Nunavut) Remote Aboriginal Communities

2.4.1 Introduction

In addition to a study of victim services currently available in Nunavut, research was conducted to review victim services that have been undertaken in other remote (non-Nunavut) indigenous communities across Canada and within other circumpolar regions. This information will assist decision makers at all levels, giving them the opportunity to build on best practices and lessons learned as they consider appropriate victim services for Nunavut. This section reviews victim related services in the Northwest Territories, Yukon, Alaska and the rest of Canada, along with a review of any documentation available on services in New Zealand, Australia, and the circumpolar regions where reports are available in English. The findings of this review were discussed with key Nunavummiut service providers (see Appendix A) and their responses and recommendations based on these findings are contained in the following section, “Recommendations for Victim Services in Nunavut.”

Victim services programs run by state, provincial and territorial governments in remote Aboriginal locations within Canada and Alaska are described in section 2.4.3, “Remote Aboriginal Victim Services Program Descriptions.” “Best practices” in victim services, in each jurisdiction, both within government and outside government, are highlighted in the sub-section 2.4.4 entitled “Best Practices in Victim Services.” An analysis of those factors that contribute to effective victim services programming in remote Aboriginal locations is contained in section 2.4.5, “Factors Contributing to Successful Programming.”

2.4.2 Methodology

This chapter is the result of 43 interviews, conducted by phone, e-mail and in person, with people working in programs providing services to victims in Alaska, Yukon, NWT, British Columbia, Alberta, Saskatchewan, Manitoba, Quebec, Newfoundland and Labrador. Non-Nunavut victim



services providers consulted during this phase of the research are listed by province and region in Appendix A.

Attempts were made by phone and through the internet to gather information on other circumpolar regions such as Iceland. However, persons contacted did not speak English and information on the Internet was not in English. Some information on programs in Greenland was obtained from NWT and Nunavut persons who had travelled there and were familiar with their programs. Therefore the circumpolar regions that are discussed here in most detail are Alaska, Yukon, Northwest Territories, northern Quebec, Labrador and Greenland.

In terms of New Zealand and Australia, there appears to be a fair amount of information on the Internet relating to alternative justice initiatives as they affect offenders and communities but little information on services to victims in these regions.

2.4.3 Remote Aboriginal Victim Services Program Descriptions

Circumpolar Regions

Alaska

In Alaska, victim services are largely offered through the State of Alaska Community Corrections offices. There are 13 Community Corrections offices in Alaska with Victims Services representatives in each location. In each of these 13 centres, there are also correctional institutions. In addition, the Alaska Department of Law, Department of Corrections, Probation Services, women's shelters and Alaska State Police all offer specialized services to victims of crime. The State of Alaska has a constitutional amendment protecting victims' rights and has recently passed a "Bill of Rights for Victims" which, according to the respondent, protects the rights of victims in terms of receiving information regarding their case, and giving them access to victim compensation programs.

Alaskan Victim Services workers at the Community Corrections offices offer the following services:

- a victim notification service through informational brochures and toll-free phone numbers, which give the status of offenders;
- help with pre-sentence Victim Impact Statements;
- assistance to victims applying for 'front end' financial compensation for injuries and property damage;
- education to communities about victim services, as well as about personal and community safety;
- help for communities to establish Victim Advisory Committees whose role is the direction of community victim services;
- establishment of Councils on Domestic Violence in small communities in an effort to raise public awareness about this crime;
- hosting monthly community interagency meetings related to community safety;
- delivering a ten-session, transportable victim impact program for offenders (which offenders are required to attend); and

- provision of videos to victims describing the court system and victim rights.

A restorative justice task force is currently looking for alternatives to the traditional, adversarial justice system in Alaska. In addition, attempts are underway to hire local indigenous community members as community constables. All these initiatives are supported by the Alaskan Native Corporations.

The legislative aspect of the Alaskan Victim Services program is described in more detail in section 2.4.4 “Best Practices in Victim Services” below.

Yukon

In the Yukon, each community has several 24-hour, on-call, RCMP-based Victim Assistance Volunteers. These volunteers are available to assist the RCMP with immediate support to victims of crime. As well, there are eleven Yukon Justice, Family Violence Prevention Unit, Victim Services Coordinators located in Whitehorse and two other communities, who offer the following services:

- helping victims navigate the criminal justice system in terms of laying charges, attending court, giving evidence and preparing a Victim Impact Statement;
- counselling and support prior to charges being laid with a focus on assisting the victim to avoid re-victimization through the development of a safety plan;
- providing referral to specialized professional services;
- providing follow-up service to victims and coordinating their work with the Victim/Witness coordinator in the Crown Attorney’s office;
- liaison between victims and territorial and federal correctional facilities;
- offering a treatment program for offenders, and assistance in planning post-charge diversion options for offenders; and
- training new Victim Services workers through a mentorship program.

The work of the Yukon Victim Services workers is enhanced by progressive legislation, “The Family Violence Prevention Act.” This legislation, described in detail in the “Best Practices” section, allows victimized individuals and families to request the removal from their home of violent people. It also protects their right to ongoing support from the government and restitution from the offender.

Northwest Territories (NWT)

Funding from the Government of the NWT provides direct delivery of victim services in four NWT towns: Yellowknife, Fort Smith, Hay River and Fort Simpson. NWT Victim Services workers offer information to victims, referral to support services, court preparation and the preparation of Victim Impact Statements. They take referrals from the RCMP as well as self-referrals. There are several volunteers associated with each program.

In addition, the NWT Department of Justice, Community Justice and Victim Services Division provides special funding to victims of residential school abuse through a specialized Residential



School Victim's Advocate. And, the NWT Victim Assistance Fund has a mandate to fund training and educational programs that assist victims of crime.

As in other jurisdictions, there are a variety of support services for victims that do not fall within the mandate of the jurisdiction's Department of Justice Victim Services program. In the NWT, both the Yellowknife Women's Centre and the YWCA Women and Children's Healing and Recovery Program are examples of effective victim services programs. Both are described in detail in the "Best Practices" section.

Labrador

In remote parts of Labrador, each community has an on-call Victim Services "para-professional."³¹ These para-professionals work with victims on a part-time, as needed basis. Most communities in Labrador do not have probation officers, and several communities do not have resident RCMP, which makes the presence of a Victim Services worker more crucial. These workers are paid on a fee-for-service basis. Victims are referred by police and by regional Victim Services coordinators. They are also self-referred.

Victim Services para-professionals in Labrador help prepare Victim Impact Statements and show victims a video about the court process. They provide educational brochures in Aboriginal and Inuit languages. These Victim Services workers provide service in both the Innu and Inuit languages according to their own community. Many also work in one of the four women's shelters in the Labrador coastal communities.

These workers report to regional Victim Services Coordinators in Happy Valley - Goose Bay and Nain, Labrador. Coordinators sometimes travel with the circuit court along the Labrador coast to provide additional service. All para-professionals, full-time workers and on-call staff in Labrador meet once a year for training and support. Victim Services workers in Labrador are not yet involved in recent restorative justice programs such as circle sentencing and community justice forums.

The "para-professional" component of Labrador's program is described in more detail in the "Best Practices" section.

Northern Quebec

In Nunavik, the Inuit-occupied region of northern Quebec, all services are delivered through "Centres for Local Service." These centres, comparable to Health Centres in the NWT and Nunavut, deliver all health and social service programming to the community.

³¹ This term is used in Newfoundland/Labrador, and in other northern Canadian regions, to describe community-based people with some training who work under the supervision of a centralized office delivering services that might otherwise, in larger centres, be provided by persons with professional designations such as social workers or probation officers.

However, there are three women’s shelters and the RCMP refer victims to available resources. Plans are underway for a new program to treat victims of sexual assault, and an Inuit addictions treatment program (described in detail in the “Best Practices” section) is fully operational.

Greenland

Greenland is part of Denmark although it has ‘home rule.’ NWT and Nunavut residents who have visited this island report that many criminal matters are handled through a non-adversarial “tribunal” system in which the judge, court officials, service providers, as well as the accused and the victim, participate as equals. Participants are encouraged to discuss the situation as it affects them. Victims may have an advocate present with them and a trained mediator conducts the hearing. All participants have input into sentencing.

Much like Nunavik (northern Quebec) social and health services for all residents, including victimized people, are delivered through a centralized community agency. Financial support is extended to the victimized person if the removal of the offender into a correctional facility will cause them financial hardship. According to informants, most people serving time in correctional facilities are required to pay for their stay in the facility and therefore work outside the facility during the day if their level of security clearance allows it.

Canadian Provinces

British Columbia

In northern and other remote areas of British Columbia, a variety of services and organizational structures have evolved to provide services to victims. The geography (isolation) of the community, along with the community’s particular relationship to local First Nations' governments, are the determining factors in the types of service offered. For example, in Williams Lake, the Caribou Tribal Council sponsors the Aboriginal Victim Services Program that, along with other services, offers sharing and healing circles to the extended family of victimized individuals, according to local healing traditions. In Dease Lake, the Three Sisters Haven Society offers victim services for both men and women, as well as a regional emergency shelter for women and children. They also work in cooperation with regional Tahltan, Tlingit and Kaska First Nations in the development of restorative justice initiatives.

Some victim services programs are police-based although the majority of services contacted for the purposes of this research are community-based. All programs, however, receive police, agency and self-referrals. All programs have paid staff, though some make extensive use of community volunteers to carry out their program.

The focus in all BC programs is the provision of support and information to victims of crime. Towards that end BC provincial victim services workers in remote locations offer the following services:



- Critical Incidence Stress Debriefing,³²
- preparation of Victim Impact Statements;
- preparation for court and liaison with Crown Victim/Witness Assistants;
- supportive counselling;
- transportation to women's shelters;
- provision of offender information through the BC Corrections Branch;
- community education in the areas of family violence, suicide and sudden death; and
- in some locations, workers also offer sharing/healing circles and debriefing opportunities for the victim and his/her extended family.

In addition, BC Victim Services workers coordinate with Community Justice workers in the provision of restorative justice options for their region. In this regard, they prepare victims for family group conferencing and community justice forums. They also work closely with local Aboriginal justice programs and women's shelters.

Victim Services programs in BC take a strong community development approach which gives the community the opportunity and skills to support victims, and offer a wide variety of services depending on local needs. They are closely tied into existing regional programs for both victims and offenders. An example of this approach, from northern BC, is contained in the "Best Practices" section.

Alberta

In Alberta, there is a network of police-based victims' services programs which are largely reliant on volunteers. Community boards oversee these programs.

The Victim Services volunteers offer the following services:

- crisis intervention (aid in coping after victimization, transportation to women's shelters, property repair, childcare, other transportation);
- home and business security (information package and on-site security check);
- information about the offender including case status, arrest status and pre-trial release information;
- assistance with Victim Impact Statements, restitution forms and financial benefits applications;
- referral (medical, mental health, counselling, social services, legal);
- court support (court orientation and information, witness preparation, court accompaniment, disposition information);
- Critical Incidence Stress Debriefing (similar to the program in BC discussed above);
- exhibit return (the return of the victim's personal items used as exhibits during a trial);
- child witness preparation; and
- in some cases, Victim Services workers travel with RCMP and community police officers to the crime scene.

³² This process provides an opportunity to persons involved in, or witnesses to, traumatic events to discuss their feelings, reactions and thoughts about the event in question with a trained CISD listener.

Several Victim Services programs are extensively involved in additional service provision as follows:

- facilitating pre-charge mediations between victims and offenders;
- offering community training in domestic violence;
- holding monthly community meetings on community safety; and
- sitting as members of local community justice committees.

As in BC, provincial victim services programs in remote areas of Alberta take a community development approach to service provision. One of these programs is described in more detail in the “Best Practices” section.

Saskatchewan and Manitoba

Department of Justice Victim Services workers in remote areas of Saskatchewan and Manitoba work in close cooperation with RCMP. Referrals from the RCMP are further referred to counselling, safe shelters and outpatient alcohol treatment programs. In addition, Victim Services workers provide the following services:

- Victim Impact Statement preparation and support during court proceedings; and
- preparation of victims for alternate sentencing proceedings and a variety of community and First Nation justice initiatives such as circle sentencing sessions, family justice forums and victim/offender mediations.

Several programs in Saskatchewan and Manitoba have extensive experience in preparing victims for restorative justice processes. It appears that these alternate justice programs have been employed for a longer period of time in the prairie provinces than they have been elsewhere. A Victim Services program in Saskatchewan with extensive restorative justice experience is described in detail in the “Best Practices” section.

2.4.4 Best Practices

Victim Services³³

Rocky Victim Services, Rocky Mountain House, Alberta: Community Development Approach

Rocky Mountain House is in the foothills of the Rocky Mountains west of Red Deer, Alberta. The Rocky Victim Services program has been successful in engaging the Sunchild and O’Chiese First Nations communities near Rocky Mountain House, Alberta, in a community development approach towards victim support and services. At this time, the Victim Services Coordinator reports that victim services volunteers are known to all community members and are expected and

³³ All programs described under “Best Practices” are available to both men and women unless otherwise specified.



asked for during times of violence and crisis. All the volunteers are non-Aboriginal, as is the Coordinator.

The Victim Service Coordinator has worked towards this goal of trust, acceptance and cooperation through a variety of methods. She initially asked the community, through its leaders, women's groups and elders, how she and the volunteers could help the community. As a result they undertook the following activities:

- the Coordinator and volunteers regularly conduct patrols and attend crisis situations with the Aboriginal RCMP constables whose detachments are on the two reserves near Rocky Mountain House, the Sunchild and O'Chiese Reserves;
- volunteers regularly visit homes, elders, leaders, women's organizations and other service providers on both reserves, and this visiting is considered part of their job description as it builds trust and cooperation between the Victim Service program and the two reserve communities;
- the community asked that they deal with suicide, and accordingly the Victim Service Program has begun community-based, monthly training in the area of community wellness and suicide prevention with the goal of training one person per household in suicide prevention;
- this community wellness and suicide prevention program has also become part of the school curriculum in all grades (kindergarten to 12) on both reserves;
- to further help the community with its stated goal of suicide prevention, the Victim Services workers host a monthly meeting on each reserve on the topic of community wellness, safety and suicide prevention;
- the Victim Services Coordinator is a member of the Community Justice Committee to enhance coordination of services to both offenders and victims;
- in addition to the community wellness/suicide prevention training program and meetings, the Victim Services Coordinator and volunteers also carry out a full range of victim services, namely, victim referral, support and safety, preparation of Victim Impact Statements, preparation for court, preparation for alternate sentencing procedures, and victim follow up;
- in terms of these services, the Victim Services Coordinator has also conducted, at the request of the community and police, several pre-charge mediations that threatened to turn into violent situations if left unattended; and
- victim services workers have also hosted traditional Aboriginal round dances for the communities as a way to get to know the communities and build trust in the program.

A good deal of the success of this program is due to the informed and confident approach of the Victim Services Coordinator. She has taken a sensitive, 'hands-on,' direct approach in getting to know the communities. This program is notable and can be considered a "best practice" largely because the coordinator has understood the unwritten, and largely unspoken, societal norms of most Aboriginal communities. These norms, or protocols for personal interaction and relationships, have been described earlier and confirmed throughout the consultation process undertaken during this research, but they can be summarized here as follows:

- no work can be done until there are committed, personal relationships established between all parties;
- if you want to help the community, you have to be known and seen at community events and in a variety of settings such as coffee shops, police cruisers, dances and homes;

- your motivations will become clear to community members as the relationships become established;
- all major decision makers in the community must be consulted informally, and sometimes formally (for example, at a Band Council meeting) before a decision is made and plans are put into action;
- these decision makers include the elders, elected leaders, Aboriginal women’s groups and other service providers, such as police and social workers; and
- decisions and plans are made through what outsiders might consider an informal, unorganized process which is, in reality, an inclusive consensus-building process taking place over time.

In summary, and as described in section 2.1.2, Aboriginal and Inuit communities function more from the ‘heart.’ Therefore, programs relying on paperwork, rules, hours of business, deadlines, formal meetings and red tape will not be as successful as programs built on established and committed personal relationships, consultation, inclusion and consensus. In short, people’s sense of community harmony and ownership, built on personal feelings of trust and respect, are more important than forming committees, filling out forms and holding formal meetings.

Three Sisters Haven Society, Sexual Assault and Women’s Assistance Centre, Dease Lake, BC: Combining the Regional Women’s Shelter and Victim Services

This northern BC program is located just south of the BC/Yukon border in the small, largely Aboriginal community of Dease Lake. First Nations in this region include the Tahltan, the Tlingit and the Kaska.

The Three Sisters Haven Society is a community-based Victim Services program. In addition, it operates an emergency short-term shelter for assaulted women and children, as well as an array of non-residential stand-alone victim services for both men and women. These services are in the same building, but in separate areas. There are two paid staff and a small group of volunteers who work in both the emergency shelter and in the other Victim Services programming. This program is a ‘best practices’ example of how services for victimized women in remote locations can be combined into a more cost effective, efficient and useful format which is better able to meet the needs of all victims, and especially female victims of crime.

This program is able to provide, with paid and trained staff, the following services to both Dease Lake and the surrounding Aboriginal communities:

- emergency shelter intake and crisis intervention for assaulted women and children;
- short- and long-term counselling for men, women and children living in violent situations;
- referral of victims to other community services including RCMP;
- preparation of victims for court and other community justice alternatives such as family group conferences, justice councils and sentencing circles;
- preparation of Victim Impact Statements;
- debriefing following all court and alternative justice procedures; and
- follow-up and aftercare upon departure from shelter.



This program works closely with the local RCMP detachment and with the local, band-sponsored Aboriginal Justice Program. They state that their program responds as much as possible to the needs of victims. All clients are encouraged to make their own informed choice about the manner in which they wish to handle their situation. All clients are given full information about their options and are supported in whatever choices they make.

Respondents state that this combination of services works very well in sparsely populated, isolated locations where services, and trained service providers, are in short supply.

RCMP Victim Assistance Volunteers, Yukon Territory: Immediate Assistance to Victims

Several Canadian jurisdictions offer police-based victim services besides the Yukon Territory. However, in the Yukon, community victim services volunteers become auxiliary RCMP constables to increase their availability to victims. This status also allows volunteers access to files and ongoing police investigations, and immediate access to victims. They are available 24 hours a day, 7 days a week.

There are 11 full-time Victim Services Coordinators available throughout the Yukon. However, most are located in Whitehorse and are available mostly during working hours. The use of auxiliary RCMP constables extends the availability and level of service available to victimized individuals.

Yellowknife Women's Centre, NWT: Multi-Faceted, Accessible Services to Victimized Women

The Yellowknife Women's Centre is notable as a "best practice" because of its full service, 'open door' approach to victimized women and children. This centre receives a small amount of funding from the Government of the Northwest Territories but is otherwise funded through the delivery of specific programs such as Health Canada's Prenatal Nutrition Program. No funding is tied in name to "victimized women and children" although virtually all clients fall within this category.

The Yellowknife Women's Centre is a street-front operation offering the following services to any women and children who come to the centre:

- free hot lunches;
- used toy, furniture and clothing depot;
- food bank depot;
- showers and laundry facilities;
- emergency, on-site accommodation for up to several weeks;
- referral to legal, housing, family violence, police, medical and other services;
- prenatal health program;
- in-home family support program with personal, child and family counselling;
- referral, follow-up and aftercare for addictions and trauma recovery treatment programs;
- income support applications and referral; and
- lobbying and advocacy for women' issues.

Because of its open door policy, this centre has become a magnet for all women in the NWT and Nunavut. Many women and children, fleeing abusive situations in their home community, relocate to Yellowknife because they know of this, and other, albeit less accessible, social services. It

deserves mention as a “best practice,” as it is, like the program in Dease Lake, one of the few easily accessible, multi-faceted emergency services available to victimized women and children in northern Canada.

YWCA Women and Children's Healing and Recovery Program, Yellowknife, NWT: Recovery for Chronically Victimized Women and Children

This program, open to all NWT³⁴ women and children, has a mandate to address the long-term treatment needs of chronically traumatized women and children. The program is 10 months in length and can be attended as a day program or on a residential basis. Its goal is to help women rebuild lives shattered from a lifetime of living in violent, chaotic relationships.

There are several program components including:

- personal living skills such as running a household, financing, employment search, using community resources, relationship skills, etc.;
- basic adult education and literacy;
- trauma recovery group and individual therapy (including addictions treatment);
- parenting skills; and
- counseling for children and therapeutic childcare.

This program is notable as a “best practice” as it addresses the need for a comprehensive, integrated approach in assisting chronically victimized women gain control of their lives. It gives them the skills, stability and knowledge to break free from the ongoing cycle of violence, addictions and abuse.

Aftercare, in-home family support, housing and other services work in cooperation with the YWCA in assisting program participants to access and use their services. Program participants receive financial support from the government while they remain in the program.

Happy Valley - Goose Bay Victim Services, Labrador: Employing Community Victim Services Para-Professionals

This program has devised an efficient method of providing victim services in the remote Inuit and Innu communities of Labrador. With headquarters and a coordinator in Happy Valley - Goose Bay, a network of victim services para-professionals work in each small community on an as-needed, fee-for-service basis. These part-time, community-based victim services workers receive referrals from the RCMP and other service providers, and they also take self-referrals. They are on-call and deliver the following services:

- preparation of Victim Impact Statements;
- showing victims of crime a specially produced video on court procedures, which highlight the role and rights of the victimized individual(s);

³⁴ The Nunavut government has funded some women from the Kitikmeot region to attend this program.



-
- distribution and explanation of native language brochures outlining victims' rights, their role in the justice system and service options; and
 - referral of victim to other regional or provincial services.

This program is not a Crown Victim/Witness Assistance program although it provides some of the same services. Victim/Witness Assistance staff travel with the court circuit providing additional service.

The delivery of the services listed above is made more crucial as several communities have only fly-in police service with few other community-based services. In the four communities with women's shelters, these para-professionals are also often employed as shelter workers. This has allowed them greater access to, and knowledge about, the victimized women in their community.

These victim services para-professionals are supervised by the Victim Services Coordinator in Happy Valley - Goose Bay, who is, in turn, supervised by the Director, Victim Services Program, Department of Justice, Government of Newfoundland in St. John's Newfoundland. This entire network of para-professionals gets together once a year for training, debriefing and support.

The strength and usefulness of this program (its "best practice") lies in the fact that a relatively large network of permanent community members are trained and employed to offer services to victims in their own community on a long-term basis. Service delivery is not therefore dependent on having 'outsiders' deliver a service for a short time before leaving, which is a common phenomenon in isolated Aboriginal communities. These victim services workers are a permanent resource in their community.

Another "best practices" feature of this program is reflected in the clear boundaries and supportive environment in which the community-based victim services para-professionals operate. They are in constant communication with the Victim Services Coordinator in Happy Valley - Goose Bay who assists them in keeping their roles clear with victims, and victims' families, through an ongoing review of the cases they are managing.

The lack of community-based services in most remote jurisdictions can easily burn out those service providers who do exist. The fact that this problem is recognized and planned for in Labrador is to the credit of the overall service.

Isuarsivik Treatment Centre, Kuujuaq, Quebec: Inuit Addictions Treatment Centre

This treatment centre, located in the Nunavik (Inuit) region of northern Quebec, specializes in the treatment of addictions amongst Inuit Canadians. It is a 'best practices' example of one facet of victim services, addictions treatment, as it does not assume, as many treatment centres do, that Inuit people are from the same cultural background as First Nation and Métis Aboriginal peoples.

This program accepts only Inuit applicants and is run entirely in Inuktituk by Inuit counsellors who have received training in both western and Inuit methods of trauma recovery and intervention. The program is open to any Inuit people anywhere in Canada and is based on Inuit culture. In fact, the re-acquisition of one's cultural heritage is treated as one of the primary pillars of addiction recovery for program participants.

The program is four weeks long and is preceded by a comprehensive application process, ensuring that the applicant is committed to their healing. The program itself uses program components from a variety of sources: cultural traditions and teachings; Alcoholics Anonymous; cognitive therapy; trauma recovery therapy; and recreational therapy. Codes of behaviour and interaction are clearly detailed.

This program is gaining respect in northern Canada and there is a waiting list to get in at this time. Those wishing to attend can be funded through their local Health and Social Services office in NWT, Nunavut, Quebec, and Newfoundland/Labrador.

Buffalo Regional Victim Services, Buffalo Narrows, Saskatchewan: Assisting Victims with the Restorative Justice Process

Many victim services programs are finding themselves in the position of preparing victimized individuals for relatively recent restorative justice procedures such as circle sentencing, family group conferencing and family justice forums. These justice initiatives, aimed at increasing the effectiveness and relevance of the justice system, are also challenging victim services programs to prepare and support victims in different ways than the traditional justice system demanded.

The Buffalo Regional Victim Services, with one paid staff person and several volunteers, serves several isolated, First Nation communities in the Buffalo Narrows region of northern Saskatchewan. Victim Services workers in this region have found that they are spending increasing amounts of time assisting victims with “family justice forums.” These pre-sentence forums are designed to give both the victim and offender, and their families (including children), the opportunity to explain how they have been affected by the offence. Victim Services paid staff and volunteers assist the victim, and her family and children, in preparing for these forums. They attend the forum with them and are available for debriefing and follow-up in the days following the forum. Addictions, probation and mental health specialists, as well as a mediator, also attend all forums. The forum makes recommendations to the judge regarding sentencing.

Victim Services workers in this region (and others contacted during this research) have found that these forums, when planned and mediated properly, are very useful in returning a sense of control and power to victims. Many victims have reported to the workers that they have felt ‘heard’ and empowered for the first time in their lives. Those who had previously been victims or witnesses in the criminal court system feel the family justice forum gave them a much greater sense of dignity, empowerment and closure.

The Victim Services Coordinator in this region works co-operatively with the other community service providers in the planning, preparation, follow-up and family justice forum proceedings.

Legislation That Protects Victims

Family Violence Prevention Act: Yukon Territory

This legislation is notable and recognizable as a “best practice” in terms of victim services as it directly addresses some of the most pressing practical and psychological needs of victimized



women and children. Therefore, it is included here as a best practice worthy of consideration by other jurisdictions.³⁵ The *Yukon Territory Family Violence Prevention Act* has three components: An Emergency Intervention Order; a Victim's Assistance Order; and a Warrant of Entry. Each of these components is outlined below.

An Emergency Intervention Order:

- is available through the RCMP (24 hours a day, 7 days a week) or the territorial Department of Justice, Victim Services staff (weekday office hours);
- is issued over the phone by specialized Justices of the Peace (JPs);
- can allow the assaulted partner and their children to stay in their home, if it is safe to do so;
- can have an abusive person removed from the home by a police officer;
- will prevent the abusive person from contacting the assaulted person and their family, or any other persons listed in the court order; and
- allows an assaulted person to apply for a Victim's Assistance Order in addition to the same type of conditions available in an Emergency Intervention Order.

A Victim's Assistance Order:

- is available in kit format through Victim Services;
- must be applied for in person at the Court Registry during weekday office hours in Whitehorse, Dawson City or Watson Lake (outside of those areas one must apply to the Whitehorse court by toll-free phone number);
- can give a person temporary possession of personal property;
- can prevent the abusive person from taking or damaging one's property;
- can require the abusive person to pay the assaulted person or their children for any loss of income, medical expenses, moving and legal expenses;
- can require the abusive person to agree to the conditions in the court order; and
- can only be issued by a Territorial Court Judge and the victim must attend a court hearing.

A Warrant of Entry:

- can be pursued if access to the assaulted person is being blocked and there are fears that they may be in danger;
- is available through the RCMP 24 hours a day, 7 days a week;
- is issued by a JP or Territorial Court Judge by telephone; and
- can authorize a police officer to enter a residence, assist or remove a victim or violent spouse, and search the home for signs of violence to use as evidence.

In intent, this legislation allows women and children to remain in their home, greatly reducing the increased strain on assaulted women and children when they are forced to leave and find shelter elsewhere. In other jurisdictions, victimized women can find it difficult, often impossible, to regain access to their home once they have left. Often the abusive partner has been successful in retaining the right to live in the home despite any charges, convictions or sentences imposed on him. The housing shortage in most remote Aboriginal jurisdictions often means that women and children are

³⁵ The report by Tim Roberts, *Review of Provincial and Territorial Domestic Violence Legislation and Implementation Strategies*, Ottawa: Research and Statistics Division, Department of Justice Canada, 2001, describes and discusses similar legislation in more detail.

therefore forced to return and live with an abusive spouse and father, despite their desire to end the relationship.³⁶

Victim Notification System, Alaska, USA: Information Access for Remote, Aboriginal Communities

Alaska, like most circumpolar regions, has several dozen remote, fly-in, Aboriginal and Inuit communities. In 1996 Alaska passed a constitutional amendment protecting victim’s rights. This “Bill of Rights for Victims” guarantees victims of crime the same rights under the law as offenders. This legislation requires that victims be given up-to-date information about their court case and the status of the offender(s) involved.

The Alaska Department of Corrections has created several victim notification systems. Victims of crime can phone a toll-free phone number 24 hours a day, 7 days a week and speak with a central data bank that tracks both court cases and the status of offenders throughout the USA. In addition they can contact, through collect phone calls, one of the 13 Victim Services offices within Alaska during business hours to access the same information. Finally, victims can also phone collect to the Victim Services Coordinator for Alaska if they need further information or clarity about their case and the offender concerned. Some indigenous languages (there are 14 in Alaska) can be accommodated within this notification system.

This system is notable as a “best practice” as it increases the sense of control for victims of crime. As this highly accessible system was created for their use alone, it decreases the feeling many victims have that their safety and rights are secondary to those of the offender. The Victim Services Coordinator for Alaska reports that the service is well used throughout Alaska.

Victim Financial Compensation, Alaska, US: Immediate Financial Aid

Another noteworthy victim service in Alaska is the streamlined system of financial compensation for victims of crime. The legislative changes which protect and support victims of crime, made during the mid-90s in Alaska, included the mandatory, immediate financial compensation to victims for personal injuries and property damages. Victims are not required to pursue their offenders, or any other party, for the financial means to rebuild their lives. Victim Services workers assist victimized individuals and families in assessing their needs and applying for immediate financial aid. The state then pursues the offender, and any other implicated parties, for financial restitution.

2.4.5 Factors Contributing to Successful Programming

The programs described throughout this section all work in close cooperation with available women’s shelters, social workers, probation and parole officers, addictions programs and other service providers. They also liaise with officers of the court, police, court workers, First Nations,

³⁶ Discussions, in the course of this research, with the former Yukon Minister of Justice responsible for drafting this legislation, Ms. Lois Moorcroft, revealed that, while this legislation does not ‘solve’ the problem of family violence, several women have reported to her that it did save their lives.



Métis and Inuit organizations, Friendship Centres, interagency committees and community justice committees.

All the various programs contacted are located in remote, isolated, First Nation, Métis and Inuit communities. In this regard, many find themselves faced with the same challenges as victim service providers in Nunavut. Respondents and contributors to this research describe the challenges they face in service delivery in more detail in the previous section. However, a summary of their concerns is useful here while considering factors that contribute to successful programming. A summary of these challenges includes:

- high levels of spousal assault, sexual assault, child abuse, addictions, suicide, family breakdown, residential school trauma, post-traumatic stress syndrome and inter-generational grief, poverty, low education levels, high levels of unemployment, lack of public and affordable housing;
- uncertainty and fear of the police and court system;
- low levels of reporting violent crime;
- fewer services for victims than are available in larger centres (with the attendant problems of trying to transport victims to shelters and other services hundreds of miles away);
- lack of legislation protecting victim rights and safety;
- lack of an overall community plan for dealing with chronic spousal and sexual assault, and in general, denial that these crimes are as prevalent as they are;
- the lack of leadership within all levels of government in the area of interpersonal violence;
- the additional vulnerability of Aboriginal women and children and the emphasis in remote, Aboriginal communities on the well being of the offender over the well-being of the victim;
- a justice system in which the experience of the victim appears to carry less weight than the offender;
- lack of trained community professionals, para-professionals and volunteers to assist with community safety and service provision;
- uncertainty over year-to-year funding for programs, or program components (with the result that too much time is spent writing proposals in a never ending search for resources); and
- feeling sometimes misunderstood and ignored by funders and service providers in larger centres and government offices.

In general, victim service providers in non-Nunavut remote locations, do not feel overwhelmed by these challenges but, rather, take them in stride as a ‘given’ in terms of working conditions. In fact, many of those interviewed feel very positive about recent initiatives to increase the status and services available to victimized people. An analysis of “best practices” in victim services programming, based on these consultations, can be outlined using three basic categories. These categories are: a community development approach; superior short- and long-term victim recovery programs; and progressive legislation.

A Community Development Approach

Victim services programs which take an accessible, non-judgmental community development approach appear to be the most successful when success is measured in terms of overall usage, effectiveness in healing and prevention, and community acceptance and ownership.

This approach, as seen in Rocky Victim Services (Rocky Mountain House, Alberta), the Three Sisters Haven Society (Dease Lake, B.C.) and the Yellowknife Women’s Centre (Yellowknife, NWT), gives the community the opportunity, skills and courage to support victims and reject interpersonal violence as a social norm. These services have certain “best practices” in common. These are:

- services, but particularly staff, are well known and highly accessible to all community members;
- staff understands the history, traditions, beliefs and social norms of the First Nation, Métis or Inuit culture in their location;
- staff understands the short- and long-term impact of colonization, addictions, residential schools, poverty, interpersonal violence and chronic trauma;
- staff understands the local social problems as listed earlier;
- staff stays in constant contact and have personal relationships with other service providers, the Aboriginal leadership, elders and all community members;
- staff visits and meets with community members in their own homes and offices (i.e., they don’t expect community members to come to them);
- combinations of services, all of which are needed by victimized people, are available in one location;
- these services are well connected to all community service providers, meeting and working regularly with police, band councils and other community agencies and programs;
- the service in question requests input from the community into their programming and then works to address the requests in a concrete manner;
- staff understands the safety and recovery needs of victims;
- staff are highly committed to their work and advocate for victims on a personal basis, and are known public advocates for all victimized people; and
- staff are open to innovative programs and work creatively with the limited resources at their disposal.

Several additional programs, described earlier, are notable for encouraging a community development approach to victim services. These are the Happy Valley - Goose Bay Victim Services (Labrador) and the RCMP Victim Assistance Volunteer program (Yukon). These programs train permanent community members in immediate crisis intervention, victim rights and victim court preparation. These volunteers and ‘para-professionals’ are tied to a larger network of victim services within their region that supervises, trains and supports them in their work.

While the community-based programs in Labrador and Yukon do not offer the same range of services as those in Rocky Mountain House, Dease Lake and Yellowknife, they can be considered to take a “best practices” community development approach because they:

- utilize the existing permanent community members in program delivery;
- tie these staff to the policing, victim services and justice services in their community and region;
- help shift community norms from one of blaming victims to one of supporting victims by employing indigenous people; and
- increase the feelings of safety and validity amongst victimized community members.



Superior Short- and Long-Term Victim Recovery Programs

Excellent examples of long-term victim recovery programs can be found in the Isuarsivik Treatment Program in Kuujjuaq, Quebec, and the YWCA Women and Children's Healing and Recovery Program in Yellowknife, NWT.

The Isuarsivik Treatment Program has developed one of the first successful Inuit addictions treatment programs in Canada. For many victims in the isolated areas of Canada a substantial factor in breaking through the chronic violence in their lives involves coming to grips with their addictions. The "best practices" in this program include:

- use of Inuit language and culture;
- exploration of Inuit spirituality and traditions;
- use of paid Inuit staff;
- incorporation of useful treatment approaches from other cultures; and
- a strong follow-up and aftercare program.

The YWCA Women and Children's Healing and Recovery Program is another example of excellence in the long-term treatment of chronically victimized women and children. The strength of this program is due to the following factors:

- the program is long enough (10 months) to stabilize participants and inspire permanent progress in terms of attitudes, knowledge, feelings and behaviour;
- it is also long enough to secure stable permanent housing and childcare;
- there is time to resolve long-term legal and financial problems;
- there is time for participants to develop a full informal and formal support network within the community; and
- participants' needs in every area are addressed: physical health and safety, financial support, personal skill development, parenting support, educational opportunity, employment training and job search, cognitive and emotional therapeutic intervention, and addictions treatment.

In addition, the recent restorative justice initiatives in some jurisdictions, while not usually categorized as "victim recovery programs", have the potential to greatly assist in the recovery of victimized people in the short term. The example used in this paper is the Buffalo Regional Victim Services in Buffalo Narrows, Saskatchewan. However, many victim services programs in the remote, Aboriginal areas of Canada and Alaska are finding that initiatives such as family justice forums and circle sentencing have very positive results for victims when they are carefully planned and implemented.

It is important to note, however, that these initiatives can be harmful to victims unless:³⁷

- there is a skilled mediator or facilitator in charge of the process;
- the victim clearly understands the restorative justice process and her/his rights under the law;
- the victim agrees freely to participate, without coercion from the offender or community;
- the victim is fully supported before, during and after the process;
- the process includes local community service providers as well as the family and supporters of the offender and victim, and any justice personnel; and
- the short and long-term safety needs of the victim are addressed.

When these criteria, or “best practices,” are met, respondents to this research state that restorative justice initiatives can have the following positive results:

- they allow the victimized individual(s) an opportunity to fully disclose the impact of the crime in their lives in a safe and public arena;
- they ‘level the playing field’ between the victim and offender, as the story of the victim becomes as important to the satisfaction of justice as the story of the offender;
- they increase the likelihood of the victim’s control and power over her life and lessen the feelings of fear and helplessness, which aids the overall recovery process;
- they make public the experience of the victim, which increases community ownership over the safety and health of community members; and
- the presence of the offender, family members, justice personnel and service providers validates and normalizes the emotional, spiritual, financial and physical devastation felt by the victim.

Progressive Legislation

Examples from both Alaska and the Yukon Territory highlight the importance and relevance of progressive, victim-oriented legislation. Yukon service providers interviewed during this research report that women have told them that the Family Violence Prevention Act has both saved their lives and allowed them previously unavailable choices in terms of safety and recovery. The Alaska Victim Services Coordinator reports that their various victim notification systems have received very positive evaluations from communities and individual victims. Alaska’s legislation guaranteeing immediate financial aid to victims of crime has obvious advantages.

Progressive legislation may not be considered a “direct service.” However, without it, victim services providers and victims alike have fewer choices, and face a much increased risk of constant re-victimization. Analysis of the experience in the provinces and territories which have passed their own domestic violence legislation shows that related factors in implementing such legislation, i.e.,

³⁷ This is especially important in domestic violence so that restorative justice processes do not provide another pressure to stay within an abusive or potentially abusive family relationship. See Naomi Giff, *Nunavut Justice Issues: An Annotated Bibliography*, RR2000-7, Ottawa, Research and Statistics Division, Department of Justice Canada, 2000; and Crnkovich, Addario, Archibald, *Inuit Women and the Nunavut Justice System*, RR2000-8, Ottawa, Research and Statistics Division, Department of Justice Canada, 2000.



required infrastructure links, ongoing training of all personnel, and public education and information are key in the successful use of such legislation.³⁸

Legislative initiatives can become “best practices” because:

- they directly address the immediate physical and financial needs of victimized individuals and families;
- they address the immediate and long-term safety needs of victims;
- they can tie victimized people into the justice information networks (i.e., victimized people become ‘part of the loop’);
- they can increase the legal status of victims and guarantee them rights and recourse under the law which, in turn, increases their control over their lives; and
- they address traumatic reactions in victimized people as they deal directly with the isolation, fear, panic and helplessness, which result from traumatic experiences.

In summary, “best practices” in victim services delivery are reliant on:

- the implementation of a community development approach to service delivery built on the community’s requests and recommendations for program design and delivery, and builds on relations between the community and the service providers;
- the development of appropriate short- and long-term victim recovery programs that enable victimized people to take or regain control of their lives; and
- a foundation of progressive legislation.

2.5 Recommendations for Victim Services in Nunavut

2.5.1 Introduction

The recommendations discussed in this section are the result of several different consultation processes. The telephone survey of all Nunavut service providers included a question on recommendations regarding potential victim services in Nunavut. In addition key Nunavut service providers (listed in Appendix A) received the previous section describing victim services “best practices” in other remote Aboriginal communities. Their feedback on these victim services initiatives in other jurisdictions, combined with their own insights into service delivery in Nunavut, resulted in further recommendations. All of these recommendations form the basis for this section.

In addition, the 2001 Northwest Territories Victims Assistance Conference took place in Yellowknife during the collection phase for this project. This research project was able to take advantage of the discussions at that conference. The recommendations of the delegates are incorporated here.

Recommendations for improved services to victims in Nunavut can be divided into four categories. These categories are:

³⁸ Tim Roberts, Review of Provincial and Territorial Family Violence Legislation and Implementation Strategies, 2002.

- training, support and recovery for existing service providers;
- training, support and recovery for communities;
- leadership, legislation, judicial and correctional systems; and
- victim services programs.

The recommendations in this section are preceded by direct quotations from statements made during the telephone and in-person interviews of respondents in Nunavut.

2.5.2 Training, Support and Recovery for Existing Service Providers

- *“How are we supposed to work with victims when we need healing and training ourselves.”*
- *“We need healthy people to be involved, either paid or volunteer.”*
- *“We should use traditional and western methods of working with victims.”*
- *“We need trained people to work with victims.”*
- *“I went to counselling with my spouse and he threatened me right there, and the counsellor just sat there and didn’t do anything.”*
- *“We definitely need lots and lots of training for anyone who will be working with victims, so that they are not swaying the victims to take one course or another ... and we are short of trained personnel in the communities.”*
- *“Surfacing childhood abuse problems are straining the services.”*
- *“We need more parental involvement in teaching traditional lifestyles and self-control.”*
- *“There is nowhere to debrief.”*
- *“People need someone to talk to, so they won’t be alone.”*

In terms of overall social service provision, respondents stressed the fact that there were not enough trained indigenous people at the community level to deliver a comprehensive network of social services, including services to victims. Those with training quickly become overwhelmed with demands and have few additional resources to call on.

In this regard, respondents point out that increased assistance to victims has to build on the strengths of existing indigenous and non-indigenous service providers. These service providers need increased training, support and personal recovery opportunities if they are to cope adequately



with the needs of victimized people. In their view, service providers working with victims need training in the following areas:

- program planning, implementation and evaluation (budgeting, proposal writing, program implementation, research and evaluation methods, putting ideas into action, dealing with authority, case management, computers);
- community capacity building (networking, communications, conflict resolution, committee and board training, partnering, public relations);
- counselling and advocacy skills (including critical incident stress debriefing, risk assessment, trust building, confidentiality, dealing with defence mechanisms, safety planning, family violence awareness, professionalism, group facilitation, child development, process of recovery, coping with difficult clients, self-defence, cardiopulmonary resuscitation and first aid);
- use of traditional spiritual, consensual and elder-focused methods of intervention with victims;
- legal, correctional and justice system information and skill development (Victim Impact Statements, child and adult witness preparation, liaison with court and correctional systems);
- training in alternate justice initiatives such as restorative justice, alternate sentencing, family justice forums;
- referral system information; and
- opportunities to deal with their own healing and recovery issues.

According to respondents the healing and recovery issues of existing and potential caregivers, and service delivery personnel, should include:

- recovery from their own chemical and process addictions;³⁹
- ongoing healing and processing of their own traumatic reactions resulting from child sexual abuse, lack of adequate parenting, violent relationships, residential schooling and/or rejection by family members;
- the ongoing development of personal life skills such as assertiveness, stress management, negotiation, communications, conflict resolution; and
- the ongoing development of professional skills, such as, organizational development, networking, public education, and others as listed above.

Furthermore, respondents pointed out that existing and potential victim service workers will need opportunities to expand their horizons in the following general areas:

- a more thorough understanding of civil administration including hamlet, board, non-governmental organization (NGO) and government structures;
- a more comprehensive understanding of gender and community power dynamics;
- an in-depth appreciation of all aspects of Post Traumatic Stress Disorder (PTSD);

³⁹ Process addictions are addictive behaviours that do not involve substance abuse. Co-dependence, gambling and sexual addictions are examples of process addictions.

- increased leadership ability; and
- effective, culturally appropriate methods of community development.

In relation to the “best practices” described in the previous section, respondents note that “short and long-term victim recovery programs” cannot be delivered effectively at the community level without first providing healing and training opportunities to existing, and potential, victim services providers and community caregivers. Respondents also state that it will also not be possible to fully establish a “community development approach” to victim services, as described in the previous section, before dealing with the training and healing needs of existing and potential service providers.

Several suggestions were made by respondents in terms of delivering the training, support and recovery opportunities necessary to building a core of long-term community services available to victimized people. These suggestions included:

- developing recognized, certified, modular training courses for delivery at the community level and available to all community service providers in a position to work with victims, with topics as outlined above;
- including elders as well as school counsellors, police, social workers, addictions workers, shelter workers, wellness and mental health counsellors, teachers, nurses, community health representatives, victim services workers, recreational workers, court workers, youth workers and others;
- developing a mentorship program at the community level for people learning the basics of human service delivery, including services to victims; and
- having more than one mentor to call upon while learning how to establish effective community-based programming.

2.5.3 Training, Support and Recovery for Communities

- *“We need more community training, workshops and better role models.”*
- *“There should be a Nunavut-wide awareness and acceptance of the necessity of victim assistance services at all levels ... this means educating families, schools, communities and the judiciary.”*
- *“Base victim services on existing community and agency strengths.”*
- *“Go slowly with communities, avoid fights and use public relations.”*
- *“We need a comprehensive approach to our overall social problems ... the approach so far has been piecemeal ... we should use a comprehensive community development approach and the goal should be the empowerment of the community and individual potential.”*

Respondents noted that there is a high need for greater community awareness about the needs, and even the existence, of victims of crime. This lack of awareness is complicated by the fact that in many communities it is difficult to get people to attend workshops or events that focus on issues



related to crime, such as addictions, family violence, child abuse and parenting. Therefore respondents suggested the following methods of reaching out to community members with both information and encouragement:

- make use of existing community social norms around consistent, ongoing, in-person, home and workplace visiting, information sharing and networking;
- make use of local radio, local TV and community events such as bingo, and recreational events such as hockey, that are well attended in order to develop awareness;
- develop materials and videos in Inuktituk for community use;
- train community justice committees about the rights and needs of victims; and
- assist the schools and other local institutions to include training and information in the areas of interpersonal violence, human rights, victim rights and crime prevention.

In addition to developing community awareness, many respondents commented on the need to encourage greater cooperation amongst existing community agencies. They point out that police, health and social services, schools, hamlet offices, recreational groups, churches and other agencies need closer working relationships in order to address the needs of victims. Although it is not always the case, many of these service providers work in some isolation from each other. Recommendations for increasing service coordination at the community level include the following:

the establishment of community interagency committees that include the services listed earlier as well as community justice committees, community wellness committees and existing non-government agencies such as family counselling centres, daycares, shelters; and the development of community wide strategic plans for addressing local problems with violence and crime through comprehensive service delivery.

According to respondents the ideal approach in each community would include a victim services worker, a women's shelter or safe houses, youth shelters and recreational facilities, family counselling and educational opportunities, in-home family support workers, drop-in healing centres with healing circles for each age group, in-school victim services for children and youth, child assessment and treatment options, long-term care for disabled children, crisis lines, homeless shelters, addictions programming, mental health services and increased public housing.

2.5.4 Legislation, Judicial and Correctional Systems, and Leadership

- *“Offenders must serve full sentences ... now they come back to the community with more education about just how far they can go in committing crimes without being caught.”*
- *“The rights of the victims have to be equal to the rights of the offender.”*
- *“Mandate victim assistance into legislation with ongoing core funding for programs.”*
- *“The government must recognize the positive impact justice committees can make if properly supported; they are a form of successful early intervention.”*

- *“We need more political education for women and encouragement for women to run in politics.”*
- *“There has to be an opportunity for the victim to see justice done.”*
- *“I want to find out how the Yukon got that Act and those programs for victims and where they got the money.”*
- *“We need strong and good leaders for role models.”*
- *“Community groups ask me: ‘Why can’t the law protect the victim’s right to live in a peaceful home. It should be the abuser who has to leave the dwelling, not the victim.’”*
- *“When it’s a year until the court date, people change their stories.”*
- *“One of the best things so far that is easily identified as a positive change is the Family Violence Prevention Act in the Yukon ... that it is the abuser who is removed from a household rather than the victim ... this certainly puts the responsibility of change where it should be, on the abuser.”*
- *“Women need a lawyer or mediator to help them negotiate their rights.”*
- *“In a way, I hesitate to have the government become more involved in such issues (through legislation), as once that happens it seems to me the people no longer have a say.”*
- *“I’m not sure what the legislation may look like, but anything that will force a victim to do anything in order to shore up the legal system is a no go as far as I am concerned.”*

Legislation

Most respondents who read the previous section describing victim services in other remote non-Nunavut Aboriginal communities felt that legislation, which protects the safety and rights of victims, as described in that section, is a worthwhile goal for Nunavut. In particular, most respondents referred to the *Yukon Family Violence Prevention Act* as legislation that has the potential of ensuring an effective method of immediate crisis intervention. In fact, several respondents felt strongly that improved legislation dealing with immediate post-crisis victim protection was the number one priority in terms of improving victim services in Nunavut.

In this regard, respondents, several of whom are quoted above, stressed that there is an overwhelming need to make the rights of victims and offenders more equitable in the eyes of the community. They believe that victim rights legislation creates the basis for a more equitable human rights approach and is therefore essential to the eventual development of truly effective victim services at the community level.

One respondent mentioned the victim notification legislation in Alaska as useful. However, the majority of respondents note that communities and victims in Nunavut are almost always aware of



an offender's release date and post-release plans; so there is less interest in legislation concerning victim notification.

A few respondents, however, did have some cautions to add regarding legislation as it pertains to victims of crime. These respondents feel that victims of crime need the freedom to make their own choices regarding intervention in their situation. They don't want to see victims put in a situation where they are legally forced to follow a particular course of action despite their own interests. These respondents are not opposed to legislation such as that in the Yukon. They just want such legislation to allow the victim the maximum amount of choice possible under the circumstances.

Finally, in terms of legislation, respondents don't want victims put in a situation where their chief role is in "shoring up the legal system." Many respondents feel that victims have only been given credibility and assistance in relation to their role within the judicial system as witnesses. In short, respondents note that victims currently receive very little care or attention outside of what is necessary to make them credible witnesses for crown prosecutors. In this respect, community caregivers and advocates are not interested in legislation that would simply further the needs of the judicial system, and once again leave victims with no additional resources.

Judicial System

Respondents had several comments to make about the existing judicial system in Nunavut as described earlier. They are open to alternate methods of dispute resolution as described in the previous section. Restorative justice initiatives such as those available in Buffalo Narrows, Saskatchewan, (Buffalo Regional Victim Services), were seen as potentially worthwhile long-term goals.

However, the majority of respondents feel that community justice committees, community caregivers and victim advocates, where they exist, need more training and support before they can assist victims with these alternate processes. Some respondents pointed out that current resources available to victims, such as Victim Impact Statements, are not being employed. They would like to see these, and other, basic victim services in place before proceeding with restorative justice initiatives, at least as they pertain to spousal and sexual assault.

Most existing justice committees within Nunavut currently follow some restorative or alternative justice procedures. However, sentencing circles and offender diversion programs are used almost exclusively in cases of minor offences and with young people. While community justice specialists in Nunavut report that victims are sometimes involved in these procedures, in general, justice committees have not focused on victims of crime.

In addition, in relation to existing and emerging alternate judicial processes, respondents point out that the existing bias against victims in many communities could, and often does, work against victims. Unless the victim has adequate trained support and/or some level of community support, she or he stands the chance of being re-victimized rather than assisted.

Many respondents referred to the length of time it currently takes to process court cases and all felt that the long waits did not serve justice or the needs of the community, the victim or the offender.

They want to see court cases dealt with more swiftly so that healing for all parties can get underway while the incident is still fresh.

In terms of sentences given in the standard judicial process, respondents felt that sentences have been too light. Many respondents remarked that conditional and suspended sentences are inappropriate for child abuse, sexual assault and spousal assault and that these sentences send the wrong messages to offenders, victims and the community at large. In addition, many felt the *Young Offenders Act* was not being enforced properly.

Finally, although it was not discussed in detail in the previous section, several respondents said they were interested in exploring the option of a Domestic Violence Treatment Option Court.⁴⁰ They have heard that this judicial option is being explored elsewhere and they wonder about its applicability in Nunavut where most crimes fall within the category of “domestic violence.”

Leadership

In relation to the discussion around family violence legislation, respondents also noted that the drafting and passing of victim support legislation in Nunavut would be difficult given the fact that the majority of elected leadership, both in the legislative assembly and within some Inuit organizations, have not made social problems, let alone the rights of victims, a priority. They went on to say that some officials at the territorial, community and regional level have been re-elected to positions of power despite their own convictions for abuse and violence.

In this regard, respondents felt there should be a policy of “zero tolerance for violence,” a code of conduct and oath of office for elected officials within government and in organizations which protect the rights of Inuit beneficiaries.

Respondents also had suggestions to make in terms of the involvement of elders and women at the leadership level. Some respondents believe that elders should be involved as advisors, at the community level, to any potential victim assistance program. They also feel that local Inuit spiritual advisors trusted by the community at large should play a leadership role in assisting victims.

Suggestions were also made about increasing political education to women so they could take more high profile political leadership positions.

⁴⁰ The Yukon chapter of this paper describes the Domestic Violence Treatment Option Court operating in that territory.



2.5.5 Victim Services Programs

- *“We need more programs for victims similar to the Women’s Program at the Yellowknife YWCA.”*
- *“Offer programs like they offer to the offender, i.e., healing cognitive development, anger management ... make it fair and help them both.”*
- *“We should have sharing circles to help them process the crisis.”*
- *“We don’t want another ‘cycle of bureaucracy’ program.”*
- *“We could use 24-hour crisis response workers.”*
- *“We have to get childhood sexual abuse out into the open.”*
- *“We need more early anti-crime intervention programs.”*
- *“Have victim assistance offices in every community with a worker.”*
- *“People trust women’s shelters.”*
- *“We need a framework for the wisdom of the community to come through.”*
- *“It takes 3 to 7 years of work before the person realizes they don’t have to be victimized ... no one wants to fund that.”*
- *“There is a place for ‘land programs’ but in the end they don’t teach men how to get along with people without being violent ... these men need an education, among other things.”*
- *“First of all, we have to get women to that level of consciousness where they at least start to protect themselves.”*
- *“Services have to work together or clients fall between the cracks.”*
- *“We can’t do any of the things listed in this consultation paper (i.e., in the previous chapter) until the shelters are in better shape.”*
- *“I want a system and a law like they have in the Yukon. How did the people in the Yukon get that legislation and the money for all those programs?”*
- *“We need to stop young people early and help them refocus.”*
- *“The justice committees want to use the family counselling model not the power model.”*

- *“They should replace Alcohol Rehab Centres with Recovery and Restorative Centres as alcohol and drug abuse is only a mask of the problem.”*
- *“I think we need to ensure that victims have a say in how any programs that will assist victims will be designed and implemented.”*
- *“One has to identify what kind of service the victim may need and that is kind of a very personal thing to individuals.”*
- *“Alcohol and drugs is only a mask of the problem.”*

As some of the direct quotes provided above indicate, the recommendations for victim service programs are in relation to victim services workers, shelters and safe houses for assaulted women and their children, addiction treatment and trauma recovery programs, family support services, personal healing circles, and crisis lines.

Victim Services Workers

Respondents pointed out that there are many capable, motivated, indigenous community people who just need the training, and infrastructure, to deliver effective services. They stressed the importance of providing victims services in every community and in this respect felt that the system in Labrador, which used contracted and trained local people to deliver the service was the best option. A few respondents thought that a system of victim advocate volunteers might also work. However, all respondents felt that a fly-in service (as used in some remote areas of Canada) would not work as they believe a victim support person needs to be readily available in each community during a crisis. Furthermore, a locally available, known person is in the best position to develop the web of solid, trusting community relationships so necessary to service delivery in Inuit and Aboriginal communities.

Respondents were very mindful of the fact that these victim advocates would need support from their communities and from local service providers as well as from a centralized victim services office. Ideally, they would like to see these victim advocates trained in the areas listed earlier and capable of delivering the following services:

- emotional, practical and logistical support to victims of crime during and after the crisis period;
- emotional, practical and logistical support to victims of crime during any standard or alternative judicial and/or correctional process, including the completion of Victim Impact Statements;
- education and awareness programs in the schools and other local institutions on topics related to crime prevention;
- participation in interagency groups and cooperation with existing community service providers in strategic planning for community wellness; and
- liaison with community justice committees.



Respondents support this choice with the following rationale:

- a community-based localized program ensures that there is at least minimal service to victims in each community;
- a community-based program employs local community people, thereby ensuring that the permanent indigenous population has an opportunity to learn the skills necessary for this, and other types, of service delivery;
- the employment of the local indigenous population creates a further opportunity to promote greater choice in terms of community social norms, particularly in the area of interpersonal violence; and
- local people working in victim services programs can ensure the approach to victims is based on traditional Inuit cultural values.

In terms of logistics, respondents noted that any victim services office should be located away from the police station and preferably in a neutral location such as a Friendship Centre or health centre. They were not interested in creating part-time positions to deliver this service as they state that part-time jobs lead to high turnover and a ‘watered down,’ less effective program overall.

In addition to the provision of victim services workers in each community, respondents recommended that additional services, similar to services in other remote Aboriginal communities, and as outlined in the previous section, be developed. Additional community-based and regional services should include shelters for assaulted women and children, shelters for youth, addiction treatment and trauma recovery programs, family support services and personal healing circles. Each of these services, as envisioned by respondents, is described below.

Shelters and Safe Houses for Assaulted Women and Their Children

Respondents believe that there is a need to have shelters for assaulted women and their children in each community. They also feel that there needs to be a “second stage” shelter in each region so women who do not wish to return to their abusive partner have the option, after leaving the initial shelter, of using a longer-term “second stage” shelter until they can locate their own housing. In addition, they feel that all shelters should have children’s advocates on site.

Respondents note that shelter staff need training that covers the areas of psychology, law, post-traumatic stress disorder, family dynamics, violence, formal and informal support systems, human rights and rights as a victim, communication skills, logistical and administrative skills.

Several respondents noted that existing women’s shelters in Nunavut might be ideal locations for victim services workers, as they report that “people trust shelters.” References were made to the victim services program in Dease Lake, B.C., The Three Sisters Haven Society, which operates a women’s emergency shelter in conjunction with a victim assistance program. With additional resources and training most respondents felt that the existing shelter network would provide a credible and effective community sponsoring agency for potential victim services programs.

In addition, many respondents to the inventory of Nunavut services made the suggestion of opening emergency shelters for children and youth. School representatives in particular mentioned the problems of children trying to come to school when they are hungry and tired due to problems

in their home and suggested that emergency shelters for children and teenagers might provide an answer.

Addiction Treatment and Trauma Recovery Programs

Respondents are anxious to see an increase in the number of community-based and regional addiction treatment and trauma recovery programs available to men, women and children. There was interest in learning more about the treatment program in northern Quebec as described in the previous section, particularly as the program is based on Inuit values, language and culture and is run by Inuit staff. The Women and Children’s Healing and Recovery Program in Yellowknife was also of interest to respondents as it provides a comprehensive, long-term program of skills, treatment and training to participants. Respondents felt that these types of programs would be valuable at the regional level in each region of Nunavut and they would like to see a similar residential addictions and trauma recovery treatment programs made available in Nunavut.

In terms of addictions treatment and trauma recovery programming, respondents wish to see the following components included:

- treatment of chemical and process addictions;
- opportunity for healing from residential school trauma;
- opportunity for healing of child sexual abuse and other traumatic life experiences;
- a recovery of traditional Inuit identity; and
- the use of Inuit dialects in the treatment program.

Family Support Services

Respondents made many suggestions, as part of the inventory of services survey, regarding the provision of increased supports to families.

Most note the high need for increased family counselling programs, in each community, that employ both traditional and modern methods of counselling. Traditional counselling refers to intervention, advice and support from Inuit elders. (There may be more than one elder involved in this process.) Modern counselling methods refer to the dominant culture approach of counselling sessions with a counsellor trained in psychological interventions.

The majority of respondents also discussed the need for parenting programs, or some manner of intervention with parents, that encouraged them in their role as decision makers and supervisors of their children. In this regard, suggestions were made about in-home family support programs, early intervention programs, family healing and counselling opportunities, marriage counselling, cultural identity and skill development programs and recreational programs that bring the family together.

The comprehensive programming options available at the Yellowknife Women’s Centre, as described in the last section, impressed respondents with its wide array of appropriate, practical, supportive and educational programming for victimized and otherwise disadvantaged women, men and families.



Personal Healing Circles

Respondents note the success of healing circles in several programs described in the previous section. They recommend that communities develop healing groups for women, men and teens that allow them an opportunity to disclose their traumatic experiences and move on with their lives in healthy ways. Respondents believe that community caregivers should be given training in this area.

Crisis Lines

Several respondents note the effectiveness of the existing Nunavut-wide crisis line. Inventory results indicate that the crisis line is well used throughout all Qikiqtaaluk (Baffin) communities. The suggestion was that it be at least partially funded through government dollars rather than relying solely on volunteer fund-raising efforts.

2.6 Nunavut: Summary of Needs and Recommendations

2.6.1 Summary of Needs

In Nunavut, the needs of victimized people, and those providing service to them, appear from this research to be overwhelming. Judging by the results of the inventory of Nunavut services and the consultations with Nunavut service providers and other Nunavummut, existing services, both informal and formal, are stretched to the limit. Service providers and other community caregivers are attempting to meet a wide range of needs in their particular target population, many of which fall outside the boundaries of their mandated service.

In the final analysis, governments at all levels will have to cooperate in the design of a multi-faceted and comprehensive strategic approach which takes into account the following factors:

- the very high levels of traumatization in the overall population of Nunavut, including the traumatization of service providers and community caregivers who work with few resources and limited training;
- the large shortfalls in most communities in the areas of housing, employment, literacy, education, skill training, early intervention;
- the absence of treatment and healing options in most communities, and territorially;
- the intense pressure on existing services such as schools, social services, nursing stations, women's shelters and police to provide a wide range of services with few referral services to draw on and with limited funding;
- the lack of public awareness, lack of leadership, lack of basic information and the levels of denial about family violence, addictions, child sexual abuse, child neglect and other traumatic and destructive behaviours; and
- the very different approaches to problem solving, intervention, infrastructure, time, relationships, programming, family and communal life between the Inuit and dominant Canadian culture, and the lack of awareness about these differences in both cultures.

Culture, isolation, colonialism and economic realities have combined in such a way within most Nunavut communities that traumatic reactions have frozen into social norms. The irony of solving

this puzzle is that both cultures involved will have to adapt, learn and grow. A ‘one way street’ approach in which the dominant culture attempts to ‘help’ victimized people in Nunavut, while useful in some respects, can only have limited success in the long run. This does not mean that various victim services programs are not worth implementing. The point is that, in the long run, the situation can only change when the strengths and skills of each culture are understood and incorporated into the functioning of the other culture.

2.6.2 Summary of Recommendations

In practical terms, potential victim services programs, policy and legislation all need to move in the following directions:

- learning opportunities in the areas of cultural awareness, trauma and recovery need to be provided for people of both cultures who are providing services to victims, formally and informally;
- a community development approach, based on the Inuit understanding and approach to communal life, and as described throughout this paper, should be the framework for community service delivery programs;
- treatment and healing opportunities need to take as their starting point the traditional Inuit understanding of the holistic and spiritual relationship between all people and all life, in all its expressions;
- opportunities need to exist for community service delivery personnel to learn the basic infrastructure tools and practical information necessary to delivering human services within a dominant culture framework;
- there needs to be a conscious and well planned strategy in place that solidly and permanently links existing community agencies, government departments at all levels and informal service providers at the community level;
- connections need to be made between service providers, community caregivers, and the communities themselves, to other indigenous land-based cultural groups around the world who are struggling with the same challenges as Nunavummiut;
- the question of individual human rights, especially as they relate to collective rights, will have to be considered in the development of programs, policy and legislation; and
- the programs, policy and legislation necessary in areas such as housing, employment and education, also will all have to be in place before social norms around violence and other crimes will change, and victim and offender recovery become viable options.

Given the variety and scope of recommendations provided by Nunavut service providers and others consulted during this research, and given the other considerations raised in this paper, it is daunting to try and find the most useful starting point in terms of providing increased services to victims. However, several practical starting points present themselves. Decision makers within communities and governments will need to consider which starting point is the most sensible. Potential practical starting points are outlined as follows:

- the provision of greatly increased and carefully planned emotional, practical, educational and financial support to existing formal and informal community caregivers and service providers in each Nunavut community;



- the creation of formal and informal methods of linking these caregivers and service providers to each other at the community, regional and territorial level;
- the creation of a long-term, appropriate public education program around human rights (particularly the rights of women and children), family violence, child abuse, addictions and recovery from traumatic events;
- greatly increased early intervention and school programs with the goal of containing and stopping interpersonal violence in the long run;
- the drafting and passing of legislation that provides basic safety and services to victims of crime;
- the development of community-based, regional and territorial trauma recovery, healing and treatment programs; and
- the development of a community-based, territory-wide victims assistance program based on some of the models presented in this report.

A Community Justice Specialist, after reading about best practices in other jurisdictions, summed up several of these suggestions in the following way.⁴¹

I see the most practical organization for victim services in Nunavut communities would be like in Labrador, as para-professionals. With training this would develop community victim workers and help in educating the at-large community on victims' issues. Courts have had para-professional Inuit [Native Court workers] ... in JP court. Fee-per-work performed is a good idea, especially in the smaller communities and with paid time for training, and doing community education, etc., or other community events. In larger communities such as Cape Dorset, or where there are shelters this could be a full-time position if that person was very active in organizing workshops, or training on victims' issues, family violence, sexual abuse, trauma, etc., for the community and other caregivers.

Expecting community victims workers to be volunteers is unrealistic in the economic setting we have where jobs are scarce. It does not work to expect the jobless to volunteer their time.

Funding must be continuous, reliable funding to get community resources developed with long-term training plan. This would make development of community-based victims services and resources possible as a Nunavut-wide program. It could be part of a government core-funded program, like community justice with a clear mandate to use a community development approach.

Working closely with police in providing initial victim support after an incident is a good starting base for community workers to get involved with an individual, family, etc. Some victims of violent crimes in the community have expressed that after an assault no one came over to offer support.

⁴¹ This quote is taken from an e-mail received from Kristiina Alariaq, Community Justice Specialist, Qikiqtaaluk (Baffin)South, Cape Dorset, Nunavut.

Working closely with women’s shelters, healing groups, drug and alcohol workers, social workers, justice committees in communities for a support network of other professionals working in similar field would be important. Some of these would also be providing counselling or other support services to victims.

Victims workers would need developmental training annually, meeting twice a year, regional or Nunavut-wide, focused on training, development and networking for community victims workers. Safety is a key issue in making the workers themselves aware of their own personal safety, but also training in the ethical codes, safe practices of working with clients in a counsellor-support person role.

Long-term recovery programs need to be developed for victims. Family violence and sexual abuse are two of the leading problems in Nunavut.

In communities, healing groups and self-support groups could be a way to offer healing and recovery support to individuals. Training for community-based healing project caregivers would be important. Regional healing workshops educate the public about healing needs for both victims and offenders. Train community people to run healing support groups. Many communities have brought in healing facilitators to help get started in developing healing groups.

In summary, it appears obvious from the consultations undertaken during this research that amongst Nunavut community caregivers and service providers there is strong basic understanding of existing social problems, in particular the situation in which victims find themselves. They have provided many workable suggestions and solutions for the consideration of decision makers at all levels of government, and within each community. As a result of this and other studies around social problems in Nunavut, they stressed that their primary concern was to see a direction that would assist victimized people acted upon, not simply discussed and studied.



3.0 NORTHWEST TERRITORIES

3.1 Considerations in Victim Service Delivery in the Northwest Territories

3.1.1 Introduction

This section is devoted to building a working knowledge of key contributing factors that should be taken into account when designing victim services, and other types of human services and programming in the Northwest Territories (NWT). The service providers, community caregivers, victims of crime, and federal, territorial and municipal government policy and decision makers interviewed during this research requested that any new services, or modified existing services, take into account the existing cultural differences between First Nations, Métis and Inuit cultures and the dominant Canadian culture. They also asked that a clear picture be drawn, for policy and decision makers at all levels of government, of the many challenges and obstacles that exist in terms of victim services program development and delivery in the Northwest Territories communities.

Accordingly, this chapter is devoted to these two topics: a general overview of the differences between First Nations, Inuit, and Metis cultures and the dominant Canadian culture; and a general overview of the challenges and obstacles inherent in victim services program development and delivery in NWT communities.

This first section of this chapter describes the differences between the dominant “western” culture in Canada and the indigenous cultures living in NWT. It represents simply a basic overview, for the purposes of program planning, of major differences between Euro-Canadian and indigenous cultures in areas that have some impact on program planning. These insights are based on interviews with First Nations, Métis and Inuit service providers and caregivers as well as victims of crime and government bureaucrats, and these respondents are quoted throughout.

In short, this chapter outlines and describes information pertinent to understanding victim service delivery in the Northwest Territories. This information includes:

- NWT demographic data;
- NWT social conditions and related statistical data;
- NWT historical considerations; and
- NWT Aboriginal cultural affiliations and political status.

3.1.2 Northwest Territories Demographics

There are 30 communities in the Northwest Territories with a total population of 40,570 people.⁴² These communities are divided into six regions politically: Delta, Sahtu, Deh Cho, Dogrib, South Slave and Yellowknife.⁴³ There are six large centres (Yellowknife, Rae-Edzo, Inuvik, Fort

⁴² The territorial government states that the NWT population is closer to 42,083, disputing this 2001? Census Canada NWT population figure.

⁴³ The territorial government usually administers the Delta and Sahtu regions as one region and under a variety of names depending on the service in question: “Beaufort Delta,” “Inuvik Sahtu.” However, each of these regions has negotiated land claims, and self-government agreements as separate entities and some services are administered separately.

Simpson, Hay River and Fort Smith) with populations over 1,500. The largest of these are Yellowknife (population 18,028), Hay River (population 3,858), Inuvik (population 3,451) and Fort Smith (population 2,685). Together, these four communities contain 73% of the territorial population. Approximately 45% of the total NWT population lives in the capital city, Yellowknife.

In terms of ethnic composition, 51% of the territorial population is First Nations, Metis and Inuvialuit. The remainder of the population is largely Euro-Canadian (42.8%). Visible minorities make up 6.2% of the population. The largest visible minority groups are South Asian, Chinese and Filipino. The bulk of the population is younger than the overall national population. Approximately 30% of the NWT population is less than 15 years of age (compared with 20% nationally) and only 4% of the population is over 65 (12% nationally).⁴⁴

3.1.3 Northwest Territories Social Conditions and Related Statistical Data

NWT residents are coping with social conditions and health problems that are well beyond the circumstances of southern Canadians. NWT has six times the national rate of sexual assault⁴⁵ and twice the national rate of suicide.⁴⁶ Sudden Infant Death Syndrome is higher in the NWT than anywhere else in Canada.⁴⁷

The NWT has twice the national rate of “heavy drinking” and “marijuana and hard drug use”⁴⁸ and three times the national rate for smoking.⁴⁹ Deaths due to “preventable injuries” are twice the national average.⁵⁰ The admission of abused women into shelters is eight times the national rate.⁵¹ The reported violent crime rate is five times the national average and the teenage pregnancy rate is twice the national average.⁵² It is likely that there are high rates of FAS children as up to 30% of all NWT women drink during pregnancy.⁵³ And the rate of sexually transmitted disease is very high compared to the rest of Canada.⁵⁴

These social problems have lead the Government of the Northwest Territories Department of Health and Social Services to predict that, among other medical expenses, up to 50% of all NWT residents will need mental health services by 2008.⁵⁵ The number one reason for all male hospital admissions right now is mental health disorders.⁵⁶

⁴⁴ Statistics Canada, Census 1996.

⁴⁵ *Family Violence Statistics Report 2000/2001*, GNWT Health and Social Services, 2001. The NWT Status of Women reports that in 1996 27% of Inuit females, 23% of Dene females, 14% of Metis females, 11% of non-Aboriginal females in grades 10 and 11 said they had experienced forced sexual intercourse.

⁴⁶ “Working Together for Community Wellness, A Strategy for Addictions, Mental Health and Family Violence in the NWT,” GNWT Health and Social Services, March 2001.

⁴⁷ “New Directions: Healthy Choices, Health Promotion Strategy,” GNWT Health and Social Services, August 1999

⁴⁸ “Working Together for Community Wellness, A Strategy for Addictions, Mental Health and Family Violence in the NWT.” GNWT Health and Social Services, March 2001.

⁴⁹ “New Directions: Healthy Choices, Health Promotion Strategy.” GNWT Health and Social Services, August 1999.

⁵⁰ *NWT Health Status Report*, GNWT Health and Social Services, 1999.

⁵¹ “Family Violence Statistics Report 2000/2001,” GNWT Health and Social Services, 2001.

⁵² *NWT Health Status Report*, GNWT Health and Social Services, 1999.

⁵³ *Ibid.*

⁵⁴ *Ibid.*

⁵⁵ *Ibid.*

⁵⁶ *Ibid.*



World wide there is a clear relationship between income and health, between income disparities and inequalities in health status. This is true in Canada too, as stated in the Second Report on the Health of Canadians:

Studies suggest that the distribution of income in a given society may be a more important determinant of health than the total amount of income earned by society members. Large gaps in income lead to increases in social problems and poorer health among the population as a whole.⁵⁷

Although the average income in the NWT is approximately \$13,000 higher than for Canada as a whole, in communities other than Yellowknife, and the regional centres, average incomes are \$4,000 lower than the Canadian average and \$11,000 lower than the territorial average.

Income is tied to employment and education. Approximately 35% of the total territorial population 15 years and over do not have a high school diploma. Amongst the Aboriginal population this figures rises to 55%.⁵⁸ The graduation rate in NWT is 40% compared to 74% nationally. Recent economic development activity in the NWT has lowered the unemployment rate to 6.8% (as of May 2002); however, in predominantly Aboriginal communities, between 30 to 50% of the population over 15 are not working.⁵⁹ Overall 21% of the NWT population relies, to varying degrees, on government income support for survival.⁶⁰

In terms of housing, the Northwest Territories Housing Corporation estimates that about 20% of all NWT households are in “core need.”⁶¹ This is estimated to be twice the national average.⁶² Outside the regional centres, the number of households in core need rises to 44%.⁶³

In summary, key health issues identified by GNWT Health and Social Services in the *NWT Health Status Report* (1999) are as follows:

- high levels of poor personal health habits and risky behaviours (drinking, smoking, preventable accidents, etc.);
- poor social conditions (lack of housing, lack of community services, etc.);
- economic disparities (large gap between rich and poor, have and have-not communities, etc.); and
- lack of education and educational opportunities (limited educational opportunities and low grade levels, etc.).⁶⁴

From the perspective of the broad social and economic health determinants, progress has been made in education, and the economic prospects are beginning to look more favourable. However, many people living in small communities are still at economic disadvantage, and may be facing higher health risks as a result. The greatest challenge to

⁵⁷ “Second Report on the Health of Canadians,” Health Canada, 1999.

⁵⁸ *Highest Level of Schooling*, NWT Bureau of Statistics, October 1999.

⁵⁹ *Labour Force Activity*, NWT Bureau of Statistics, May 2002.

⁶⁰ *NWT Health Status Report*, G NWT Health and Social Services, 1999.

⁶¹ Core need is measured by monitoring problems of overcrowding, physical condition of the home and affordability. Households with one or more of these problems and total income below a community specific threshold are considered to be in core need.

⁶² *Report on Housing*, NWT Housing Corporation, GNWT, 1998.

⁶³ *Ibid.*

⁶⁴ *NWT Health Status Report*, GNWT Health and Social Services, 1999.

*population health in the forthcoming decade will likely be that of improving social conditions for the most disadvantaged communities, families and individuals.*⁶⁵

This is the current health and social context within which victimization and victim service delivery takes place.

3.1.4 Northwest Territories Historical Considerations

The original inhabitants of the NWT had a sustainable hunting/gathering lifestyle based on the natural rhythms of the land and seasons.⁶⁶ However, with the increasing impact of European culture in the region over the last 150 years, these lifestyles, and some of the traditions that support it, have been radically altered. First Nation, Inuvialuit and Métis participants at the June 2001 NWT Social Agenda Conference described the realities and the impacts of this cultural shift as follows:

*Generations of separation, institutionalization, dependence, dislocation and residential school experiences have traumatized people and have replaced the traditional culture of trust and respect with a culture of fear and oppression. The incarceration of offenders, removal of children from homes, use of elder facilities and shelters for women and children tend to mirror this sense of separation and dislocation from family. Foreign religions were forced on people, land skills were lost, new diseases killed many people and communities were forcibly relocated. As a result, the ability to transfer knowledge and understand societal, gender and cultural roles, life stages, sexuality and relationships has been diminished. There is a loss of connection to each other, to place and land because there is no communication and sharing ... collective family knowledge is lost and our collective cultural story is not widely known. These traumatic experiences have resulted in trouble with parenting and respecting women, the loss of traditional skills, difficulties with communication and sharing, language erosion, youth and elder problems, denial and silence, and in general, the normalization of traumatic reactions such as shame, guilt, distrust, anger, hate, bitterness, confusion, pain, blaming, denying, paranoia, partial and selective memory, unhealthy and risky lifestyles, addictions and abuse.*⁶⁷

In particular, First Nations and other Aboriginal groups pointed out the detrimental impact of residential schools on their collective and personal lives. Part of this impact is summarized in one Conference participant’s comment that “residential school resulted in five generations who don’t know how to parent ... there was guilt on the part of those who observed abuse at residential school and didn’t know what to do about it, so they did nothing.”⁶⁸ Residential schools, foreign religions and governments, a stationary (non-nomadic) lifestyle and a wage-based, capitalist economy has undermined collective and personal stability, traditional beliefs, relationships, roles and social norms.

Many northerners believe that this history of colonialism has been ongoing and contemporary forms of colonialism take the form of corporate control of land, as well as discriminatory government legislation and policy. They state that a form of neo-colonialism has arisen wherein

⁶⁵ *Ibid.*

⁶⁶ A more detailed description of the dynamics of this worldview and lifestyle, and its potential impact on victim service delivery, can be found in the Nunavut and Yukon chapters of this paper.

⁶⁷ *Honesty Takes Courage*, Social Agenda Conference Report, June 2001.

⁶⁸ *Ibid.*



previously colonized groups and individuals, with the help of ‘outside’ business and political interests, now oppress and control each other. In these circumstances, a variety of social problems⁶⁹ have become widespread and chronic.

Ongoing colonialism, discrimination and racism, corporate control of land, and government policies and programs such as the Indian Act and the NWT Act that withhold power and control from individuals, families and communities and destroy self reliance and mutual support, are part of the problem. In addition, the colonized have become colonizers, racism has become internalized and the previously oppressed are now the oppressors. In this situation, women, children and elders are powerless. Child sexual abuse at home as well as at residential school has devastated people. It is very hard to live two different lifestyles: the traditional Aboriginal lifestyle and the modern wage economy lifestyle ... poverty has become widespread. On top of this, there has been an overwhelming loss of loved ones and inter-generational grieving through untimely deaths, many due to the fracturing which has resulted from this colonial history.”⁷⁰

Like indigenous people the world over the Dene, Inuvialuit, and other Aboriginal peoples of the NWT, are now in the process of reclaiming their identity and traditions. Land claims and self government agreements are largely settled for the Inuvialuit people and some First Nations. The remaining First Nations, and Metis groups, are in the final stages of negotiating their agreements. The following section gives a brief outline of these agreements, and an overview of NWT First Nation origins and composition.

3.1.5 Northwest Territories Aboriginal Cultural/Linguistic Groups and Political Status

Those in a position to fund and develop victim services programs need to understand the cultures and government structures they will be dealing with in the near future. Some programs will most likely be negotiated with First Nation governments. Therefore, relevant details are provided here.

Aboriginal people in the Northwest Territories are descendants of several distinct cultural and linguistic groups. The two main indigenous groups are the Dene and the Inuvialuit.

The “Dene” are the indigenous First Nations people in this region of Canada. The traditional Dene name for this region is “Denedeh”, meaning land of the Dene. The Dene are comprised of several regionally based tribal councils and First Nations which reflect their traditional cultural affiliation. These tribal councils and First Nations are as follows: Deh Cho First Nations; Dogrib Treaty 11 Council; Gwich’in Tribal Council; NWT Treaty 8 Tribal Council; Sahtu Dene Council; Salt River First Nation. Each of these tribal councils and First Nations is in turn composed of between 4 and 10 smaller band offices or other First Nations.⁷¹

Dene in the NWT have treaty agreements with the federal government made in the late 1800s and early 1900s. These treaties are the basis for current self-government and land claim settlements in the NWT. Following is a brief description of the current status of each First Nation.

⁶⁹ NWT social problems are described in detail by service providers later in this chapter.

⁷⁰ *Honesty Takes Courage*, Social Agenda Conference Report, June 2001.

⁷¹ In addition, there are several Metis organizations in the NWT, some of whom are negotiating separate agreements with the federal government. See the Ministry of Aboriginal Affairs, Government of the Northwest Territories website www.gov.nt.ca/MAA.aboriginal%20directory for a full listing of all Aboriginal organizations in the NWT.

- **Deh Cho First Nations**
The Deh Cho First Nations are South Slavey descendants of Treaty 11 who have traditionally used and occupied the land in the Deh Cho area, the southwestern region of the NWT. They are currently negotiating a land, resources and governance agreement with the federal and territorial governments. Deh Cho communities include the larger settlements of Fort Providence, Fort Simpson, Fort Liard and the Hay River reserve. They also include the smaller communities of Nahanni Butte, Wrigley, Jean Marie River, Kakisa Lake and Trout Lake.
- **Dogrib Treaty 11 Council**
There are approximately 3,000 Dogrib who live mainly in the communities of Behcho Ko (Rae-Edzo), Wha Ti (Lac La Martre), Gameti (Rae Lakes), and Wekweti (Snare Lake) in the North Slave Region of the Northwest Territories (north of Great Slave Lake). The Dogrib are negotiating the first combined land claim and self-government agreement in the Northwest Territories, and North of 60°. This agreement will provide the Dogrib ownership of 39,000 square kilometres of land, including subsurface resources, and will also provide self-governing arrangements to the Dogrib. The Dogribs will create a single (tribal) government with jurisdiction over Dogrib citizens and Dogrib lands. The Dogrib Government will manage the development of resources and wildlife through co-management boards. It will have jurisdiction, or lawmaking authority, over Education, Adoption, Child & Family Services, Training, Social Assistance & Social Housing and Language Culture.
- **Gwich'in Tribal Council**
The Gwich'in people traditionally used and occupied lands in the Beaufort Delta area. They became signatories to Treaty 11 and settled outstanding interests associated with lands and resources when they negotiated the Gwich'in Comprehensive Land Claim in 1992. The 2,200 beneficiaries are currently represented through band councils that are administered under the *Indian Act*. The Gwich'in live in the communities of Fort MacPherson, Inuvik, Aklavik and Tsiigehtchic.
- **NWT Treaty 8 Tribal Council**
At the present time NWT Treaty 8 Tribal Council is composed of the Akaitcho Dene First Nations in Dettah, N'dilo,⁷² Lutsel K'e and Deninu Kue (Fort Resolution). The Akaitcho Treaty 8 Dene First Nations, Canada and the GNWT have explored common ground and reached consensus on the wording for a Framework Agreement. (The Akaitcho Dene signed Treaty 8 with the Government of Canada in 1900. However, some provisions in this treaty were not implemented. The governments have agreed to resolve outstanding land, resource and governance issues through negotiations.)
- **Sahtu Dene Council**
The Sahtu Dene occupy the region in central NWT around Great Bear Lake and the Mackenzie River. As signatories to Treaty 11 they settled the Sahtu Dene and Metis Comprehensive Land Claim Agreement in 1993. There are 2000 beneficiaries to this agreement in NWT. The Sahtu

⁷² Dettah, N'dilo are not listed in *Victim Services in the Territories: A Compilation of Contacts and Resources* as separate communities as they are located close to Yellowknife and receive the bulk of their services, including specialized services for victims, in Yellowknife.

3.2 Services Available in Northwest Territories Communities

3.2.1 Scope and Methodology

At the outset of the research process, a decision was made by the parties sponsoring and undertaking the research to consult all victim-centred services and all social/educational services in NWT that deal with victimized people as part of their overall mandate. This decision reflects the reality of governance and social development in the NWT, which runs the gamut from relatively well developed services in the 6 largest centres (Yellowknife, Rae Edzo, Inuvik, Fort Simpson, Hay River and Fort Smith) to an almost complete lack of services, including resident policing and health care, in the very smallest communities.

There are 30 communities in the Northwest Territories with a total population of 40,570 people.⁷³ As noted earlier, these communities are divided into six regions politically: Delta, Sahtu, Deh Cho, Dogrib, South Slave and North Slave or Yellowknife.⁷⁴ In recent years, each region has become increasingly autonomous in terms of responsibility for service delivery. Each region has its own health board and education board as well as other regionally focused and administered services. The regional authority in question receives its funding from the general revenues of the territorial government and is responsible and accountable to both the territorial government and its own regional boards. In some regions the health and education boards have amalgamated into “community services boards.”

This administrative picture is made more complex by the advent of First Nation and Metis self-government agreements in every NWT region. As described earlier, these self governments and land claim settlement areas generally correspond to the regions listed above. (There are some exceptions as some communities and sub-regions are making their own separate, stand-alone land claim and self-government agreements). As these agreements move towards implementation, many social services are being further devolved from regional and territorial authority to Metis and First Nation governments. This process is just beginning but is already impacting the administration of service delivery as each region devolves its services in a variety of ways. Questions about the role and purpose of the public territorial government versus First Nation and Metis self governments are still being answered.⁷⁵

A number of other factors also complicate service delivery in the NWT. Although some communities have winter roads, there are permanent all weather roads to only 9 NWT communities, all in southern NWT. There is an all-weather road joining some Delta communities (Inuvik, Tsiigehtchic and Fort McPherson) to Dawson City and Whitehorse in the Yukon, but it is not useful in terms of NWT service delivery. This means that residents in the remaining 21 “fly-in” communities are unable to access the services present in larger centres, including the recovery, educational and training opportunities that would develop their capacity to build the needed services in their own communities. There is air service to every community, but it is expensive.

⁷³ The territorial government, which states that the NWT population is closer to 42,083, disputes this NWT Census Canada population figure.

⁷⁴ The territorial government usually administers the Delta and Sahtu regions as one region and under a variety of names depending on the service in question: “Beaufort Delta,” “Inuvik Sahtu.” For the purposes of this inventory the 2 regions are listed together under the heading “Delta/Sahtu.”

⁷⁵ First Nations and Metis negotiate their land claim and self-government agreements directly with the federal government, not the territorial government.



This large number of small communities, spread over a large territory, with severe weather conditions, no road system and an increasing variety of governance and administrative structures makes consistent, effective service delivery to the general population, let alone to victimized people, extremely challenging.

The resulting inconsistencies in services can be seen in the document *Victim Services in the Territories: A Compilation of Contacts and Resources*.⁷⁶ The capital Yellowknife, with a population of 18,028 (45% of the territorial population), has a relatively full range of services for the public, and for victims of crime. The smaller regional centres (Rae Edzo, Inuvik, Fort Simpson, Hay River, Fort Smith) have each developed some level of similar services. Yellowknife and the other 3 largest regional centres (Hay River, Fort Smith, Inuvik) contain 73% of the total territorial population. In these four communities, there are shelters for abused women and children, victim services programs, community-based counselling, mental health, social services and addictions programs, youth programs, food banks, hospitals, several schools, NGO advocacy, educational and social justice agencies. They have resident probation officers, regional justice coordinators, courtworkers, RCMP and easier access to lawyers and legal aid. Yellowknife and Inuvik have Crown Victim Witness programs. These four centres also have active community justice committees and most have correctional programs and various treatment facilities, which take referrals from the entire territory. All these centres have Aurora College (post secondary education) campuses.

With these services in place, the four largest regional centres (Yellowknife, Hay River, Fort Smith and Inuvik) have less trouble attracting long-term, qualified people to stay, or come, to their town to help build the social infrastructure. The other smaller regional centres (Rae Edzo and Fort Simpson) have somewhat fewer services than the larger centres but relatively easy access as they are both on the road system, and Rae Edzo is only an hour from Yellowknife. It is the 24 smallest communities, 21 of which are “fly-in” only, that have more difficulty maintaining consistently functioning basic services such as health care and education, let alone building the type of programming necessary to address the high levels of victimization in the NWT.

The various governments (federal, territorial, First Nation, Inuvialuit and municipal) have attempted to address this situation in a variety of ways. The primary method has been to fly professional staff such as nurses, social workers, lawyers and others from a regional centre into the smaller communities on a regular monthly or weekly basis. Governments have also attempted to bring whole services, such as “mobile” addictions treatment programs into communities for several weeks at a time. They have also subsidized the training of local people in a variety of professional skill areas.

These realities have implications in terms of conducting an inventory of territorial services for victimized people. The universal services are theoretically available to all residents, although they may not be available in their own community. In most cases victims residing in these smaller communities will have to travel to a regional centre or Yellowknife to access these services and the other services listed under each main regional centre in the inventory.

⁷⁶ *Victim Services in the Territories: A Compilation of Contacts and Resources*, Mary Beth Levan, Ottawa: Policy Centre for Victim Issues and Research and Statistics Division, Department of Justice Canada, 2002.

This means that on a day-to-day basis the existing local service providers, namely schools, nursing stations, social services and some First Nation band offices/governments provide their mandated service, and whatever extra services they can manage, to the local population. (Remember that not every community has even these basic services.) As such a high percentage of the NWT population has a history of victimization, this means that service providers resident in the community, whatever their designated role, are providing the only available service to victims.

As a result, the decision was made to contact schools, nursing stations, social service offices and First Nation and Inuvialuit social programs in the regional centres outside Yellowknife and in the 24 communities with limited services. Within Yellowknife only those services were contacted which offer either a universally available service, or a victim-centred program.

A total of 29 key service providers from agencies, whose mandate is service to victimized people, were interviewed in person during April and May 2002.⁷⁷ As well, seven victims of crime were interviewed in person.⁷⁸ These respondents were from the following communities:

- Yellowknife: 18 service provider respondents and 1 crime victim;
- Hay River: 3 service provider respondents and 2 crime victims;
- Fort Smith: 2 service provider respondents and 2 crime victims;
- Fort Good Hope: 1 service provider respondent and 1 crime victim;
- Inuvik: 3 service provider respondents and 1 crime victim;
- Tuktoyaktuk: 1 service provider respondent; and
- Fort Providence: 1 service provider respondent.

In addition, ten service providers, who offer a universal service that may include victimized people, were contacted by phone and email for a description of their service.⁷⁹

The inventory of all territorial services, whose mandate is not specifically service to victims, identified 141 service providers, from all 30 NWT communities, for contact. Of this total, responses were received from 111 territorial service providers.⁸⁰ The responses in each region and community are organized as follows:⁸¹

- Delta/Sahtu Region
 - Aklavik: 5 responses from 5 identified services;
 - Colville Lake: 1 response from 2 identified services;
 - Deline: 3 responses from 4 identified services;
 - Fort Good Hope: 5 responses from 6 identified services;
 - Fort McPherson: 6 responses from 6 identified services;
 - Holman: 4 responses from 4 identified services;

⁷⁷ See Appendix A for the names of these key service providers.

⁷⁸ These interviews were confidential and so the names are not listed in Appendix A.

⁷⁹ See Appendix B.

⁸⁰ Each identified service was contacted for an interview up to 3 times.

⁸¹ There are 32 communities listed here. Enterprise and the Hay River Reserve are mostly administered by Hay River and are not usually counted as separate communities. In addition, the Hay River Reserve has some of its programs administered by the Deh Cho Region as the First Nations people on the reserve are of South Slavey descent. However, on a day-to-day basis, the Hay River Reserve is normally regarded as a South Slave Region community.



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- Inuvik: 8 responses from 9 identified services;
 - Norman Wells: 2 responses from 4 identified services;
 - Paulatuk: 2 responses from 3 identified services;
 - Sachs Harbour: 2 responses from 2 identified services;
 - Tsiigehtchic: 2 responses from 3 identified services;
 - Tuktoyaktuk: 5 responses from 6 identified services;
 - Tulita: 4 responses from 5 identified services;

 - Deh Cho Region
 - Fort Liard: 4 responses from 4 identified services;
 - Fort Providence: 5 responses from 6 identified services;
 - Jean Marie River: 2 responses from 4 identified services;
 - Kakisa Lake: 1 response from 2 identified services;
 - Fort Simpson: 4 responses from 6 identified services;
 - Nahanni Butte: 1 response from 2 identified services;
 - Wrigley: 1 response from 2 identified services;
 - Trout Lake: 3 responses from 3 identified services;

 - Dogrib Region
 - Rae Edzo: 3 responses from 5 identified services;
 - Gameti: 3 responses from 4 identified services;
 - Wha Ti: 3 responses from 3 identified services;
 - Wekweti: 2 responses from 3 identified services;

 - South Slave Region
 - Enterprise: 1 responses from 1 identified services;
 - Hay River Reserve: 3 responses from 4 identified services;
 - Hay River: 7 responses from 9 identified services;
 - Fort Resolution: 3 responses from 3 identified services;
 - Lutselk'e: 2 responses from 4 identified services;
 - Fort Smith: 5 responses from 8 identified services; and

 - Yellowknife Region
 - Yellowknife: 9 responses from 9 identified services.⁸²

Contact numbers and other pertinent information were taken from several NWT directories focused on the provision of social service information. These directories include:

⁸² In Yellowknife, as noted earlier, only those services offering a victim-centred program were contacted.

- “NWT Help Directory” published by Government of the NWT, Health and Social Services;
- NWT Status of Women phone list;
- Government of the Northwest Territories website at www.gov.nt.ca;
- “NWT Social Programs and Services: A Living History” published by the NWT Social Agenda Working Group in May 2002; and
- NorthwesTel phone book “Blue Pages.”

3.2.2 Inventory Findings

Details regarding each service interviewed for this research can be found in *Victim Services in the Territories: A Compilation of Contacts and Resources*.⁸³ Insights interviewees shared regarding successes and obstacles to service provision can be found in the following sections of this chapter. Their recommendations for service provision to victimized people can be found at the end of this chapter. In addition, many respondents shared their understanding of informal and traditional ways of dealing with victims.

Traditional and Existing Informal Victims Services in Northwest Territories

The purpose of gathering information on traditional First nations, Métis and Inuit ways of dealing with victimization is to explore approaches that may have worked in the past, and that therefore might be built into the design of any new victim-centred services. The purpose of gathering information on current informal ways of dealing with victims is to understand how gaps in contemporary formal services are being addressed. Given the degree of need, and the competing demands for limited resources, it is important to learn from, and to build on, the informal supports that have worked in the past, and continue to work in the present.

The information in this section is based on interviews with Territorial First Nations, Métis and Inuit people, most of whom are currently key service providers in NWT. Their names are among those listed in Appendix A. Other respondents include women who were, or are, victims of interpersonal violence. The largest group of respondents are those community-based service providers contacted during the inventory of NWT service providers (see Appendix B).⁸³

Traditional Approaches to Dealing With Victims in Northwest Territories⁸⁴

- *“In terms of Dene law ... people in those times did not expect abuse to be an issue because it was understood that a person should not dishonour their relatives.”*
- *“I understand that if a woman in a family had been harmed, it was appropriate for her father or for an older male in the family to speak on the woman’s behalf in terms of addressing the harm done and what might be done to right the wrong.”*

⁸³ The full list of Nunavut community-based service providers can be found in *Victim Services in the Territories: A Compilation of Contacts and Resources*, Mary Beth Levan, Ottawa: Policy Centre for Victim Issues and Research and Statistics Division, Department of Justice Canada, 2002.

⁸⁴ For more information about culture, and its implications for victim service delivery, see the Nunavut and Yukon chapters of this paper.



- *“If you told your mother about being abused, she wouldn’t believe you ... so mostly people didn’t tell.”*
- *“Pain and trauma was called something else, like “drunk” ... others need to see and connect pain to behaviour ... we need to be able to understand the circumstances.”*
- *“The family unit was strong in the bush, caring and sharing, but in the urban environment the sense of connectedness and sharing is weak.”*
- *“They weren’t assisted until recently ... they had to figure things out themselves.”*
- *“No assistance ... they stayed in the tent and hid ... you were not allowed to talk about it.”*
- *“Elders would sometimes intervene.”*
- *“Many people would deal with trauma by drinking and drugs, and not talk to anyone about the trauma for fear of criticism ... people felt shame so they didn’t tell.”*
- *“They weren’t assisted ... they had to work it through themselves.”*
- *“Very little help was given to victims, although it was understood that a woman’s brothers were supposed to protect her.”*
- *“People talk about getting beat up in public and having others walk by them without helping or stopping the abuse.”*
- *“The RCMP used to say to women that they just had to go home and live with it.”*
- *“The health professionals used to help them before there was counselling available.”*

There are a variety of opinions regarding the extent to which the victimized people of northern Canada were supported and assisted in traditional times, prior to the advent of colonial intrusion in the mid-1800s. Some respondents, referring to both Inuvialuit and Dene customs, say that women were traditionally treated with respect and that any abuse would meet with the disapproval of her family and the elders. Others say that wife assault, sexual assault and child abuse was not acknowledged by the wider group and victims had to cope on their own.

It is widely understood that the various Dene tribes throughout the Mackenzie valley area, known traditionally as Denendeh, had their own system of law and dispute resolution, which included honouring one’s relatives and protecting them from harm. And it is also known that elders, spiritual leaders and medicine people played an important mediation, support and directional role within each tribal group. A few respondents stated that it was the role of the senior men, fathers and older brothers, to address the issue of violence against the women in their family.

However, some respondents believe that, despite these generally accepted rules for social interaction, there was not a universal attitude of sympathy, or assistance, for Dene women or children, or other powerless people, who suffered abuse at the hands of others. Most respondents

believe they suffered in silence and attempted to avoid the gossip and intimidation that could result from any sign of violence or upset in the family unit. Apparently this attitude did not change a great deal with the advent of the RCMP in the Northwest Territories in the early 1900s. At that time, according to respondents, wife assault was considered a family matter in which the police did not intervene. However, when health professionals were placed in the north by the federal government, in the mid 1900s, some support was offered to abused women and children.

The Inuvialuit had social norms similar to the other Inuit peoples bordering the Arctic Ocean, Hudson Bay and North Atlantic.⁸⁵ These norms were not dissimilar to those of the Dene, and other land-based indigenous cultures the world over. Gender roles were very clear and marriages were, according to most respondents, arranged between families, often at birth. Some violent and inappropriate behaviour may have been tolerated when the person in question was of some value to the group in terms of hunting skills, or because they had special abilities, such as the ability to locate game or cure illnesses. And as with the Dene, Inuvialuit elders and spiritual leaders made most major decisions and provided direction within their own small group of families. Respondents say that it was not unknown for elders to intervene in violent situations, although whether they intervened in situations of wife assault, child abuse or sexual assault is not clear. (Some respondents say these types of problems did not exist amidst the Inuvialuit in pre-colonial time. Others say they were common.)

One thing that is clear, in both Inuvialuit and Dene culture, is that everyone understood implicitly the importance of working together as one unit if they were to survive the harsh conditions of northern Canada. Towards that end each person was expected to put their own needs and problems after the needs and problems of the group. It might be reasonable to assume therefore that violent or unhappy situations were not addressed unless they threatened that cohesiveness.

Existing Informal Methods of Dealing with Victims in Northwest Territories

- *“People have customized their own healing journey by getting support, contacting others who had been abused and getting help and advice from them.”*
- *“Traditionally Aboriginal people strove to continue to better their lives, their tools and adapt accordingly ... we never clung to things that were not working ... now there seems to be a tendency to cling to the past ... people may want to go back to something that perhaps did not work originally as well as we thought.”*
- *“I started to help myself and others who had been abused after my friend committed suicide as a result of the abuse he’d been through as a child.”*
- *“There is too much blaming ... some things are our own fault.”*
- *“The family won’t help sexual assault victims ... they shun them.”*
- *“The whole community knows what is going on and they support the accused.”*

⁸⁵ See the Nunavut chapter of this paper. Also see *Interviewing Inuit Elders, Perspectives on Traditional Law*, Nunavut Arctic College, Iqaluit, Nunavut, 1999.



- *“In the North, the victim is not supported by her family although there may be some support in the community.”*
- *“Victims are ostracized and stay home ... the community power bases don’t allow informal interference and women don’t leave.”*
- *“The traditional belief systems combined with Roman Catholic beliefs gets in the way.”*
- *“Because of the prevalent ‘blame the victim’ attitude amongst the more powerful in our Northern society I suspect there are still a large number of victims, especially in small communities where there are limited services, who simply suffer in silence.”*
- *“There is an attitude of lets not embarrass the family of the accused.”*
- *“With increased income at the diamond mines, there is more violence ... men at camps set up spy networks back home to watch and control their wives and girlfriends.”*
- *“I don’t see a lot of support ... women tell me that agencies do not help a lot and are not delivering proper programs.”*
- *“It’s hard to get something going in the more traditional communities.”*

Within the last 20 years, since 1980, there has been a growing awareness amongst NWT service providers, although not necessarily the public, about the wide variety of victim issues in the territory. These issues, according to respondents, are:

- the root causes of the high rates of addictions, suicide and mental health issues;
- the depth of residential school trauma resulting from the high levels of child sexual, physical and emotional abuse that took place in these institutions from 1929 up to 1996;
- the prevalence and long-term effects of spousal assault, sexual assault and child sexual abuse within families and communities; and
- the long-term consequences of family violence on children.

This awareness has given rise to a growing variety of services. However, most service providers agree that the majority of victimized people in the NWT do not have access to these services, don’t know about them, or are afraid to use them. They report that in most cases families and communities will not support victims and will often go further to shun, blame and shame the victim. This is reported to be the reality in the majority of small communities and, to a lesser extent, in the larger communities too.

However, in the largest centres (Yellowknife, Hay River, Inuvik, Fort Smith and Fort Simpson) respondents believe they are seeing a steady shift in this attitude. They report that while families are still reluctant to help family members who speak up about abuse there are now many more community women, and men, who will defend the victim, advocate for services for them and assist with housing, money, childcare, transportation and other necessities. Some will even go to court

with the victim. This is a risky undertaking as the family of the accused, and other community members, often attempt to intimidate victims, and their supporters, throughout the court process.⁸⁶

In smaller communities, however, where the victim and her family are being pressured to drop charges, or are otherwise threatened, victim support may mean moving the victim, whether a child, teen or adult, permanently to a larger town in the region. This saves them from the harassment of the community, and the perpetrator’s family, and also allows them greater access to services such as counselling, housing, employment and education.

In terms of this phenomenon, some respondents said that the support and assistance given to victims is dependent on their place within the community power hierarchy. That is, victimized individuals belonging to the least powerful families are more blamed, shunned and intimidated than victims belonging to the more powerful families. However, not every respondent agreed with this perception saying that all victimized people in smaller communities, regardless of the status of their family, are ignored or threatened into silence and obedience.

Victims are further disadvantaged by the chronic lack of housing in all communities, large and small. Even if it were considered acceptable to leave an abusive relationship, there is nowhere to go. And not all communities have shelters or family violence programs. (There are five shelters for women and children in the NWT and four Victim Services programs, all in larger centres.) These shelters and programs are often accused of “breaking up families” and attempts to start new shelters or programs are often strongly opposed by powerful community members.

To complicate matters, several respondents wondered if all community-based support programs were really delivering a service. They report that victimized people have told them that when they approached some agencies for service, they were ignored. Instead of receiving the mandated assistance, or even given a referral, they are sent home. One respondent noted that the local hospital has even turned away severely beaten women who needed hospitalization.

However, respondents see hope in a number of community and regionally based developments. For example, residential school abuse survivors are encouraged and supported through several community-based healing circles which have been funded by the national Aboriginal Healing Foundation. Correctional facilities, and many addictions and mental health programs, are increasingly relying on Native spirituality and an Aboriginal, holistic approach to healing. Women’s shelters, and other victim service providers, have banded together to raise public awareness at the local level and have started some support groups for abused women. In some towns people are volunteering to work with programs which assist victimized community members. There are more conferences and workshops on victim issues, and the territorial government recently held a major conference on the social conditions in the NWT.⁸⁷

Respondents working directly with victimized people also report that an increasingly common reaction to family violence, sexual assault and child abuse is the migration of families into Yellowknife and, to a lesser extent, into the major towns in each region. These families are mostly

⁸⁶ Several respondents described this phenomenon, which sometimes includes cursing the victim with “bad medicine.”

⁸⁷ This was the “Social Agenda Conference” held in Hay River in June 2001. Documents resulting from this conference and a subsequent working group are listed in the Bibliography.



women and children with a history of victimization, but some men are migrating too. The current estimate is that three to four families per week are moving into Yellowknife.⁸⁸

These families may move back to their smaller community but eventually reappear and settle more permanently in Yellowknife. Almost all of these migrating families are Dene or Inuit. Whatever their origin or ethnic group, this migrating phenomenon is, according to respondents, creating a sub-dynamic of its own. The reality of several families living in one small public housing unit often leads to evictions and stresses the already desperate housing shortage. Most migrating families also have a vast array of needs: financial, employment, education, medical, and transportation. And many are lacking the basic life skills, experience and information needed for life outside a small community.

Perhaps the best way to summarize the situation in terms of informal assistance to victims of crime would be to say that a change in the public attitude about victimization, and therefore a shift in behaviour towards them, is in its beginning stages. Most formal programs, aside from police, health centres, schools and some women's shelters, are still in their infancy. As a result, the effects of their programming, and sheer presence, cannot yet be measured. Likewise, the formal acknowledgement by public and First Nation governments of the serious social conditions in the NWT is a relatively new phenomenon. To put things into some northern perspective, it appears that informal systems of support for victims, and for that matter, formal systems of support, appear to be more developed than they are in Nunavut, and less developed than in Yukon.

Current Formal Services Available in Northwest Territories Communities

The formal services available to victims include:

- 8 women's shelters and family violence programs;
- 4 community-based victim service programs;
- 2 Crown Victim Witness Assistant Offices;
- 7 advocacy and information services;
- 6 treatment programs;
- 10 counseling and mentoring programs; and
- non victim-focused community-based services in each of the 30 NWT communities (e.g., schools, nursing stations).

The following discussion provides details for each of these types of services.

Women's Shelters and Family Violence Counselling/Advocacy Programs

There are a total of eight family violence programs in the NWT. Five of these programs are residential shelters for abused women and their children. The remaining three are counselling/advocacy programs that focus on family violence prevention. These programs are located in Yellowknife, Fort Smith, Hay River, Inuvik, Tuktoyaktuk, Aklavik, Fort Good Hope

⁸⁸ This estimate is by staff at the Yellowknife Women's Centre, which is known throughout Nunavut and NWT as the starting point for basic needs, advocacy and referral to services. Those working in direct service delivery report that over 50% of these migrating families are from Nunavut. These families may initially get a one-way ticket to Yellowknife for medical or other reasons, but then decide to stay with the growing population of Inuit families in that city. There are no statistics on the number of Inuit families in Yellowknife although the estimate is that there are now more than 500 families there, a radical increase in numbers since 1999 when division of the NWT occurred.

and Fort Providence. All shelters take referrals from anywhere in the territory and also from Nunavut. (Costs for Nunavut residents are billed back to that government by the regional health boards, which have administrative responsibility for these programs. Costs to send women to out of town shelters are born by the health board in the client’s region.) All shelters have between 5 and 12 beds. The shelter in Hay River has a second stage house where 2 families can reside for up to 6 months as they make plans for independent living. The shelter in Yellowknife, run by the YWCA, can access emergency apartments, also run by the YWCA, as potential second stage units for clients. (There is, however, a 60-person waiting list for these apartments due to the housing crisis in Yellowknife.)

All shelters offer group counselling, support groups, individual counselling, advocacy, referral, childcare programs, public education, training workshops, crisis lines, drop in support and some recreational programming. They have between 3 and 10 full-time staff members with on-call staff for emergencies, evenings and weekends. In 2000/2001, there were 257 women and 364 children admitted to NWT shelters for a total of 8,343 bed/nights.⁸⁹

The three non-residential counselling/advocacy family violence programs offer healing circles, one-to-one counselling, advocacy, referral and public education. Some offer family focused recreational programs. Each of these three programs has one staff person each.

The Family Violence Prevention Program and women’s shelters were started in the late 1980s, and together with the women’s shelters in Nunavut, they form the advocacy group known as SEDNA: Family Violence Prevention Workers Association.

Victim Services Programs

Formalized victim-focused services came into being in the NWT in 1992. At this time, there are four community-based victim services programs located in Yellowknife, Hay River, Fort Smith and Inuvik. These programs serve communities in their surrounding region, although there is no budget for travel. Victimized people, who are able, come to the nearest centre for service. The Yellowknife Victim Services program has two full-time staff members while the other programs have one full-time staff member each. Each program also trains and employs between two and eight volunteers who work some evenings and weekends. These programs offer lay counselling, court support, assistance with Victim Impact Statements, referral, crisis intervention and ongoing follow-up.

In 2001, these programs saw 200 victims in Yellowknife, 135 victims in Fort Smith and 159 in Hay River. The program in Inuvik started in January 2002 and has assisted 26 people to date (June 2002).⁹⁰

Crown Victim Witness Assistant Offices

There is a Crown Victim Witness Assistant Program in Yellowknife and in Inuvik. Each program has one full-time staff member who assists victims of crime with Victim Impact

⁸⁹ 2000/2001 Family Violence Statistics Report, Health and Social Services, GNWT.

⁹⁰ Statistics from Victim Services Coordinator, Community Justice Programs, Justice GNWT.



Statements, the court process and the logistics of court appearances. They offer support to victims and refer them to existing services for follow up.

Advocacy/Information Services

There are several advocacy and information services available to territorial residents. Most are located in Yellowknife and all provide other services in addition to their advocacy and information roles. The NWT Status of Women Council, located in Yellowknife but with a territory-wide board, has four staff members and provides advocacy, referral and general human rights oriented support to all territorial women on a drop-in and phone-in basis. This includes, full-time research and program development staff person and a staff person, with a travel budget, who is responsible for developing community-based women's groups and feminist-oriented educational opportunities in all NWT communities.

The Yellowknife Women's Centre also plays an advocacy and educational role throughout the territories (along with other programming described below.) With 19 full-time staff they work with up to 75 women per day and 400 families per year. The majority of their advocacy work is with marginalized (poor, addicted, abused, unskilled) women and children. Many of these families have recently migrated to Yellowknife at what the director estimates to be three to four new families per week. At this time, the estimate is that 60% of these families are from Nunavut, specifically the Kitikmeot region, which is air linked directly to Yellowknife. The perception of the Women's Centre is that women and children (and some men) are coming to access services unavailable in Nunavut. The remaining 40% of migrating families are from smaller towns within the NWT and some from Alberta. All of these families require a wide range of basic services and many need specialized services as well. The Women's Centre advocates for them in finding housing, jobs, income support, health care, legal resources, transportation, childcare and other services.

The Yellowknife YWCA also plays a major territorial role in terms of advocacy. Many abused women prefer to come to the shelter in Yellowknife as it is more anonymous and has links to a wider range of services than regional shelters. The Yellowknife YWCA, with a transitional housing program for low-income families, a trauma recovery program and programs for people with disabilities (described below), plays a major advocacy role for victimized people across the territory.

Neither the Yellowknife Women's Centre nor the Yellowknife YWCA have regional offices, and people have to come to Yellowknife to access their services.

The NWT Legal Services Board offers legal aid services, a free territory-wide legal information law line, public legal information and a courtworker program to all territorial residents. There are courtworkers based in eight NWT communities besides Inuvik and Yellowknife.

The NWT Fair Practices Office offers information and will advocate for individuals in the areas of human rights, labour relations and related areas. A Yellowknife law office is contracted by the government to deliver this service. A territorial *Human Rights Act* was recently enacted by the territorial Legislative Assembly but is not yet staffed or operational.

Territorial Friendship Centres also play an advocacy/educational role. They are located in Fort Smith, Fort Simpson, Hay River, Yellowknife, Inuvik, Rae Edzo and Fort Providence. Those offering advocacy or other services to victims are listed in Appendix B (a full description is provided in the companion document to this report, the Victim Services in the Territories: A Compilation of Contacts and Resources) under the town where they are located. The Friendship Centre in Fort Smith sponsors the Victim Services Program in that town. The Friendship Centre in Hay River offers specific advocacy services to marginalized people. The Friendship Centre in Fort Providence sponsors the “Family Life Program,” a family violence prevention program.

The Canadian Mental Health Association, NWT Branch operates a nightly territory-wide help line with advocacy information, referral and HIV/Aids information.

Treatment Programs

There are several territorial residential, and non-residential, treatment programs available to all territorial residents. At this time, there is one adult addictions treatment facility, Nats’ejee k’eh Treatment Centre, located on the Hay River Reserve (Katlo Deedhe First Nation). With 20 staff and 42 beds, it offers a 28-day program based on both Aboriginal spiritual traditions and western therapeutic interventions. It also runs treatment follow-up programs and a 24-hour crisis line. It serves approximately 30 people per month and 300 people per year. It is funded by the Deh Cho Health and Social Services Board.

Somba Ke’ Healing Lodge, outside Yellowknife, is also a residential treatment facility specializing in the rehabilitation of federal inmates referred by Corrections Canada. It has 12 staff and 28 beds. It has the capacity to deliver other specialized programs such as addictions treatment and trauma recovery to the general public, and is now moving into that area.

The Grollier Hall Residential School Healing Circle, a non-residential program also based in Yellowknife, offers advocacy, legal and emotional support to people abused as children at Grollier Hall Residential School. They have approximately 76 ongoing clients throughout the territory pursuing lawsuits against the Catholic Church and participating in various trauma recovery programming. One staff member is designated as a victim advocate and oversees the recovery process of the residential school survivors. This position is funded by Victim Services, NWT Justice. Other aspects of the program are funded by the Aboriginal Healing Foundation.

Bosco Homes, with headquarters in Alberta, operates 2 territorial treatment facilities on contract with the territorial government. One is for children and the other for teenagers. They are located in Yellowknife and Fort Smith respectively. These programs are intended for traumatized children with emotional and behavioural difficulties. Each can take up to 10 children at a time and most stay in the programs for three to 10 months. They accept referrals from throughout the territory. These programs are delivered on contract from regional health boards.

The Yellowknife YWCA “Women and Children’s Healing and Recovery Program” is available to all territorial women and their children. With a variety of components for both women and children they can offer non-residential trauma recovery and life skills programming on an individualized and group basis for up to 12 months. (Women from outside Yellowknife have



some difficulty in attending due to the housing shortage in Yellowknife.) With 7.5 staff this program is able to offer individual therapy, group counselling, life skills and parenting programs, case management, advocacy and crisis intervention for both women and their children. This program is funded by the territorial government through the Yellowknife Regional Health and Social Services Board.

Counselling and Mentoring Programs

In the NWT, each of the six Health and Social Services Boards fund a variety of counselling and mentoring programs. They are all listed and described in “Victim Services in the Territories: A Compilation of Contacts and Resources” under the community in which they are located. They are:

- Women and Children’s Healing and Recovery Program, Yellowknife;
- Yellowknife Women’s Centre, In Home Support Program, Yellowknife;
- Yellowknife Counselling Agency, Yellowknife;
- Inuvik Family Counselling Centre, Inuvik; and
- Regional Mental Health and Addictions Services in: Inuvik, Yellowknife, Fort Simpson, Rae Edzo, Hay River, and Fort Smith.

Non Victim-Focused Community-Based Services

Non victim-focused, community-based services made up the largest proportion of the NWT inventory of services. In each town outside Yellowknife, schools, health centres, counselling programs, wellness programs, social services offices and mental health programs were contacted, if they were present in the community. For 26 of the 30 NWT communities, these services are the only locally available sources of safety, stability, recovery, support, advocacy and information.

Approximately a third of all schools have at least a part-time school counsellor who works with parents and children. Otherwise, schools attempt to address victimization issues in the student population through a variety of methods, namely, structured and individualized programming, breakfast and lunch programs, recreation programs, student trips, culture and language programs, elder/youth programs, and talking/sharing circles.

Nursing stations, or health centres, also do not have the ability to deliver specialized services to victims outside of basic health care and some supportive lay counselling. They do refer people to social services but cannot arrange for removal of a victim to a shelter. (Only the regional Health and Social Services Boards have that authority.) They report suspected child abuse cases to the Health and Social Services Boards through community-based or “fly-in” social services workers.

Some communities also have counselling programs, wellness programs, addictions and mental health programs, some on a “fly-in” basis only. Wellness programs, such as Health Canada’s Prenatal Nutrition Program and Aboriginal Headstart, and counselling programs, administered and funded by the Aboriginal Healing Foundation, are sponsored on a year-to-year basis by a variety of local agencies. First Nation band offices and self governments, Metis Nation offices,

and Friendship Centres are the main sponsors, although in some communities municipal governments and other organizations have started to sponsor these programs. Addictions and mental health programs (noted in the previous section) are administered, delivered and funded by regional Health and Social Services Boards. Some communities have resident addictions and mental health workers but for many communities these services are on a “fly in” basis only. These are largely one-to-one counselling, referral and advocacy programs. Where the addictions and mental health workers reside in the community, there is the possibility to do more regular group work and offer more consistent programming and follow up.

All NWT communities receive social services on a residential or “fly-in” basis. Social services workers are primarily concerned with child welfare and services to the aged and handicapped. They offer some counselling services to victimized people and can refer them to territorial treatment programs and/or women’s shelters.

Successes in Victim Service Delivery

Respondents noted a number of successes in victim services delivery. Specifically noted were increases in the number of victim assistance programs, an increase in victim recovery, improvements in public awareness, stronger service providers and caregivers, more trauma treatment programs, and more appropriate sentencing. Each of these advancements in victim service delivery is discussed in more detail below.

More Victim Assistance Programs

- *“We have a 100% rate of success because the women we work with are still alive.”*
- *“Its heartening to watch my referral rates going up each month.”*
- *“In the communities where there are victim services, it is a dedicated service, meeting the needs of victims of crime and their families.”*
- *“People know about our Victim Service program now and they phone.”*

Within the last decade, four community-based Victim Services programs were developed by the government of the Northwest Territories through the Community Justice Division of the Department of Justice. These programs have facilitated victim involvement with the criminal justice system and with the Crown Attorney’s office, the RCMP and other community services as needed by the victim. They have trained coordinators and each program has a group of trained volunteers for the provision of 24-hour service. They work in coordination with local community justice committees, where they exist, and with family violence prevention workers, women’s shelters and other community-based services. As a result, victims in the four communities where Victim Services programs exist have increased access to assistance from the time of the offence, throughout court, and beyond if necessary.



Increased Victim Recovery

- *“It is amazing to see these people going to counselling and going to school after everything they have been through.”*
- *“Women are leaving.”*
- *“Victims have become more assertive and maintained their rights for protection and justice.”*
- *“I’ve seen people turn around after they’ve dealt with their underlying issues ... native spirituality combined with therapy helps a lot.”*
- *“The women attending the trauma component display remarkable courage on a day-to-day basis.”*
- *“I see more victims getting courage and I see more support in the communities.”*

Respondents who work with victimized individuals say they have seen a significant number of people who have used their services ‘get their lives together.’ Many have had to leave their families and communities, but those who have done so, and sought services in larger centres, and even some who have not left, do recover over time, according to respondents. In addition, service providers say they see more women permanently leaving abusive relationships and becoming more assertive with relatives and friends.

According to respondents, this victim recovery is the result of increased public awareness about victimization and family violence, the growing prevalence of treatment programs that employ both Aboriginal spirituality and western therapeutic interventions, the wider availability of Victim Services programs, the victim’s relocation to a larger centre, the impact of the women’s shelter and feminist movements, the advent of trauma treatment programs, and the efforts of advocacy groups such as the Yellowknife Women’s Centre and the YWCA.

Improved Public Awareness

- *“There is more awareness in our target population.”*
- *“It is more public now and not as hidden ... there is greater awareness of the options ... and the truth.”*
- *“There are organized women’s group ... there are marches and Family Violence Awareness Week.”*
- *“There is recognition now of how children suffer.”*
- *“There is a statement in the legislature about Zero Tolerance for violence.”*
- *“People are talking more about abuse and I hear the judge making more speeches about how hurtful it is to abuse others.”*

Respondents note that the public is now much more aware of the widespread child sexual, physical and emotional abuse that occurred over several generations in residential schools throughout the territories. They report that they see the public waking up to the issues of spousal assault and sexual assault. And they are sensing a change in the attitudes of women about their own rights, and the rights and needs of their children.

The 16-year presence of territorial family violence programs and women’s shelters, and the presence over the last decade of community-based Victim Services programs has encouraged the public to take a more supportive stand towards victims. A relatively new initiative, Family Violence Awareness Week, sponsored by the recently formed NWT Family Violence Coalition⁹¹ has done a great deal to put abuse issues front and centre. The Victims’ Assistance Conference of March 2001 went a long way towards raising awareness of victim issues. In addition, the recent Social Agenda Conference of June 2001, attended and supported by both the territorial government and First Nation governments, made a statement that governments, and the political leadership, is recognizing the social problems of the NWT. As well, and according to respondents, territorial judges are taking the issue of interpersonal violence more seriously.

Stronger Service Providers and Caregivers

- *“The shelter staff coming for training are no longer beat up.”*
- *“Women in the community are more likely to help out now and even do some advocacy.”*
- *“We have good working relationships with other agencies.”*
- *“We have pestered the RCMP long enough that now they have in place a sound policy for referring victims of crime.”*

Respondents providing direct services to victimized individuals, and support to caregivers in smaller communities, say that community-based caregivers are getting stronger and more determined to advocate for victimized community members. A few respondents noted that unlike 15 years ago, caregivers and service providers coming into larger centres for training courses or meetings are no longer arriving with bruises and other signs of a recent beating.⁹² In addition, some women’s shelters now have more stable staff and a lower rate of staff turnover.

Some respondents also state that working relationships with other service providers is improving. They see more collaboration around service delivery and the coordination of services for individual clients. They believe the RCMP have become more responsive around the issues of spousal and sexual assault. And in some communities interagency committees have formed and are making spousal assault and child abuse a priority.

⁹¹ The Family Violence Coalition is a lobby, planning, coordinating and research group made up of Victim Services programs, women’s shelters, the Status of Women Council, the territorial departments of Justice, Health and Social Services and Education, Culture and Employment, RCMP, Human Resource Development Canada, YWCA, Yellowknife Women’s Centre and the Salvation Army.

⁹² When the women’s shelter movement first started in the NWT, about 16 years ago, shelter staff would come to training sessions beaten. Their partners and other family members would do this to discourage their attendance at the training and to attempt to stop the progress of the shelter in their community. Although this still happens from time to time, it is no longer predictable.



This increasing stability amongst service providers and caregivers has led to, and been strengthened by, the formation of several advocacy, lobbying and coordinating groups: the NWT Family Violence Coalition (described above), namely, the Sedna, Association of Family Violence Prevention Workers,⁹³ the NWT Association of Social Workers, the Social Agenda Working Group,⁹⁴ the NWT Social Planning Coalition,⁹⁵ and the NWT Association of Psychologists. Virtually all these groups were formed in the last five to seven years.

More Trauma Treatment Programs

- *“Its great to finally see some long-term and residential treatment options for traumatized people ... the Women’s Healing and Recovery program in Yellowknife has helped a lot.”*
- *“The trauma treatment programs are a success ... we recently had 46 people participate in a healing lodge.”*
- *“People are receiving treatment for the trauma and the consequences that have happened after the trauma.”*
- *“Women do relocate, they attend, they persevere and they complete the program ... most of them meet many of their goals ... their work is inspiring.”*

Respondents feel the development of several trauma treatment programs, during the last ten years, has been a major success. Each program reports that they’ve seen many participants turn their lives around dramatically. These programs include the Women and Children’s Healing and Recovery Program sponsored by the Yellowknife YWCA and the Yellowknife Women’s Centre,⁹⁶ funded by the territorial government, and open to all territorial women and children; the Somba K’e Healing Lodge, located near Yellowknife, funded by Corrections Canada and others, and open to both federal inmates on parole and territorial residents; the Grollier Hall Healing Circle, funded by the territorial government and the Aboriginal Healing Foundation and open to survivors of residential school abuse at Grollier Hall; the mobile addictions treatment program funded by Health and Social Services, GNWT; and various short-term healing programs held throughout the territory and sponsored by the Aboriginal Healing Foundation.

More Appropriate Sentencing

- *“Men are going to jail.”*
- *“There is a public response to sentencing now.”*

⁹³ SEDNA is composed of women’s shelters and family violence programs in NWT and Nunavut. They offer support to each other (important in communities where shelters are targeted by community members) and lobby for improved funding and increased programming in the area of family violence.

⁹⁴ The Social Agenda Working Group was empowered by the Social Agenda Conference in June 2001, and by both public and First Nations governments, to develop a plan to implement the suggestions made at the conference. It produced three documents, listed in the Bibliography, and has now been disbanded.

⁹⁵ The NWT Social Planning Coalition is composed of non-government, non-profit agencies. They advocate for improved social programming in the NWT. They have been active in the areas of homelessness, family violence, literacy, disability issues, and income support reform.

⁹⁶ See a description of this program in *Victim Services in the Territories: A Compilation of Contacts and Resources*.

Respondents remarked that sentences for violent offenses are slowly becoming more appropriate to the crime and they also see the public taking a greater interest in the types of sentences passed down for crimes against persons. In particular respondents believe abusive men are now getting more sentences involving incarceration, which they feel is appropriate.

Ongoing Challenges in Victim Service Delivery

While there are a number of successes in victim services delivery, respondents discussed challenges to victim services delivery that still require attention. This description of challenges and gaps in service to victimized people has been compiled from the following sources:

- service providers, victims of crime, program administrators and funders interviewed during this research process (April/May 2002) as recorded in Appendix A (excluding the names of the victims of crime interviews);
- the results of the NWT Victims’ Assistance Conference (March 2001);
- the NWT Status of Women Council publication “Untold Stories of Battered Women” (May 2002); and
- the NWT Social Agenda Conference Report (July 2001).

Ongoing challenges were noted in almost all areas. Challenges remain in support for victims and service providers, leadership support and understanding, necessary infrastructure, resources and services, and in the availability of information, difficulties of working with victimized people. In addition, even though there is an increase in appropriate sentencing, there still remain difficulties of working with judicial and correctional systems. Details provided in each of these areas are discussed below.

Lack of Support for Victims and Service Providers

- *“There is no sense of personal accountability.”*
- *“One of the problems is the pastoral indoctrination of Catholic elders, by the church, that people who stand up for survivors of residential school abuse are “against the people of God” ... the elders are in denial about abuse and the church keeps them that way.”*
- *“We have to ensure the community understands what victims assistance is.”*
- *“It is hard to break old patterns and thinking about violence ... years of dysfunctional behaviours are difficult to change ... continued re victimization and blaming of support workers in small communities makes it very difficult to change things.”*
- *“Your own people put you down and turn their backs on you ... you are looked at as a bad person if you try to help the victim.”*
- *“In smaller communities, everyone knows everyone’s business and there is no privacy... they are all related and full of secrets ... people fear the stigma of “victim” and fear labelling and gossiping.”*



- *“No one, police, family or friends, will acknowledge there is a victim.”*
- *“People use Indian medicine in court to intimidate the victim ... victim witnesses will run away and hide when court comes to town.”*

Virtually all respondents described the endemic lack of community and family support for victims and the caregivers and/or service providers who attempt to assist them. They believe that this approach has become an accepted social norm. Some believe this attitude developed as a result of widespread residential school abuse, which brutalized and traumatized entire generations of Aboriginal people in the NWT. Others say that these attitudes have always existed within the traditional Aboriginal cultures of northern Canada. But, whatever their origin, these attitudes have resulted in the lack of support, blaming, intimidation, shaming and shunning of victims, and those who might care for them. Victims fear repercussions on themselves, their children and families if they speak up or seek help or try to leave. They aren't believed, let alone supported or assisted.

These attitudes tend, according to respondents, to be more prevalent in the smaller remote communities. (As stated elsewhere in this paper, there is a sense among respondents that this negative approach to victimization is shifting in the more major centres.) However, where it exists this attitude has resulted in the silencing of victims, the perpetuation of the cycle of abuse and traumatization through each generation and a perpetual lack of services for victimized people. Some institutions, particularly the church, were pinpointed as perpetuating a 'blame the victim' attitude amongst their membership.

Lack of Leadership Support and Understanding

- *“Leaders need to be balanced ... many of them are not currently healthy and are now faced with these huge decisions that will affect the whole NWT ... but they seem to be focused on fast and easy money and don't seem to be able to really look long-term in a healthy way.”*
- *“The leaders accept the problems as the normal way of being.”*
- *“What can we do in our community when our band leaders are using and abusing ... when the abuser is a respected and powerful person, it is very hard.”*
- *“There is inequality in our community as a result of political power.”*
- *“Leaders need to see women's and social issues as priorities versus economic issues.”*
- *“There is lack of support from the chief and council ...these are the people that should know the difference but are reluctant to help.”*
- *“Many leaders are divisive and promote racism and fragmentation; they can't share power, work together or support each other.”*

Most respondents referred to the lack of understanding, amongst leadership at all levels of public and First Nation's governments, about the prevalence of victimization and its overall effect on individuals and families, and on the social fabric of the territory. Some respondents think that there

are leaders who do know about the brutalizing effects of intergenerational violence but ignore it. These respondents point out that victimized individuals make easy scapegoats for the community’s problems and keep people from questioning community power imbalances, and the resulting social inequities. Several respondents point out that some of these leaders are abusers themselves. Some have been convicted of assault, and are often later re-elected nonetheless.

Respondents note that family violence, child abuse and assault are not political priorities for most territorial, regional, self-government and municipal leaders. They see most leaders concentrating on economic development (such as the recent diamond, oil and gas boom) to the exclusion of social justice and adequate social and health services.

In addition, there are very few women in positions of political influence in the territory. Respondents note that men at the community, regional and territorial level actively discourage women from running and will work against them if they are elected. Several First Nation women said they had been elected to political positions in their community but were told by the elected men that they had no place in politics and should go home.

Lack of Infrastructure, Resources and Services

- *“People have been taught to stand alone and no one is together ... the challenge for community agencies is to work together in partnership for victims and offenders.”*
- *“The response of government has been to move forward on economic issues, but they have not moved on social issues ... there are billions of dollars from diamond mines versus lack of program dollars ... we have an insulated paved parking lot for the Legislative Assembly and our kids are in schools that are falling apart ... our FAS kids are on the streets.”*
- *“Proposals have been written to meet the needs of policies not the needs of the community.”*
- *“We have to stretch dollars and resources to cover assessment, referral, education, and operations costs ... Alcohol and Drug workers have to work bingos to raise money to fund their programs ... feed on addictions to deal with an addiction ... it’s a sad statement on the social envelope when schools, hospitals and Alcohol and Drug programs have to fundraise to provide services.”*
- *“It is stressful to be on a yearly contract ... it makes us feel our work is not valued ... working with children and families is the most important work and yet we are not valued ... it’s a maze to try and get help for women and families.”*
- *“There are ethical challenges ... victims do not want to go to the community caregivers because they are related ... they would like to see someone they don’t know.”*
- *“The housing situation has reached crisis ... we have at least 30 women each night sleeping on our floor at the centre.”*
- *“The income support system is very punitive ... they don’t give the women and children enough for food let alone other needs.”*



- *“The challenge after the program is over is finding supports for the woman in her community, so she can stay on track ... sometimes women are not able to identify a single healthy trustworthy supportive individual in their community.”*

The overall lack of resources and services in the NWT was the challenge most mentioned by respondents. Most gave detailed lists of those services most needed, but not available. This lack of resources and services is most acutely felt in smaller communities. All communities, large and small, would like to see more services. But respondents in smaller communities feel this lack has created a major crisis as the tragedies and injustices of the past several hundred years play themselves out in full force in current generations.

These lengthy lists of service gaps included the following:

- victim-centred services:
 - the RCMP response to victimized people is not always appropriate, or present;
 - there are no crisis intervention or protection services, and no safe places or shelters, for abused people in most towns;⁹⁷
 - there are no support services for victims such as counselling or healing groups, especially in the smaller towns;
 - the existing recovery services, like healing and treatment programs, are insufficient to meet the needs;
 - there are not enough Victim Services programs;
 - the current intervention and support systems are complex and not suited to the needs of individuals, families and communities;
- professional personnel:
 - the police, judiciary, lawyers, government departments and agencies working with victimized people need more training;
 - existing programs are understaffed and the front line workers are overworked, untrained and may be unhealthy;
 - nepotism (hiring friends and relatives) and other poor hiring practices are common;
 - the wages and benefits of people working with victims in non-government agencies are inadequate;
- territorial resources:
 - there are too many ‘top down’ approaches and too many government structures, community boards and committees which fragment resources, create competition and limit cooperative, holistic approaches;
 - there is a territorial housing shortage; so even if the woman does want to leave, there is no housing available;
 - income support levels are inadequate;

⁹⁷ Off-reserve funding of safe shelters is different from on-reserve funding. Despite the fact that First Nations people in NWT make up 51% of the population, the NWT does not receive any specialized funding for First Nations safe shelters, unlike safe shelters located on First Nation reservations in southern Canada.

- there need to be solutions to the problem of service delivery over large distances with few resources;
 - there are too many transient programs;
 - there is a lack of accountability in programs at all levels;
 - there are gaps between government and agency policies and their reality in practice;
 - there are no regional supports such as treatment centres and comprehensive aftercare;
 - there is too little knowledge about early childhood and too few early intervention programs;
 - there is no detoxification centre in the NWT.
- community resources:
 - there is limited community capacity to deliver programs;
 - all levels of government penalize small communities in isolated locations because funding is based on per capita population figures;
 - government policies lack the flexibility that would encourage community ownership of both the problems and the solutions;
 - programs don’t work together and are reactive and crisis oriented;
 - programs don’t treat the whole family;
- agency resources:
 - there is no core, ongoing funding for most agencies that assist victims ... year-to-year funding is making social programs unstable and puts a lot of stress on front line service delivery personnel; and
 - there is too much work for the existing services and agencies.

As a final note in terms of resources and services, respondents stated that those practical services most needed by victimized women and children seem to be taking an increasingly punitive attitude towards their clients. They say that waiting periods and other rules around income support make people desperate and that the income support amounts do not reflect the high cost of living in NWT as they are based on southern prices. In addition, respondents were critical of the negative approaches they say are taken by some health boards towards high-risk mothers. Some non-government agencies have been told their funding will be cut off if they are publicly critical of the actions taken by social workers. While these public services are not designated as “victim services,” their clientele are almost exclusively victimized men, women and children. Respondents believe that the unstable and punitive service they receive further victimizes them and makes their recovery impossible.

Lack of Information

- *“Professionals, resource people, caregivers and service providers often don’t understand Aboriginal culture, trauma or community, family and individual healing ... too many are unhealthy themselves.”*
- *“The attitudes of RCMP are not always good.”*
- *“Listening and understanding the victims stories: that is not happening.”*



According to respondents, despite signs of growing awareness, there is still a lack of information in the general population. The general public and service providers in every sector do not know enough about the resources that do exist; there is limited public and professional information about the dynamics of family violence and child abuse; and there is limited understanding of the needs and circumstances of victimized people. This includes a lack of public understanding of the long-term consequences of victimization and trauma. Moreover, language barriers cause further problems in understanding these issues, as does a sometimes too limited understanding amongst service providers of First Nation, Inuvialuit and Metis cultures.

Difficulties of Working with Victimized People

- *“It is hard working with victims who also victimize.”*
- *“Victims have a hard time to trust ... there is fear and lack of safety.”*
- *“It is hard getting them to believe that its not their fault that the abuse happened.”*
- *“They are financially dependent on the offender.”*
- *“Intergenerational sexual abuse is the undercurrent here.”*

NWT service providers and caregivers report that working with victimized individuals can be difficult, for a variety of reasons. It is difficult and confusing trying to assist victimized people who also abuse others, including their children. It is hard to help victims who usually have a wide variety of needs that are impossible to meet quickly, if at all. It is hard to help victims who are usually also emotional hostages of their abusers, and can't picture life on their own. It is difficult to deal with the emotional isolation most victims experience and the ongoing fear for the victim's safety. It is hard to deal with people who abuse the existing support system. It is hard to help when the victim doesn't want to leave their community to receive help. It is hard to help when the victim fears the system and fears being re victimized. It is hard to help victims when one is a victim too and hasn't had healing or training.

Difficulties of Working with Judicial and Correctional Systems

- *“In the courtroom, the accused has his whole family, and the victim comes in alone or late, or not at all ... they are that afraid of the accused and his family.”*
- *“When the victim goes to court, the case is thrown out because there is not "enough evidence"; so the abuse continues over and over.”*
- *“They make it impossible to understand in court, and the victim gets frustrated.”*
- *“There is a loss of trust in the justice system to really help ... people say 'he's done his time' ... as well, there is no one here to supervise probation or do aftercare once they've been in jail.”*
- *“Some of the victims get very afraid when they know the guy is getting out and coming home.”*

While there are improvements in both the judicial and correctional systems, according to respondents, more work remains to be done in making these criminal justice institutions responsive to victims. Respondents stated that police are not always following their mandatory charging policy in cases of spousal assault. In addition, police do not always act on no-contact orders and probation breaches.

Difficulties noted with the court process is that the process itself is time-consuming and the offender is not supervised while waiting for the court date. Moreover, the victim often has no support through the court process, while the offender appears to have a great deal. Respondents feel that there is limited awareness about Victim Impact Statements, and they noted that victims and their supporters are frustrated when there is no conviction based on lack of evidence.

Victims often do not understand what is happening in court, and there is a language barrier in the courtroom as some victims feel unable to express their feelings and the facts in English, and in ‘court’ language.

A number of specific difficulties with the correctional systems noted were that there is no mandatory counselling for the offender in jail or on probation, there is little supervision of offenders on probation and limited aftercare programs after incarceration or treatment, and there is no safety or support system for victims whose abusers are returning to the community.

Other difficulties noted were that there are not enough lawyers doing family law in the NWT and there is no criminal injuries compensation for victims who need financial help.

3.3 Recommendations for Victim Services in the Northwest Territories

The following recommendations for improvements in victim support and services come from a variety of sources as follows:

- service providers, victims of crime, program administrators, caregivers and funders interviewed during this research process (April/May 2002) as recorded in Appendix A (victims of crime interviewees are not included);
- the results of the NWT Victims’ Assistance Conference (March 2001);
- the NWT Status of Women Council publication “Untold Stories of Battered Women” (May 2002); and
- the Social Agenda Conference Report (July 2001).

Recommendations are grouped within the categories of victim assistance programs, public education and community building, training and healing for service providers, community-based program needs, legislation, judicial process, and leadership.



3.3.1 Victim Assistance Programs

- *“Victims of sexual assault and family violence need more protection, shelters and more alternatives before the law.”*
- *“Differentiate rape and spousal assault ... there is no rape crisis centre cause people said there is no rape here before we had shelters.”*
- *“We have to create a support team for the victims ... we need to help communities set up victim intervention teams made up of older women.”*
- *“Victims Assistance workers need to travel with the circuit court and help victims with Victim Impact Statements and give them support.”*
- *“We need victim information available in many languages ... the Victim Impact Statement should be in all official languages of the NWT.”*
- *“We need more programs for victims similar to the Women and Children’s Healing Program at the YWCA.”*
- *“Offer programs like they offer to the offender in jail, i.e. healing cognitive development, anger management ... make it fair and help them both.”*
- *“I feel with a second stage unit they could all support each other and we could help with that ... we need a second stage apartment unit for single women.”*
- *“Increased affordable housing in Yellowknife ... the situation is desperate and affect participation in trauma recovery programs ... many women apply to the program from communities but can’t attend due to lack of housing here.”*

Respondents had long lists of programs and resources they felt were necessary to improving the service to victimized people in the NWT. These recommended services included:

- victim support services, family violence services, advocacy services, women’s shelters and family counselling in each community;
- 24-hour crisis response workers in each community;
- second stage housing in each region for women who need to work towards independent living;
- a territorial sexual assault centre and more services for victims of sexual assault;
- more protection and more alternatives before the law for all victims of crime;
- trauma recovery programs in all regions for women, children and families;
- aftercare programs and follow-up for people who have been incarcerated, or in treatment facilities or at women’s shelters;
- more educational materials for victims (in video format so all can benefit);
- a territorial victims’ needs assessment;
- more staff at Status of Women (3 more) because they act as a resource for victims and victim service providers);
- a victim notification system for when the offender is being released from jail;

- funding support for residential school survivors’ programs;
- addictions counsellors in each community and addictions treatment facilities in each region;⁹⁸
- homeless shelters in all regions;
- more public housing in all communities;
- a 1-800 crisis line which is territory wide; and
- a Criminal Injuries Compensation Fund.

3.3.2 Public Education and Community Building

- *“We need more advertising, in all languages, on TV, radio and paper ... we need constant awareness and education programs using media to change negative ways of thinking.”*
- *“There should be NWT-wide awareness and acceptance of the necessity of victim assistance services at all levels ... family, school, community, judiciary.”*
- *“Hold victims’ conferences, or regional forums, in different communities, ensure all groups who work with victims and survivors are contacted and invited to participate, and give it a higher profile.”*
- *“We need more workshops in different communities and to work closely with the young adults and youth which one day they will be our leaders and speak for our communities.”*
- *“We need access to our own information ... NWT victimization data from Statistics Canada and victim fine surcharge data from FACTS.”*

Respondents recommend a much more consistent and intense approach to public education around spousal and sexual assault, and child abuse. They recommend school programs, community conferences, regional forums and training workshops for professionals and community-based caregivers. They also recommended intense media campaigns using the existing newspapers, community radio and TV programs.⁹⁹ In this regard, they asked that media campaigns be delivered in all the official languages of the NWT.¹⁰⁰

In addition, some respondents said they needed better information from Statistics Canada and the NWT Bureau of Statistics around issues that affect victims of crime.

3.3.3 Training and Healing for Service Providers

- *“There should be more training to the RCMP to be more sensitive towards victims.”*
- *“A victim advocate program should be developed and delivered at Aurora College.”*

⁹⁸ There is currently one addictions treatment facility in the NWT.

⁹⁹ Most communities have their own radio station with local announcers and local programming. There is also a northern CBC television station which produces northern (NWT, Yukon and Nunavut) programs. Respondents also recommend using the Aboriginal Peoples Television Network (APTN) which is popular in all NWT communities.

¹⁰⁰ The official languages of the NWT are Chipewyan, Cree, Dogrib, English, French, Gwich’in, Inuinnaqtun, Inuktitut, Inuuialuktun, North Slavey and South Slavey.



- *“We need community-based training for victims services coordinators, volunteers, community caregivers, and victims using local resources ... we need to focus on training First Nations people to deliver programs.”*
- *“We need to promote a feminist analysis of violence against women and offer feminist counselling to abused women.”*
- *“We need education and training on judicial and legal systems ... more on courtroom processes and court preparation such as the Victim Impact Statement ... Can they be retracted? ... do judges alter their sentencing due to VIS? ... what impact do VIS have on sentencing? ... what are the alternate community justice systems?”*
- *“We lack appropriate training in working with victims in terms of developing trust and confidentiality ... we need the skills to work with victims ... we have to know how to deal with the trauma of victimization and get on with life ... we need to learn how to help victims and clients through their denial and how to listen to them.”*
- *“We need more information on funding and who to contact.”*
- *“We need a standardized approach to victims services training across the NWT.”*
- *“We need to train women’s shelters in administration and have standards and measures in family violence programs so we make evidence-based decisions about programs for victims.”*
- *“We need healthy people to be involved, either paid or volunteer.”*
- *“We should use the 2 approaches together: western counselling and traditional Aboriginal healing.”*
- *I would like to see an evaluation done on community programs ... I really see that delivery of programming in some agencies is an issue ... they do not do a good job or start it and don’t finish ... I think clients need to be included in this evaluation as anyone can make up numbers by counting anyone that drops by or faking the number ... victims need to be interviewed and asked questions ... put the money elsewhere.”*

Respondents had many recommendations in the area of training and healing for service providers and caregivers. Most stressed the need for more community-based training for First Nations service providers, which focuses on the advocacy and counselling skills needed to support victimized people. They felt that caregivers needed to be familiar with both western-style counselling methods, including a feminist analysis of violence, as well as traditional First Nations healing approaches. In this regard they recommended some sort of standardized victim services training program, which could potentially be delivered by the territorial college, Aurora College.

In addition, respondents said that criminal justice, policing, judicial and corrections service providers needed more training around victims’ issues, family violence, sexual assault and traumatic reactions. A significant number of respondents asked that more training become

available in the area of legal and judicial technicalities and processes, including training in alternative justice initiatives and the Victim Impact Statement.

Respondents say that community agencies need more information about how to access funding and some need training in program administration, evaluation procedures, policy, and program standards. A few respondents with experience in smaller communities feel there has to be increased accountability for how program dollars are spent. They report that victims have sometimes been poorly served by some community service providers and recommend that all community-based programs be more accountable for the funding they receive, and supported to become more responsible in the delivery of their service.

Respondents also saw a substantial need to support caregivers in achieving and maintaining their own healthy lifestyle so they don't burn out.

3.3.4 Community-Based Programs

- *“There need to be more services to victims and abusers, including volunteer caregivers, especially in smaller communities that have limited services.”*
- *“We need more community organizations to work together ... communities should take a team approach to provide the best service.”*
- *“We need more partnerships and community strategy planning teams... we need interagency involvement in victim assistance ... all community organizations such as band, hamlet, social services, schools, recreation, police, health and churches.”*
- *“We need mobile treatment programs ... healing experiences for people in their own environment, their own community.”*
- *“We need more services for children ... there should be childcare advocates at the women and children's shelters ... more support should be created to prepare children and youth for court (during and after court too) ... we need more early childhood intervention programs.”*
- *“There should be services for men so the victimization of women and children can stop.”*
- *“We need family healing programs with elders, youth, children, parents, grandparents etc.”*
- *“Do on the land and cultural programs.”*

All respondents spoke about the need to develop community-based victim advocacy, support, training, healing and trauma recovery programming. Services are beginning to develop and mature in the larger centres (Yellowknife, Inuvik, Fort Smith and Hay River), but the remaining 26 communities have very limited victim support and recovery options according to respondents. The smallest communities sometimes do not have even basic services such as a community nurse or a policing presence.



The services most needed, according to respondents, are noted earlier under Victims Assistance Programs. However, there are some features of community-based programs as described by respondents that bear highlighting:

- both victims and offenders need community-based healing programs which work together and coordinate their efforts;
- there need to be healing programs which address the needs of the whole family;
- community agencies must work together as a team to develop strategies for community and family recovery, and coordinated programming;
- interagency committees need to be developed in each community, and they should include all community service providers, such as, band council, hamlet council, social services, schools, recreation, police, health services and churches;
- there need to be mobile treatment programs available to communities;¹⁰¹
- there need to be more early intervention and trauma treatment programs available to children in each community; and
- community-based services should reflect the culture and traditions of those they serve, especially for First Nations, Inuit and Métis people and include a traditional spiritual approach to healing.

3.3.5 Legislation

- *“Mandate victim assistance into legislation with ongoing core funding for programs.”*
- *“Entrench Victim Rights nationally.”*
- *“We need Family Violence legislation, including court orders, so perpetrators cannot drain bank account.”*
- *“Amend our Access to Information and Protection of Privacy Act so information essential to victim’s safety can be shared by a probation officer with the victim, or with a victim’s agent.”*
- *“The Access to Information Act is misunderstood by workers ... they tell clients they can’t share information because of the ‘privacy act.’”*
- *“The territorial Victims of Crime Act hasn’t got teeth ... it’s time to rewrite it and legislate money towards funding programs”*

Respondents had several recommendations in terms of legislation as follows:

- improvements to the *Victims of Crime Act* to include program funding and legislated assistance to victims of crime;
- the introduction of Family Violence legislation that widens the options available to victims and places greater restraints on abusers; and

¹⁰¹ Mobile treatment programs are programs, such as addictions treatment, which come into a community, with staff, for several weeks or a month, to offer intensive recovery and healing opportunities to community members.

- amendments to existing Access to Information and Protection of Privacy acts to ensure that victims and their agents have the information they need about offenders.

3.3.6 Judicial Process

- *“There should be consistency in the justice process ... follow justice procedures ... there should be consistent application of laws that support victims of crime by the Crown, judiciary and RCMP.”*
- *“Some judges have thrown out the Victim Impact Statement.”*
- *“Judges are not applying the victim surcharge.”*
- *‘Requests for closed court aren’t honoured.’*
- *“Police don’t enforce no-contact orders.”*
- *“Get away from the adversarial court system.”*
- *“Justice committees should be aware of victim assistance programs.”*
- *“We need more family law lawyers.”*

Respondents feel that NWT judicial protocols and processes need to be clarified and followed by the Crown, judiciary, RCMP and others involved in the criminal justice process. In particular, they recommend strict police enforcement of no-contact orders, judicial adherence to policy and protocols around Victim Impact Statements, judicial application of victim surcharge policy and protocols, and judicial adherence to policy and protocols around closed court applications.

Respondents also referred to Community Justice Committees when discussing judicial procedures. Community Justice Committees, and alternative justice procedures, are becoming well established in larger centres but are scattered and have limited participation in many NWT communities. Respondents would like to see these committees functioning in each community, and they recommend that existing committees receive the training they need to form an adequate understanding of victim issues. These committees need to work closely with existing victim assistance programs and other service providers serving victims.

3.3.7 Leadership

- *“We should involve elders as advisors ... we need more elders to speak out on this issue ... committees should meet with the elders of the community and elders should be involved in all decision making.”*
- *“There should be a policy of zero tolerance and a code of conduct and oath of office for leaders ... we need strong and good leaders for role models.”*
- *“Recognize spiritual leaders.”*



- “We need to stop electing abusers.”
- “We need women in leadership.”

As in all northern jurisdictions, respondents had recommendations around improving the quality of leadership in their territory. They would like to see stricter enforced standards for elected officials. And they would like to see more elders and community spiritual leaders in decision-making positions. In particular, they see a need to stop electing abusive individuals and the need to bring more women into leadership positions.

3.4 Summary of Needs and Recommendations

3.4.1 Summary of Needs

It is clear that the Northwest Territories is faced with some disturbing and challenging problems. Respondents described this situation in their interviews, and the statistics speak for themselves. In summary, the social conditions in the NWT are as follows:¹⁰²

- 3 times the national crime rate;
- 3 times national teen pregnancy rate;
- 6 times the national rate of sexual assault;
- 8 times the national average for admissions to women’s shelters;
- 3 times the national rate for suicide;
- 4 times the national rate of “heavy drinking”;
- 3 times the national rate of smoking;
- twice the national average for deaths due to “preventable injuries”;
- higher rates of Sudden Infant Death Syndrome than anywhere else in Canada;
- 30% of all NWT women drink during pregnancy;
- high rates of sexually transmitted diseases;
- number one reason for all male hospital admissions is mental health disorders;
- low income levels, 21% of population relying on income support;
- twice the national average in need of housing, 44% of households in small communities in core need of housing; and
- low education levels and high unemployment levels in small communities.

The NWT Health Status Report says these statistics are an indication of:

- high levels of poor personal health habits and risky behaviours (drinking, smoking, preventable accidents, etc.);
- poor social conditions (lack of housing, lack of community services, etc.);
- economic disparities (large gap between rich and poor, have and have-not communities, etc.); and

¹⁰² See section 3.1 of this paper for the references which furnished the statistics in this summary.

- lack of education and educational opportunities (limited educational opportunities and low grade levels, etc.).

Respondents elaborated on these social conditions and the problems they experienced in service delivery to victimized people in the NWT as follows:

- lack of community and family support (including blaming, intimidation, shaming, ignoring and shunning) for victims and the caregivers or service providers who attempt to assist them;
- victim fears of repercussions on themselves, their children and families if they speak up or seek help or try to leave;
- attitudes tend to be more prevalent in the smaller remote communities;
- the perpetuation of the cycle of abuse and traumatization through each generation and a perpetual lack of services for victimized people;
- lack of understanding, amongst leadership at all levels of public and First Nation’s governments, about the prevalence of victimization and its effect on individuals, families and communities;
- belief amongst some that many of these leaders are abusers themselves and recognition that several have been convicted of assault;
- family violence, child abuse and assault are not political priorities for most territorial, regional, self-government and municipal leaders;
- there are very few women in positions of political influence in the territory;
- the RCMP response to victimized people is not always appropriate, or present;
- there are no crisis intervention or protection services, and no safe places or shelters, for abused people in most towns;
- there are no support services for victims such as counselling or healing groups, especially in the smaller towns;
- the existing recovery services, like healing and treatment programs, are insufficient to meet the needs;
- there are not enough Victim Services programs;
- the current intervention and support systems are complex and often not suited to the needs of individuals, families and communities;
- the police, judiciary, lawyers, government departments and agencies working with victimized people need more training;
- existing programs are understaffed and the front line workers are overworked, untrained and may be unhealthy;
- nepotism (hiring friends and relatives) and other poor hiring practices are common;
- the wages and benefits of people working with victims in non-government agencies are inadequate;
- there are too many ‘top down’ approaches and too many government structures, community boards and committees which fragment resources, create competition and limit co-operative, holistic approaches;
- there is a territorial housing shortage; so, even if the woman does want to leave, there is no housing available;
- income support levels are inadequate;
- there need to be solutions to the problem of service delivery over large distances with few resources;
- there are too many transient programs;



- there is a lack of accountability in programs at all levels;
- there are gaps between government and agency policies and their reality in practice;
- there are no regional supports such as treatment centres and comprehensive aftercare;
- there is too little knowledge about early childhood and too few early intervention programs;
- there is no detoxification centre in the NWT;
- there is limited community capacity to deliver programs;
- all levels of government penalize small communities in isolated locations because funding is based on per capita population figures;
- government policies lack the flexibility that would encourage community ownership of both the problems and the solutions;
- programs don't work together and are reactive and crisis-oriented;
- programs don't treat the whole family;
- there is no core, ongoing funding for most agencies that assist victims ... year-to-year funding is making social programs unstable and puts a lot of stress on front line service delivery personnel;
- there is too much work for the existing services and agencies;
- the general public and service providers in every sector do not know enough about the resources that do exist;
- there is limited public and professional information about the dynamics of family violence and child abuse;
- there is limited understanding of the needs and circumstances of victimized people;
- there is no public understanding of the long-term consequences of victimization and trauma;
- there are language barriers causing problems in understanding these issues;
- there is not enough understanding amongst service providers of First Nation, Inuvialuit and Metis cultures;
- police are not always following their mandatory charging policy in cases of spousal assault;
- police do not always act on no-contact orders and probation breaches;
- the court process is time-consuming, and the offender is not supervised while waiting for the court date;
- the victim often has no support through the court process, while the offender has a great deal;
- victims often don't understand what is happening in court;
- there is also a language barrier as some victims feel unable to express their feelings and the facts in English, and in 'court' language;
- victims and their supporters are frustrated when there is no conviction based on lack of evidence;
- there is limited awareness about Victim Impact Statements;
- there is no mandatory counselling for the offender in jail or on probation;
- there is little supervision of offenders on probation and limited aftercare programs after incarceration or treatment;
- there is no safety or support system for victims whose abusers are returning to the community;
- there are not enough lawyers doing family law in the NWT; and
- there is no criminal injuries compensation for victims who need financial help.

3.4.2 Summary of Recommendations from Service Providers

While respondents clearly highlighted needs for victim services in NWT, throughout the interview process, as discussed above, they also provided recommendations to address those needs. These are summarized below.

Victim Assistance Programs

- victim support services, family violence services, advocacy services, women’s shelters and family counselling in each community;
- 24-hour crisis response workers in each community;
- second stage housing in each region for women who need to work towards independent living;
- a territorial sexual assault centre and more services for victims of sexual assault;
- more protection and more alternatives before the law for all victims of crime;
- trauma recovery programs in all regions for women, children and families;
- aftercare programs and follow-up for people who have been incarcerated, or in treatment facilities or at women’s shelters;
- more educational materials for victims (in video format so all can benefit);
- a territorial victims’ needs assessment;
- more staff at Status of Women (3 more) because they act as a resource for victims and victim service providers;
- a victim notification system for when the offender is being released from jail;
- funding support for residential school survivors’ programs;
- addictions counsellors in each community and addictions treatment facilities in each region;
- homeless shelters in all regions;
- more public housing in all communities;
- a 1-800 crisis line which is territory wide; and
- a Criminal Injuries Compensation Fund.

Public Education and Community Building

- a more consistent and intense approach to public education around spousal and sexual assault and child abuse;
- intense media campaigns, in all the official languages of the NWT, using the existing newspapers, community radio and TV programs;
- school programs, community conferences, regional forums and training workshops for professionals and community-based caregivers; and
- better information from Statistics Canada and the NWT Bureau of Statistics around issues that affect victims of crime.

Training and Healing for Service Providers

- more community-based training for First Nations service providers focused on the advocacy and counselling skills needed to support victimized people;



- use of western-style counselling methods, including a feminist analysis of violence, as well as traditional First Nations healing approaches;
- standardized victim services training program, which could potentially be delivered by the territorial college, Aurora College;
- criminal justice, policing, judicial and corrections service providers training around victims' issues, family violence, sexual assault and traumatic reactions;
- more training in the area of legal and judicial technicalities and processes, including training in alternative justice initiatives and the Victim Impact Statement;
- more information for community-based agencies about how to access funding;
- training in program administration, evaluation procedures, policy, and program standards for community agencies;
- accountability for how program dollars are spent; and
- support to caregivers in achieving and maintaining their own healthy lifestyle.

Community-Based Programs

- develop community-based victim advocacy, support, training, healing and trauma recovery programming;
- community-based healing programs for families, victims and offenders;
- interagency committees developed in each community that include all community service providers;
- community agencies work together to develop strategies for community and family recovery, and coordinated programming;
- mobile treatment programs available to communities;
- more early intervention and trauma treatment programs available to children in each community; and
- community-based services that reflect the culture and traditions of First Nations people and include a traditional spiritual approach to healing.

Legislation

- improvements to the *Victims of Crime Act* to include program funding and legislated assistance to victims of crime;
- the introduction of family violence legislation that widens the options available to victims and places greater restraints on abusers; and
- amendments to existing access to information and protection of privacy acts to ensure that victims and their agents have the information they need about offenders.

Judicial Process

- strict police enforcement of no-contact orders;
- judicial adherence to policy and protocols around Victim Impact Statements;
- judicial application of victim surcharge policy and protocols;
- judicial adherence to policy and protocols around closed court applications;
- Community Justice Committees functioning in each community;
- existing committees receive the training they need to understand victim issues; and

- committees work closely with existing victim assistance programs and other service providers serving victims.

Leadership

- stricter enforced standards for elected officials;
- more elders and community spiritual leaders in decision-making positions;
- stop electing abusive individuals; and
- bring more women into leadership positions.

3.4.3 Additional Recommendations and Closing Comments

The social situation in the Northwest Territories in terms of chronic, widespread victimization, and the attendant high levels of personal dysfunction and social collapse, demands immediate focus by both First Nation and public governments. The very high levels of suicide, mental disorders, FAS, family violence, crime, sexual assault and teen pregnancy (among other discouraging statistics) point to an ongoing and pervasive crisis within the NWT population.

NWT service providers have produced, over the last 20 years, extensive lists of recommendations to deal with these problems. A wide variety of public forums, conferences, research studies and public awareness campaigns document that effort.¹⁰³ Service providers have been consistent in their descriptions of both the problems, and the actions, that would begin to turn the situation around. The findings in this study reflects and consolidates what northern service providers and researchers have been saying for years. Unfortunately, very few of their recommendations have been undertaken.

Whatever the explanation for this confusion and inaction, the Northwest Territories is not alone in this dilemma. Nunavut, Labrador and northern Quebec (not to mention other remote Aboriginal jurisdictions in Canada) face similar social problems and experience the same lack of resources. The Yukon is distinct from these other regions in that it has begun to understand its social problems, and taken impressive steps to address them. But there are differences between the have-not regions too.

Nunavut, Labrador and northern Quebec, unlike NWT, all have relatively homogenous Aboriginal populations who form the vast majority of the population. They also have a more pervasive living memory of their traditional lifestyle, wisdom and identity, alongside a relatively streamlined, albeit emerging, governance system.¹⁰⁴ The problem for the NWT is the combination of complex array of governance structures, a non-homogenous population (each Aboriginal and non-Aboriginal sector having its own culture, expectations and needs) and a longer period of colonization than Nunavut, and Labrador and northern Quebec. The destructive impact of 150 years of NWT colonial history are being played out in the current generations, and according to the NWT government itself, these effects will only intensify in the coming years. When complicated, inexperienced governance structures are combined with these high levels of traumatization and the very long period of

¹⁰³ See *NWT Recommendations on Social Issues, 1988 – 2002* produced by the Social Agenda Working Group in 2002.

¹⁰⁴ Nunavut, Labrador and northern Quebec Inuit people have experienced only 50 years or less of acculturation under the dominant Canadian culture.



colonial domination and assimilation, not to mention the ‘boom and bust’ economic cycles around resource extraction in the NWT, the results resemble conditions in many developing countries.

A major recommendation of this paper is therefore that an intense effort be made to make this situation more apparent to those in a position to address it. This effort should include the governments and residents of the Northwest Territories, as well as the national government and Canadian citizens. Given the social situation as described throughout this paper, and the apparent resistance to dealing with it, some real thought and strategizing need to go into a government and public awareness campaign. Considerations in this type of educational effort should include the following:

- an understanding of the dynamics of long-term, endemic traumatization and its presence now as accepted normative behaviour in the Northwest Territories;
- an understanding of the process of personal and collective recovery from traumatization which in itself is complex, expensive, very difficult and lengthy;¹⁰⁵
- an understanding of resistance to social progress, including the economic, political, psychological, anthropological and sociological dynamics of the resistance;
- an understanding of the beliefs, history, traditions, social norms, and resulting collective and personal behaviours, of both indigenous land-based cultures such as the Aboriginal cultures of northern Canada, and the technological ‘mass’ cultures of southern Canada;¹⁰⁶ and
- an understanding of how these various cultures react to collective traumatization and efforts at recovery.

The other immediate priority is the provision of appropriate support to the existing service providers as listed in Appendix B and in more detail in *Victim Services in the Territories: A Compilation of Contacts and Resources*. The vast majority of these service providers are not working in agencies, or government departments and programs, whose mandate is service to victimized individuals. However, the overwhelming presence of this dynamic in NWT society means it has become the defining feature of their work. People working with highly traumatized individuals and populations, whether it’s their mandated service or not, need the following supports:

- immediate recognition and description of the largely un-named and misunderstood social problems which they are forced to address on a daily basis and for which they have not received either training or appropriate supervision and debriefing;
- immediate increase in salaries and benefits to those service providers working with victims in non-government, non-profit agencies;
- ongoing supervision, emotional and practical support, and debriefing to avoid vicarious traumatization in service providers;
- ongoing training in the issues that surround trauma and recovery: the presence of FAS and cognitive impairment from trauma in many victimized people; the impact of addictions; the cycles of violence; and the pattern of recovery;

¹⁰⁵ Recovery from trauma goes through several distinct stages including what psychiatry calls “counter-dependence,” which is the stage that appears to characterize many regions of the north. Interventions have to match the nature of the trauma and the culture, as well as the stage of recovery. See chapter 5 of this paper, “Conclusion,” for more details about the recovery process.

¹⁰⁶ See the Nunavut and Yukon chapters of this paper.

- cultural awareness training that includes an analysis of the beliefs and mores of the dominant cultures as well as indigenous cultures; and
- training in intervention methods for appropriate service providers including referral to resources, critical incident stress debriefing, counseling, community development approaches,¹⁰⁷ and group work.

There is another simple, and largely undervalued, way to at least partially address both of the priority recommendations made above, which are the lack of understanding about territorial social problems in public and First Nations governments and the lack of support to existing service providers. Some redress for both of these major shortfalls is the formation and maintenance of community-based inter-agency committees and territory-wide social coalitions. This has started in the last five years with, as described earlier, the formation of the NWT Family Violence Coalition, the Sedna Association of Family Violence Prevention Workers, the NWT Association of Social Workers, the Social Agenda Working Group, the NWT Social Planning Coalition, and the NWT Association of Psychologists. In addition, inter-agency committees are already functioning, with varying degrees of consistency, in some communities. These coalitions and inter-agency committees can provide the perspective, direction and energy needed to move towards recovery at both the community and territorial level. They have the added advantage of providing much needed support to their member service providers, both on a personal and on an agency basis. They have the additional advantage of not reflecting the interests of any one government, agency or sector of society. And in general, their memberships are open to all community-based and territory-wide groups and individuals who wish to address social problems.

Inter-agency committees and territory-wide coalitions are in a position to undertake independent research, provide comprehensive training to their members, provide opportunities for supervision, sanity and debriefing to their members, understand territorial social norms and conditions, plan programs that fit the community and territory,¹⁰⁸ lobby governments for programming and legislation, and be a validating voice of hope for that segment of the population that is marginalized and disenfranchised. In addition, each of the member service providers in the inter-agency committee or territory-wide coalition can contribute their own resources to solving the problems and providing the programming identified by the committees and coalitions.

At this time, a useful starting point in empowering NWT inter-agency committees and coalitions would be an exploration of their mandates and answers to the questions of where they exist, how they function, who belongs to them, what problems they have identified and what solutions they are putting into action.¹⁰⁹ However, in the long run, if the goal is to strengthen these committees and coalitions, some form of organized and funded support will have to be provided to them, even if it comes from outside government.

In addition to the recommendations listed above and those noted earlier by service providers, a final recommendation is that public governments, First Nations governments, inter-agency

¹⁰⁷ For a description of a community development approach to intervention, see the Nunavut chapter of this paper.

¹⁰⁸ An interesting example of the flexibility and sensitivity of inter-agency committees can be seen in the Fort Providence Inter-Agency Committee which combined Family Violence Awareness Week, itself the program of the NWT Family Violence Coalition, with their local volunteer food bank drive.

¹⁰⁹ At this time, there is no territorial directory that includes a listing of any of these committees and coalitions. They are not in the phone book. The only way to know where they exist is to have personal contact with service providers in each community and within each coalition.



committees, coalitions and all NWT service providers consider the recovery approach being employed by the Anishinaabe First Nation of Hollow Water, Manitoba, in their Community Holistic Circle.¹¹⁰ The following lengthy description of that approach to community healing and recovery is taken from the Social Agenda Conference Report:¹¹¹

“It begins with women. We all know that women are the backbone of our nation. Women are the carriers of life, they represent Mother Earth ... love, nurturing, love of mother are essence of human life, but men also have an important role. Problems in our communities stem from misunderstandings of sexuality and spirituality in our lives, in our relationships and communities.

Seeing, hearing and doing are the ways of learning. Elders have taught us that we must listen and wait ... be patient. The Holistic Circle Healing program is a way of taking back responsibility. It is a way of taking ownership of problems and solutions to them. It systematically takes traditional knowledge and incorporates it into solutions to correct dysfunction in the community. It is based on traditional philosophies of the Anishinaabe. The principles behind Holistic Circle Healing are universal ... we all came from one creator, we are all part of the land ... people are part of the ecosystem ... this isn't unique to the Anishinaabe.

The Anishinaabe principles come from the creator and are based on an understanding of the ecosystem and the interdependence of all elements of the ecosystem. Plants are as the lowest point on the food chain and people are the highest level. The seven principles provide the instruction for living with the rest of creation and the ecosystem and living in balance and harmony. Underlying each principle is love. The principles are: respect; humility; truth; wisdom; kindness; courage; and honesty. The seven principles guide the Community Holistic Circle Healing (CHCH). Elders taught these principles before people reached puberty so that when children had reached puberty and are able to create life, that they know something about life. These teachings have been with Anishinaabe people for 15,000 to 20,000 years. Traditional knowledge of this kind is the model for education. It is not new. It has been around that length of time and sustained the Anishinaabe.

The elders have said that if there is no harmony, the result is destruction, chaos and death. Lack of harmony within the ecosystem is evidenced today in industrial and government practices on the environment and among our people. The Indian Act had a significant impact. Its main impact was to change the laws of the land and the people. The Government found that day schools were not working fast enough to change people so they instituted residential schools, to work faster. The residential schools broke down the principles and laws. Colonial forces took hold and stayed with the people.

CHCH started in late 1970s and early 1980s. Community Holistic Circle Healing is often called “de-colonization therapy.” CHCH operates in four spheres ... physical, emotional, spiritual and mental. Colonization attacked the emotional and spiritual spheres, leaving people prone to addictions and dysfunction. Gossip, gambling, abuses, addictions are all happening in our communities, otherwise known as chaos, death and destruction. First Nations people are over represented in mental and penal institutions because they are not practicing the principles of life. It is necessary to restore the balance in life to help individuals, families and communities to grow

¹¹⁰ See Native Counselling Services of Alberta, A Cost-Benefit Analysis of Hollow Water's Community Healing Circle Healing Process.

¹¹¹ Presentation made June 2001 at Social Agenda Conference on Hay River Reserve by Marcel Hardisty, North Standing Man, of Anishinaabe First Nation, Hollow Water, Manitoba. See *Honesty Takes Courage, Social Agenda Conference Report*.

in the four spheres of life and practice the good principles of life. Most people only operate as physical and mental beings. Healing means restoring the balance in all four spheres.

Our elders put helpers in each of the four directions to help us maintain balance and give us guidance. These helpers are called our grandfathers and they look after the four elements we need to live ... fire, air, water, and earth. Our grandfathers in the south look after women. Our grandfathers in the north look after our elders. Our grandfathers in the east look after children and our grandfathers in the west look after men. In our pipe ceremonies, we ask our grandfathers from each direction for guidance. Any time we have people together in a circle we can ask for help. The sweat lodge, which is part of the CHCH, incorporates all these basic elements. The CHCH uses traditional teachers and professionals to help people return to a balanced life, to grow and be whole, to grow as a child again and be strong. CHCH finds ways to work with outside systems. Everything is set up to meet people’s needs but we recognize and address the fact that institutional and system needs have overcome the needs of people. The CHCH process tries to turn this around. We ask people to share information. Sharing information is a way to learn, give feedback and it is a way to hold ourselves and others accountable. Women play an important role in keeping CHCH on track.

The principles of a justice system should encourage people to live in a good way with each other and with the environment. It is necessary to make systems work for you. Power and control are problematic. We need to understand what the elders say, ‘the more power and control you let go of the more power and control you have.’ In our communities everyone and everything is interconnected, so it is easy to recognize and validate the truth. There is no confidentiality in our communities and this is the reality. Everyone knows when family abuse or violence takes place and who is behind it. Silence accentuates the problem. We need to bring out and talk about these issues but not through gossip or other malicious means.

CHCH does interventions and assessments when there is a disclosure of violence and abuse. Sometimes people are referred to us by the courts and other communities. We do what we can to get at the truth and validate the information. The information is brought forth to a circle. The sentencing circle and preparatory time with the victim and perpetrator, which can be as much as 2 years to prepare people for sentencing, are opportunities to educate people about abuse and work toward creating and restoring harmony. This is the approach rather than punishment. People in the community who want to punish are asked to express these wishes and reasons to the offender.

In Manitoba, there are First Nations lawyers and police who understand the way of doing things in our communities. In our work, we include the crown, judge, cops when making decisions on how to proceed. The accused ultimately makes the decision within 5 days as to whether to go the court or take the community healing route. Most offenders are glad to be found out because it enables them to take responsibility. They get help from other offenders who have gone through the process. CHCH puts supports in place, for example treatment plans, personal contracts and sharing circles, which can involve the whole community if they want. Offenders referred to the program are put on probation while they participate in the 13-step healing process. This process can take many years and involves family and community members, victims and other recovering offenders. Most commonly this program deals with disclosures of child sexual abuse ... this is the common factor the Anishinaabe have found underlying most social problems and dysfunctional behaviour.



Men most often are the offenders, but some women are too, although they hide it better. Ask family members who are healing to talk to the man because this is the least intrusive way. It is hard for people to deny things when someone knows you. It is important to know the real leaders and to get support from them. It is a slow process to educate people about their behaviours and to talk about it. Many people are used to talking about these things only when they are drunk, then talking turns to rage and anger. When people can't cope with the pain through alcohol, they turn to suicide. We need to communicate the message 'don't fight children and women to relieve yourself of pain.'

CHCH has a week-long gathering in the bush every year. They get together as a community and socialize. But people want to do more than have games, they want to learn who they are, how to live the Anishinaabe philosophy and incorporate principles today. It is encouraging as it is paying off. They are now doing the 2nd intake of teachers doing community-based therapy training. Women are really growing, but sometimes it feels like they are only touching the tip of the iceberg ... but that is the cycle. 'We need to understand the colonialism process and recognize that we survived it. All pain can become a strength and we can work together. We can learn to help ourselves, and each other.'

It takes a lot of work to convince women that it is their role and responsibility and that traditionally they made the tough decisions. Peer support for women helps them to accept their role in the community. Are there healthier leaders, workers, healthier people and families, less people going to jail, less incidences of FAS, of people going to jail? These changes are starting to happen, but we still have a long way to go. The honour of any success belongs to our ancestors."

This approach, based on traditional Aboriginal principles and beliefs, holds a great deal of hope for regions such as the NWT where traumatic reactions and violent behaviour have become social norms, and where the majority of the population is Aboriginal. It may be that the impetus for advancing this effective community- and culture-based approach comes from the emerging inter-agency committees and coalitions. Or it might come from territorial women. However, whatever the source of energy, this type of approach is a goal that can be worked towards.

4.0 YUKON TERRITORY

4.1 Considerations in Victim Service Delivery in the Yukon Territory

4.1.1 Introduction

As in the chapters on the Nunavut Territory and the Northwest Territories, this chapter on the research undertaken in the Yukon Territory focuses on current formal and informal services available to victims of crime. Accordingly, it also is devoted to building a working knowledge of key contributing factors that need to be taken into account when designing any new services, or modifying existing services. Again, many of the service providers, community caregivers, victims of crime, and federal, territorial and municipal government policy and decision makers interviewed during this research requested that existing cultural differences between First Nations cultures and the dominant Canadian culture be taken into account in this process. To address this, discussions on historical considerations as well as on current social conditions and norms are included. Together, these provide a basis for understanding the findings on current victim service programs and delivery, and any challenges still to be addressed. In the Yukon, key information pertinent to understanding victim service delivery here includes:

- Yukon demographic data;
- Yukon social conditions and related statistical data;
- Yukon historical considerations; and
- Yukon Aboriginal cultural and linguistic groups and political status.

4.1.2 Yukon Demographics

There are 17 communities in the Yukon with a total population of 31,256 people.¹¹² Approximately 74% of the population lives in the capital, Whitehorse. Dawson City and Watson Lake are the next largest communities with populations of 1,953 and 1,662 respectively.¹¹³

In terms of ethnic origin, 21% of the population is First Nations or Metis. The remainder of the population is largely persons of European descent (76%). Asian and African persons make up 3.5% of the population.¹¹⁴

Approximately 20% of the Yukon population is less than 15 years of age (the same as the national average) and 6% of the population is over 65 (12% nationally).¹¹⁵

4.1.3 Yukon Social Conditions and Related Statistical Data

The Yukon population is relatively centralized which makes any assessment of social conditions and the collection of relevant data somewhat easier than in other remote jurisdictions.

¹¹² Yukon Bureau of Statistics, June 2002.

¹¹³ *Ibid.*

¹¹⁴ *Yukon Facts*, 2001. (For more Yukon facts see www.gov.yk.ca/facts.)

¹¹⁵ Yukon Bureau of Statistics. June 2002.

In terms of overall social conditions, and according to the 1998 Yukon Health Status Report, major injury resulting from interpersonal violence is decreasing.¹¹⁶ Also decreasing, over the last 25 years, is the admission of children to hospital for conditions related to poor living conditions (respiratory conditions, infections, etc.). These improvements are attributed to the improvements in the overall political environment which have facilitated self-determination and community.¹¹⁷

However, despite these obvious improvements in the overall social conditions and stability of the population, there are still areas needing improvement.¹¹⁸ These include the high rates of alcohol and drug abuse and high rates of interpersonal assault. In 2001, there were 153 reported spousal assaults (13.3% of all assaults), 46 reported child and teen assaults and 4 elder assaults (there were 948 “other assaults” in the same time period),¹¹⁹ and 92 reported sexual assaults in 2001.¹²⁰ Although the First Nations and Métis people are 21% of the population, they form the majority of clients at women’s shelters and at least half the clients in several public government assistance and treatment programs.

In addition, the rate of teen pregnancy is higher than anywhere else in Canada except the NWT,¹²¹ and there are high rates of sexually transmitted diseases. These statistics are reflected in the admission and service rates to various Yukon social programs. In 1995/1996, 186 female clients attended programs offered by the Yukon Department of Justice Family Violence Prevention Unit, Victim Services. The majority (75%) stated that their principal reason for participating in the program was that they were victims of wife assault. The remaining 25% said their reason was sexual assault and other issues including historic abuse.¹²² This program has grown over the years to the point that it is a major referral for other territorial service providers. In 2001, the Yukon Department of Justice Family Violence Prevention Unit, Victim Services, served 1025 victimized individuals of which 70% were female, 45% were First Nation and most were from Whitehorse. Sixty-seven percent said their reason for seeking assistance was related to spousal assault and 21% said their reason was related to sexual assault.

The Child Abuse Treatment Centre saw 315 people in 2001, and the Detoxification Centre (Alcohol and Drug Secretariat) had 1,200 clients in 2001. The Family Violence Prevention Unit, Offender Programs, had 250 offenders in the Spousal Assault Program in 2001. Kaushee’s Place reports that it is running at 98% to 105% capacity at all times.

¹¹⁶ *Yukon Health Status Report*, Yukon Government Health and Social Services, 1998.

¹¹⁷ *Ibid.*

¹¹⁸ *Ibid.*

¹¹⁹ *Yukon Crime Statistics 1995-2001*, Yukon Bureau of Statistics, 2001. It is noteworthy that the number of reported spousal and child/teen assaults was much lower in 2001 than in 1995. There were 288 spousal assaults and 93 child/teen assaults in 1995. However, “other assaults” are higher in 2001, up from 595 in 1995. According to K. Rodgers, “Wife Assault in Canada,” *Canadian Social Trends* 34 (Autumn 1994), only 26% of women in abusive relationships [in the provinces] report assault to the police. Those who experience repeated assault are more likely to report them. Only 24% of women abused by a partner use any type of social service, 6% only use a shelter.

¹²⁰ *Ibid.* There were 144 reported sexual assaults in 1995. Another interesting point about reported sexual assaults in Yukon is that, in 2001, in 56 of the 92 cases, alcohol was not a factor. In all other major assaults in Yukon, including spousal assault, alcohol was a factor in the majority of cases.

¹²¹ “Counting Us In, A Statistical Profile of Yukon Women,” Yukon Women’s Directorate, April 1999.

¹²² *Ibid.*



The unemployment rate in Yukon is comparable to the rest of Canada at 8.7%,¹²³ although in winter (non tourist) months it can be close to 15%. Approximately a third of the population over 15 years of age have less than a high school diploma.

Housing is less of an issue in Yukon than in other northern jurisdictions with a 15.5% vacancy rate and significantly lower rents than in other northern jurisdictions.¹²⁴

In summary, while the Yukon appears to have a relatively healthy social environment and a greater range of comprehensive social programming compared to other northern jurisdictions, some problems remain. The Yukon government analysis of these problems and their proposed solutions are noteworthy.

“There is little dispute among public health professionals that a major underlying cause is social and economic inequality. If this report demonstrates anything, it is that there is more inequality in the Yukon than in the rest of Canada as a whole. The results of this inequality are differentials in income, housing, nutrition, education, and access to services and opportunity. Those on the lower socio-economic rungs have less control over their lives, fewer tools for good decision-making and less connection to networks that offer support, employment, and life improving opportunities in general. While specialists in this area understand this, there is still at least a partial failure to face these unpopular truths on the part of decision-makers and community leaders. Perhaps the main reason for this is the perceived lack of solutions to social and economic inequality. While there are no one-shot, cure-all solutions to inequality, recognition that this is a serious problem in the Yukon is the first step to developing possible approaches.

As a beginning, if the same consideration were given to the health impact of regulations, new development, new legislation, etc., as is now given to the environmental impact, a big step in the right direction would be taken. Healthy people are the best guarantors of a healthy environment. Every piece of policy, whether it concerns a new school, a mine opening, a new hotel, a sewage treatment plant, or the decision to build a sports complex should be "healthy." Where environmental impact is an important consideration, human health should be part of the environmental equation. Healthy public policy should be more than a catch phrase.”¹²⁵

4.1.4 Yukon Historical Considerations

The original inhabitants of the Yukon had a sustainable hunting/gathering lifestyle based on the natural rhythms of the land and seasons.¹²⁶ Yukon First Nations people lived in small groups and followed a regular cycle of seasonal activities. They hunted caribou, moose and mountain sheep in spring and fall, and spent summers fishing for salmon. (The territory's name comes from the native name "Yu-kun-ah" for the great river that drains most of this area.)

As in other northern jurisdictions, this semi-nomadic subsistence lifestyle was affected by the arrival of early whalers, non-Aboriginal traders and missionaries in the mid-1800s. The effects of

¹²³ Yukon Monthly Statistical Review, Yukon Bureau of Statistics, May 2002.

¹²⁴ One-bedroom apartments in Whitehorse are in the \$600 range, around \$1,100 in Yellowknife and \$1,500 in Nunavut.

¹²⁵ Yukon Health Status Report, Yukon Government Health and Social Services, 1998.

¹²⁶ A sustainable hunting and gathering economy is sometimes referred to as a “subsistence” economy, meaning that people made enough for survival of the group but did not attempt to make a “profit” for their own personal use, as in a “capitalist” economy.

alcohol, introduced by whalers, disease¹²⁷ and residential schools are being felt to this day by First Nations people.

In 1898 and 1899, gold was discovered near Dawson City and the area was immediately inundated with 40,000 people. In fact, it grew into the largest city west of Winnipeg. The gold rush had a dramatic impact on First Nations people. Large quantities of game were hunted along the rivers, and forest fires destroyed much of their habitat. Families were forced to travel long distances to obtain food and furs. Some First Nations people found work for wages packing supplies for the miners or working as deckhands or woodcutters for the sternwheelers that traveled the rivers to Dawson City.

When the gold rush died, many First Nations people returned to trapping. By 1921, the population of the Yukon had fallen below 5,000 and did not increase again until the building of the Alaska Highway during World War II. With the building of the highway connecting Alaska to the lower United States, the semi-nomadic lifestyle of First Nations people ended.

The impact of these 150 years of intrusions and changes on the Yukon Aboriginal peoples is best described by the Council of Yukon First Nations.

“By this time (1940s), Yukon First Nations were still considered wards of the state and governed by the Federal Department of Indian Affairs. In addition, many mission schools were in operation. The largest ones, the Catholic Church in Lower Post, B.C and the Chootla Anglican School in Carcross, saw three generations of Yukon First Nations come through their doors. It was the law that Status Indians send their children to the Mission Schools, and this was enforced by the RCMP Children from as far away as Old Crow were sent to Carcross where they remained for 10 years or so, without seeing their families. The mission schools were set out by the Federal Government who were heavily involved with their policy of assimilation, which sought to turn Canada’s First Nations into that of mainstream society. The schools did a very good job in accomplishing their purpose, stripping the children of their dignity, their identity, and their familial and communal ties. However, despite verbal, emotional and sometimes sexual abuse, our people survived.

In 1960, First Nation people in Canada were given the right to vote for the very first time, this brought unparalleled hope to Yukon Indians. A new generation emerged, barely intact from the brutality of the mission schools and began a movement to fight oppression, provide vision and hope, and to gain some rights for the generations to come.”¹²⁸

This process of recovery and self-determination continues to this day and has resulted in land claim and self-government agreements with 14 Yukon First Nations.¹²⁹ Those in a position to fund and/or develop victim services programs need to understand these government structures and the cultures from which they emerge, as described in the following section.

¹²⁷ It is estimated by the Council of Yukon First Nations that up to 50% of the First Nation population in the mid-1800s were killed by disease. See www.cyfn.ca.

¹²⁸ Council of Yukon First Nations website. See www.cyfn.ca.

¹²⁹ Some land claim and self-government agreements are still under negotiation.

4.1.5 Yukon Aboriginal Cultural and Linguistic Groups and Political Status

Aboriginal people in the Yukon are descendants of several semi-nomadic cultural and linguistic groups. These groups have formed into First Nations as follows:

- Carcross/Tagish First Nations

The Carcross/Tagish First Nations, members of the Tlingit Tribal Council, are located in southern Yukon in and around the town of Carcross. The 483¹³⁰ members are descendants of the original Tagish people of that area and the coastal Tlingit people. They are currently negotiating a Final and Self-Government Agreement with the federal government. Among other services, the Carcross/Tagish First Nation offers some social services to its population, namely, home care, counselling, referral and social assistance.

- Champagne and Aishihik First Nations

The Champagne and Aishihik First Nations are Southern Tutchone and Tlingit of Athapaskan descent.¹³¹ There are 678 members. This First Nation is a member of the Southern Tutchone Tribal Council. They have ratified a Band Final, Land Claim and Self-Government Agreement. They offer social services to their members as follows: home care, community health care, social assistance, counselling, and court assistance. They have delegated authority from the Yukon Government for child welfare. The First Nation and the Yukon Government Justice Department together sponsor Circle Court, an alternative community-based justice process. This First Nation is located in and around the community of Haines Junction in southwest Yukon.

- Kluane First Nation

The Kluane First Nation, located near Burwash Landing, has 148 members who are descendants of the Southern and Northern Tutchone peoples, people of Athapaskan origin. The First Nation is a member of the Southern Tutchone Tribal Council. It is negotiating a Final Land Claim and Self-Government Agreement. The First Nation delivers social assistance, elder care and home care.

- Kwanlin Dun First Nation

Kwanlin Dun First Nation has 1,130 members of Northern and Southern Tutchone origin and some members of Tagish origin. They have presented a Land Claim and Self-Government package to the federal and territorial government. In terms of social services, they offer social

¹³⁰ The First Nation membership numbers in this section are not representative of the number of First Nation members living in the home region. First Nations members may be living anywhere in Canada or abroad but are still listed on their home region First Nation membership roles.

¹³¹ The Athapaskan cultural and linguistic tradition to which most Yukon First Nations belong is more than 1,000 years old. An archaeological dig conducted near Old Crow unearthed a spring caribou hunting site 1,200 years old which has provided evidence about the culture of these early Athapaskans. The other original, and smaller, cultural/linguistic group in the Yukon is the Inland Tlingit.

assistance and elder care. They have a Community Social Justice Program with a Victims' Assistance worker. This first Nation is located in and around Whitehorse.

- Liard River First Nation

The Liard River First Nation, located in and around Watson Lake in the southeastern Yukon, has 891 members of Kaska (Athapaskan) descent. This First Nation is a member of the Kaska Tribal Council. They are negotiating a Final and Self-Government Agreement. They have a community justice program and committee. In addition, they have a women's society.

- Little Salmon/Carmacks First Nation

The Little Salmon/Carmacks First Nation is Northern Tutchone, Athapaskan in origin. They are members of the Northern Tutchone Tribal council. The 484 members have a completed Final and Self-Government Agreement. They offer some social services to their members which include counselling, social assistance, adult care and home care.

- Na-cho NY'A'K Dun First Nation

The Na-cho NY'A'K Dun First Nation, near Mayo in central Yukon, has 891 members of Northern Tutchone, Athapaskan descent. The First Nation is a member of the Northern Tutchone Tribal Council. They have a community health worker, a courtworker, a home care program and an addictions program. They also offer an employment search program. They have signed a Final and Self-Government Agreement.

- Ross River Dena First Nation

The Ross River Dena First Nation, in and around the community of Ross River in eastern Yukon, has 400 members and is a member of the Kaska Tribal Council. They are descendants of the Kaska and Slavey peoples (Athapaskan). They have negotiated a Final and Self-Government Agreement. The First Nation offers social assistance, adult care, recreation, courtworker and some education services.

- Selkirk First Nation

The Selkirk First Nation, near Pelly Crossing, is a member of the Northern Tutchone Tribal Council. There are 469 members. They have a Land Claim Settlement and offer a variety of social programs such as social assistance, home care, elder's support program and a special needs program.

- Ta'an Kwach'an First Nation

The Ta'an Kwach'an First Nation, in Whitehorse, is a member of the Southern Tutchone Tribal Council. It is negotiating a Land Claim and Self-Government Agreement. It works with Kwanlin Dun First Nation in providing its members with social services such as social assistance and elder care.

- Teslin Tlingit First Nation

The Teslin Tlingit First Nation, in and around the community of Teslin, has 512 members. They have settled a Final Land Claim and Self-Government Agreement. They have social services programs as follows: addictions counselling, community health representative, youth worker, social assistance, home care and referral.

- Tr'on Dek Hwech'in First Nation

The Tr'on Dek Hwech'in First Nation, in Dawson City, has 570 members of Han ancestry. They have negotiated a Land Claim and Self-Government Agreement. This First Nation offers educational, courtworker and social assistance programs. They do home care and adult care as well.

- Vuntut Gwitchin First Nation

The Vuntut Gwitchin First Nation, in Old Crow, has 432 members of Athapaskan descent. They have completed a Final Land Claim and Self-Government Agreement and offer social development programs as follows: in-home care, counselling, referral and courtworkers.

- White River First Nation

The White River First Nation, around Beaver Creek, has 124 members of Upper Tanana and Southern Tutchone (Athapaskan) ancestry. They have settled a Final and Self-Government Agreement. They offer social assistance and elder's programs.

This map gives the reader some idea of these Yukon First Nations regions.¹³²



¹³² Council of Yukon First Nations website. See www.cyfn.ca.

4.2 Culture and Social Norms: Background Information

The exploration of how victims of crime were, and are, dealt with by their families, communities and society, in this case in the Yukon, may be assisted by the following explanation about the cultural basis of social norms. Social norms around the treatment of victimized people, and around all facets of personal and collective behaviour, do not develop in a vacuum. There are a wide variety of economic and socio-political, and some would argue evolutionary, explanations for the social norms in all cultures. The following anthropological explanation of social norms provides a useful framework for understanding why victims in each culture are treated as they are.

Land-based indigenous cultures around the world, including the First Nations culture in the Yukon, share a worldview that has been referred to as “high context” by some anthropologists.¹³³ High context cultures are those cultures in which the total context of a situation is observed, analyzed and understood instinctively by all members of the group, often at the same time. Information is gathered and understood within the context in which it occurs. That context includes the movement of animals, the weather, the behaviour of people, celestial events, in short, all activities and events occurring both in the present, the past and the future. This is the reason they are called “high” context, that is, a great deal of contextual information is gathered, on a sensual level, in order to reach conclusions. Events can only be understood in the context of their relationship to other events.

In contrast, “low context” cultures are those cultures in which information is gathered, broken down and understood in separate segments. In low context cultures individuals acquire information through largely technological, non-holistic methods. That is, they rely heavily on the spoken and written word, and on technological tools such as telephones, clocks and radios. In these cultures, for example, the behaviour of animals and people are not often taken into consideration when coming to conclusions about the weather. The weather is seen as a separate phenomenon from the actions of animals and humans. In short, low context cultures rely on what is called deductive reasoning, systemic analysis and the “scientific method” to understand life. They rely much less on the overall context of events.

High context cultures do not understand time as linear but see it as cyclical and inherent in objects and beings. They do not see any element of the universe as separate for any other element, including living beings. Nothing is separate, all of life is one entity, one phenomenon. They understand their place as part of this whole, not dominating or dictating events, but living in some sort of harmonious balance with events. At the opposite end of the spectrum, low context cultures see time as marching from the past through the present and into the future. The universe is seen as a collection of discreet beings, events and circumstances that may or may not be related. And, they understand their role as one of controlling these beings, events and circumstances, not particularly blending with them.

All cultures fall somewhere within this spectrum, from high to low context. The cultures that colonized northern Canada were, and are, fairly low context. The indigenous cultures in northern

¹³³ See Edward Hall, *Beyond Culture*, 1976. Aspects of this worldview, and its potential impact on victim service delivery, can also be found in the Nunavut chapter of this paper.



Canada were, and are, fairly high context. When a low context culture overtakes a high context culture, as happened in much of the world during the 1700s and 1800s when Europe was empire building, there are many generations, and many hundreds of years, of upheaval, confusion and crisis for the high context culture. First of all, and from the outset, the indigenous high context culture is often judged negatively by the dominant culture. The worldview described above, and the resulting value high context cultures place on relationships, non-interference, sharing, conservation, emotional restraint, suppression of anger (among many other values which were important to survival in a land-based, subsistence culture),¹³⁴ comes into direct conflict with low context values around personal success and ambition, individualism and competitiveness.

This clash of fundamental worldviews and ethics for behaviour has created enormous trauma in the high context, First Nations cultures in the Yukon and northern Canada. To make matters worse, the grief and confusion from this loss of identity and collective integrity has been further intensified by residential school abuse, relocation of families into settled communities and the forceful integration of a regional subsistence-based population into a global capitalist economy. One of the results has been the relatively high levels of trauma, addictions, violence and victimization within the First Nations population over the last several generations.

To complicate matters, its not completely clear how these phenomena, when they occurred, were dealt with prior to this lengthy period of colonization and assimilation. For example, there are varying accounts of how women and children were treated in pre-colonial times. And, there are differing descriptions of how violence was defined and dealt with. However, an understanding of the social norms in both high and low context cultures is a useful tool in understanding why cultures behave as they do.

4.3 Services Available in Yukon Communities

4.3.1 Scope and Methodology

At the outset of the research process, a decision was made by the parties sponsoring and undertaking the research to review only the main victim service providers in the Yukon Territory. This decision reflects the existence of a relatively large number of comprehensive, long-term, and universally available, services for victimized people in the territory. In addition, unlike other northern and remote jurisdictions, all Yukon communities but one (Old Crow) are accessible by road, making universal service provision more possible. There are 17 major serviced communities, all administered from Whitehorse. (This is unlike other northern jurisdictions, for example Northwest Territories where 30 communities in 6 separately administered regions, with a limited road system make centralized universal service provision less possible.) These universal services have their headquarters in the capital, Whitehorse, where 74% of the population, 22,879 people, reside.¹³⁵

A total of 30 interviews, with respondents from 24 universally available Yukon services, were undertaken for this inventory. These services, all headquartered in Whitehorse, include:

¹³⁴ See Brant, Clare C., M.D., *A Collection of Chapters, Lectures, Workshops and Thoughts*, available from the Native Mental Health Association of Canada, 1996.

¹³⁵ Total Yukon population is 31,070. Yukon Bureau of Statistics, June 2002.

- Kaushee’s Place, Yukon Women’s Transition Home Society;
- Victim Services, Family Violence Prevention Unit, Yukon Justice;
- Crimes Against the Persons Unit, RCMP;
- Child Abuse Treatment Services, Yukon Health and Social Services;
- Bringing Youth Towards Equality and Youth Shaping the Future Council;
- Victim Witness Assistance Program, Justice Canada;
- Women’s Directorate, Yukon Government;
- Offender Programs, Family Violence Prevention Unit, Yukon Justice;
- Yukon Status of Women Council;
- Victoria Faulkner Women’s Centre;
- Yukon Public Legal Education Association;
- Committee on Abuse in Residential Schools;
- Fetal Alcohol Syndrome Society of Yukon;
- Youth Victim Services, Family Violence Prevention Unit, Yukon Justice;
- Adult Probation Services, Yukon Justice;
- Mental Health Services, Yukon Health and Social Services;
- Skookum Jim Friendship Centre;
- Yukon Legal Services Society;
- Residential Treatment Programs, Yukon Health and Social Services;
- Community Health Centres;
- Youth Sex Offender Treatment Program, Yukon Health and Social Services;
- Yukon Family Services Association;
- Blood Ties Four Directions Society; and
- Alcohol and Drug Secretariat, Yukon Health and Social Services.

All these services either have offices in some smaller communities or travel to them on a regular basis. They actively seek referrals from the outlying communities.¹³⁶

In addition to these universally available services, community-based services, offering specific services to victimized individuals, were also contacted. These community services, based outside the capital Whitehorse, include women’s shelters, community justice programs, and victim healing programs. A total of 12 community-based services were contacted for this inventory. These services include:

- Magedi Safe House, Ross River;
- Carmacks Safe House, Carmacks;
- Help and Hope For Families Society, Watson Lake;
- Liard Aboriginal Women’s Society, Watson Lake;
- Dena Keh Justice, Liard First Nation, Watson Lake;
- Dawson City Women’s Shelter, Dawson City;
- Dawson City Group Conferencing Society, Dawson City;
- Southern Lakes Justice Committee, Carcross;

¹³⁶ This is not to imply that there are no gaps in service. In fact, many respondents made recommendations that there be greater effort to provide less centralized, more community-based services. See section 4.4, “Recommendations for Victim Services in Yukon Territory.”



- Haines Junction Justice Committee, Haines Junction;
- Kwanlin Dun First Nation Community Justice Program, Victim Services, Whitehorse;
- Kwanlin Dun First Nation Community Social Justice Project, Whitehorse; and
- Whitehorse Health Centre, Whitehorse.

Service providers whose mandate includes the entire territory are all based in Whitehorse. These service providers were interviewed in person between May and June 2002. Community-based rural service providers were interviewed by phone during the same time period.

Contact numbers, and other pertinent information, were taken from several Yukon directories focused on the provision of social service information. These directories include:

- “Yukon Family Violence Resource Directory 2001” (published by Yukon Women’s Directorate and updated bi-annually);
- “Phone Directory of Yukon Agencies and Services” Yukon Justice, Victim Services website at www.justice.gov.yk.ca;
- NorthwTel Yukon phone directory "Hot Peach Pages - Abuse Help Lines"; and
- “Yukon Community Directory: Resources for Personal Growth and Development, 2002 Edition” (published annually by Nansi Cunningham as an NGO fundraiser).

4.3.2 Inventory Findings

Details regarding each service interviewed for this research can be found in *Victim Services in the Territories: A Compilation of Contacts and Resources*. Insights interviewees shared regarding successes and obstacles to service provision can be found in the following sections of this chapter. Their recommendations for service provision to victimized people can be found at the end of this chapter. In addition, many respondents shared their understanding of informal and traditional ways of dealing with victims.

Traditional and Existing Informal Victim Services in the Yukon Territory

The purpose of gathering information on traditional First Nations of dealing with victimization is to explore approaches that may have worked in the past, and that therefore might be built into the design of any new victim-centred services. The purpose of gathering information on current informal ways of dealing with victims is to understand how gaps in contemporary formal services are being addressed. Given the degree of need, and the competing demands for limited resources, it is important to learn from, and to build on, the informal supports that have worked in the past, and continue to work in the present.

The information in this section is based on interviews with Territorial First Nations people, most of whom are currently key service providers in the Yukon. Their names are among those listed in Appendix A. As in the research undertaken in the other two territories, other respondents include women who were, or are, victims of interpersonal violence. The largest group of respondents are

those community-based service providers contacted during the inventory of YT service providers (see Appendix B).¹³⁷

Traditional Approaches to Dealing with Victims in Yukon

“Women endured it.”

“Under the traditional First Nations clan system, there was a strict prohibition on intermarriage within clans ... when there was wrongdoing, the Crow and Wolf clan leaders would have to resolve it ... there might be a big community gathering to mediate and resolve it.”

“Traditionally men were hunters and providers; there were distinct roles for men and women ... I’m not convinced women were treated well.”

“There were many more mechanisms to keep people connected to each other for survival ... getting people into wilderness camps, back on the land, dealing with traditional elements and meeting basic needs in a supportive environment ... they were more community-oriented to support each other ... today victimized people are disconnected from each other, their culture, their language ... they’re much more isolated ... it’s 250 communities of 1, not 1 community of 250.”

“In cultures based on the circle, people take care of the circle first before you take care of yourself ... all life is interconnected, that’s your survival ... it depends on your connection to the land and your family and others to whom you are linked ... hunting and gathering societies manage relationships that are conducive to that.”

“Traditionally there were gender specific gatherings when there was trauma.”

“A lot of us don’t know what responsibility and accountability and change is about ... I was taught to haul water, do laundry, cook, basic skills ... I had to do them or I got beat ... we need to do more on family violence, sexual abuse ... it has to start coming out of the grave ... its so buried people are saying let it stay there ... a lot of us are saying ‘no, speak up!’”

“They used spiritual health for healing ... pray with the sun in the morning to let go ... there’s four directions ... get up early enough and pray ... my mom took me to a place up the bay ... she told me that’s where sweat lodges and prayers were used all the time for anything and everything.”

“Anything you have on your body is sacred ... I carry ashes in my pocket from a sacred fire with special bark and plants my mom gathers ... ashes help give me strength ... there’s bad people out there that give bad energy and one needs protection.”

“Somebody would go around and pick up all the kids who were hanging around on the street while their parents were drinking and bring them home and give them something to eat and somewhere to stay.”

¹³⁷ The full list of Nunavut community-based service providers can be found in *Victim Services in the Territories: A Compilation of Contacts and Resources*, Mary Beth Levan, Ottawa: Policy Centre for Victim Issues and Research and Statistics Division, Department of Justice Canada, 2002.



“I saw more neighbourhood community bonding when I lived in town 15 years ago ... people knew everybody in the whole neighbourhood ... now we don’t know everybody on the same street and don’t see many people doing community support more organized services are available.”

“Some men have said that things are bad now because women are providers and working outside their traditional roles.”

Most respondents believe that victims of spousal, physical or sexual assault in the distant past did not receive very much personalized support or validation. A common response is that women and children simply “endured it.”

However, these respondents note that in pre-colonial times there were more built-in coping mechanisms within the culture that, in themselves, kept people more connected to each other, and therefore safer. People had to work together in order to survive. In addition, people in those times saw their natural environment as empowering and time spent on the land, in hunting and gathering pursuits, did, according to some respondents, help people with healing and health. Prayer, sweat lodge ceremonies and other traditional spiritual rituals also helped people maintain balance and harmony within themselves and within their clan. And, according to one respondent, some people found ways to protect themselves spiritually from those with negative energy.

Some respondents note that clan leaders would meet to mediate disputes but it’s unclear if incidents of interpersonal violence were dealt with in this manner. And one respondent says there were gender specific gatherings for traumatic events, but again it is not clear if these would include incidents of interpersonal violence.

In more recent times, when formal services were either non-existent or in their infancy, respondents report that in some communities a few adults would gather up, feed and house those children whose parents were drinking or otherwise unavailable. A number of respondents said that this spirit of community support and togetherness has eroded in the last 20 years referring to the advent of more formalized services and a societal shift towards individualism, as opposed to communalism.

Some respondents note that there is some blaming of women for the current levels of interpersonal violence. Apparently, some people believe violence is the result of women stepping outside their traditional roles and taking on the role of ‘provider,’ a role previously fulfilled by the men in the community.

Existing Informal Methods of Dealing with Victims in the Yukon

“I know there is some informal community support for some people, friends or family ... some people go to their clergy to talk ... sometimes there are healthy people in a community and they are really helpful to people.”

“The issues of belonging, family and containment is very difficult for abused women in the communities... there’s huge resistance to acknowledging spousal violence, its impacts on the family and its presence in the community.”

“Victimized people have hardly any family and community support.”

“The Family Violence Prevention Unit gets calls from people asking what should we say, what should we do ... we educate family members and friends about how to deal with victims.”

“I’ve been humbled to see healthy grieving in the face of horrible traumas in Old Crow ... the whole community will gather at the community centre and cook for the family.”

“Our outreach workers offer a lot of informal outreach in the community ... they go to community dinners, etc.”

“Everyone needs to survive ... victims rely on defence mechanisms ... they need support to open up ... denial and avoidance are common coping mechanisms.”

“In recent years, First Nations have been holding healing conferences and gatherings ... often the support for victims just doesn’t happen ... many women just don’t feel empowered to speak about their lives to other people, especially when they are victims of violence.”

“Generally victims are silenced ... victims don’t come forward ... they’re fairly isolated in terms of dealing with their victimization.”

“Victims may have reached out in the past for support and it hasn’t worked, so they don’t reach out again.”

“It really depends on the community ... there’s a lot of telephone counseling that happens.”

“Agency people phone Victoria Faulkner Women’s Centre and Yukon Status of Women Council looking for women-centred services which may be lacking elsewhere or to help women work through a system that’s not working for them there.”

Most respondents report that many victims of physical, emotional and sexual abuse remain hidden and silent within the community. Some towns may have a loose network of informal support, but not a great deal is known about how it works or where it exists. Two respondents stated that some victimized people are being supported through phone contact with friends and/or family members. And the Family Violence Prevention Unit reports that they get calls from community people asking how they can be supportive to the victimized people in their town.

Victim Services Outreach Workers (Family Violence Prevention Unit, Yukon Justice) are attempting to help build those informal support networks, and increase the viability of more formal services, within the smaller communities by focusing on community inter-agency cooperation and relationship building. Community building and some communal support of victims are also being encouraged by those band councils who have held healing conferences and other gatherings to address their social problems. And both the Victoria Faulkner’s Women Centre and the Yukon Status of Women Council report that they receive calls from agencies seeking services for female victims that fall outside the existing formal services.

However, by and large, victimized people who don’t use the more formalized services, described elsewhere in this document, develop their own coping mechanisms. Children and adults of both sexes, and in all cultures, ‘deal’ informally with their own victimization through a range of symptoms and behaviours known as Post Traumatic Stress Disorder (PTSD). These symptoms include identity confusion, memory dysfunction, dissociation, mental disorientation, a wide range



of emotional and psychological problems, relationship disruptions, sexuality dysfunction, a wide range of physical symptoms, and/or a general loss of faith in life. Each individual unconsciously puts these symptoms together in a way that enables them to survive in their particular circumstances. These circumstances may be painful but they are at least predictable and familiar. In that respect, there is as much safety and happiness as the individual has come to accept as 'normal'.

There are also some more affirmative methods used by victimized First Nation individuals, and some non-Aboriginal people, to cope with their situation. For example, some respondents report that prayer, and the intervention of angels and other helpful spirits, has made a tremendous difference in their lives, and in the lives of other victimized people they know. Others say that sports, sewing and traditional crafts, dancing and singing have proven a useful tool in dealing with their victimization. But perhaps the most universal method of informally coping with violent relationships, addictions and victimization, for First Nations people at least, has always been spending time away from the community, and sometimes one's family, by going out on the land to camp, hunt, fish and trap. This can be difficult for individuals and families without the resources necessary to life on the land. However, respondents stated that it is the universal goal of most First Nations people to spend as much time as possible away from the cares and problems of community life and replenish their psychic energy at favourite spots far from "town".

According to respondents, families and communities, in both First Nation and non-Aboriginal Yukon cultures, tend to informally deal with victims in a variety of ways. There is a fair amount of collective and personal denial about the existence and impact of interpersonal violence within families and communities. Several respondents point out that abused and assaulted women and children are not a priority concern in any Yukon culture. They make the point that women in almost every culture are considered second-class, and some go so far as to see women as largely disposable citizens.

In these circumstances, it is understandable when victims are also dealt with informally through blaming and shaming. And there is also some blaming and attacking of service providers and activists who attempt to highlight the situation. Over time, victims, and sometimes those providing service to them, learn to blame themselves. Blaming and shaming have the effect of silencing people, making them easier to control, undemanding of service or recovery and obedient towards the existing private and public circumstances in which they, and their children, must survive.

Implications for Victim Service Delivery

As stated throughout this chapter, there are in the Yukon a wide variety of experienced, universally available resources for victims. However, the situation in terms of chronic violence and victimization, and its attendant denial, blaming and secrecy, is, according to respondents, very entrenched and difficult to alter.

When some victimized people finally come to the attention of the 'system,' service providers, funders and community caregivers are usually dealing with traumatic reactions that have, in themselves, become social norms over many generations. This is true in both the First Nations population and the non-Aboriginal population. As noted earlier, individuals, families and groups of people who have been marginalized, dominated and oppressed over several hundred years develop coping mechanisms for survival that include all the elements of post traumatic stress disorder.

When these coping mechanisms are filtered through an individual’s culturally based social norms, as described earlier, they can become even more confusing to deal with. Service providers can find themselves in some difficult situations as they try, for example, to balance the need to empower an abused First Nations woman with that woman’s desire to maintain an ongoing, non-confrontational relationship with her husband and his family (remembering the value high context cultures place on maintaining non-confrontational, intact family ties at all costs). Alternately, how do service providers convince an abused man from a low context culture, which values privacy, individualism and ‘success,’ that he might find it helpful to share his story and feelings with other men?

Service providers are in the position of needing to understand the dynamics of patriarchy, trauma, victimization, culture and social norms. This information, alongside practical information about legislation, resources and intervention methods, will at least make it easier to understand the victim’s behaviour and feelings, and help them choose interventions that are meaningful to them. It may also make it easier for victim-centred programs in First Nation and non-Aboriginal cultures to assist and support each other on both practical and emotional levels.

Current Formal Services Available in the Yukon Territory

Services currently available to victims of crime in the Yukon Territory can be grouped under the service categories of women’s shelters, victims services, advocacy and information services, treatment programs, community justice committees, and counseling and mentoring programs.

Women’s Shelters

All five Yukon women’s shelters were interviewed during this research process. These shelters are located in Whitehorse, Watson Lake, Carmacks, Ross River and Dawson City. All shelters but one have full-time paid staff. The shelter in Ross River has on call, as needed staffing only. All shelters offer shelter, food, lay counselling, referral, advocacy, information and support. All shelters focus on the safety of the women and children in their facilities and promote respect for the choices and dignity of the women and children in question.

Kaushee’s Place in Whitehorse is the largest shelter with 15 beds and 20 staff. It services all Yukon communities. In addition to emergency shelter, Kaushee’s Place provides a 5-apartment second stage facility where women and children can stay up to 6 months as they develop plans and make arrangements for independent living. Kaushee’s Place employs, in addition to shelter staff, an outreach worker, a sexual assault worker and a second stage coordinator. Programs include a 24-hour crisis line, childcare programs, aftercare programs and a parenting program in addition to regular shelter programming. Kaushee’s Place also works with a variety of agencies, such as the Alcohol and Drug Secretariat and the Family Violence Prevention Unit in planning gender specific programs for women and in helping develop policy and legislation affecting victimized women and children. Kaushee’s Place reports that they are consistently operating at 98% to 105 % capacity. The majority of clients are First Nations women. From January 1999 to July 2001, approximately 53% of admissions were to First Nations women.¹³⁸

¹³⁸ See Kaushee’s Place, Yukon Women’s Transition Home, Program Review, November 2001.



The next largest shelter is in Watson Lake. The Help and Hope for Families Society operates a 13-bed transition house with 3 full-time and 3 casual staff. In addition to standard shelter programming, they take 24-hour crisis calls and offer a program called “Safe Circles,” which is a weekly support circle for abused women. They also take children apprehended for up to 48 hours by Social Services for whom no suitable placement can be found.

The shelter in Dawson City, Dawson City Women’s Shelter, has 3 full-time and one part-time staff. In addition to standard shelter programs, they offer a resource library and a weekly childcare program called “Kid’s Time.”

The shelter in Ross River, Magedi Safe House, is open to abused women, neglected children and abused elders. With 4 on call workers it is opened on an as-needed basis. They report that 20 people used their service in the past year.

The shelter in Carmacks, Carmacks Safe House, with one full-time staff and on call staff offers weekly support/culture groups in addition to standard shelter programs.

Victim Services

There are a large number of victim-centred, comprehensive, diversified and universally available victim service programs in Yukon. They include:

- Victim Services, Family Violence Prevention Unit, Yukon Justice;
- Kwanlin Dun First Nations Community Justice Project Victim Services;
- RCMP Crimes Against the Persons Unit Victim Assistance volunteers;
- Crown Victim Witness Assistance Program, Justice Canada;
- Committee on Abuse in Residential Schools;
- Youth Victim Services, Family Violence Prevention Unit, Yukon Justice;
- Liard Aboriginal Women’s Society; and
- Child Abuse Treatment Services, Yukon Health and Social Services.

All victim-focused programs offer supportive lay counselling and referral services in addition to other services as described below.

Victim Services, Family Violence Prevention Unit, Yukon Justice

Yukon Justice Family Violence Prevention Unit, Victim Services, offers home and hospital visits, crisis intervention, advocacy and court accompaniment. They assist with Victim Impact Statements and offer a Women’s Program whose goal is the safety and recovery of women victimized by spousal assault. They have 5 full-time staff, 3 part-time staff and handled 782 cases, a total of 1025 victims, in 2001/2002. Seventy percent of their clients are women and 45% are First Nations. Victim Services has offices in the Whitehorse RCMP detachment as well as in Dawson City and Watson Lake. They travel and offer services in Mayo, Ross River and other communities. Victim Services also does public education, workshops and training, school presentations and offender assessments. They assist in Peace Bond applications and with Emergency Intervention Orders and

Victim Assistance Orders. Their focus is victims of spousal assault (67% of case load) and sexual assault (21% of case load).

Kwanlin Dun First Nations Community Justice Project Victim Services

Kwanlin Dun First Nation Victim Services offers one-to-one and group counselling in the form of healing circles for victimized First Nations people and their families. Their focus is Kwanlin Dun band members residing in Whitehorse. There is one staff person who also takes crisis calls and assists with Victim Impact Statements and court attendance of victims. This program assists over 50 First Nations victims per year. It is part of the Kwanlin Dun First Nations Community Social Justice Project.

RCMP Crimes Against the Persons Unit Victim Assistance Volunteers

The RCMP Victim Assistance volunteers assist primarily with victims who are not victims of spousal and sexual assault. They may accompany police to crime scenes and victims are also referred to them by police. This program exists in most Yukon communities.

Crown Victim Witness Assistant Program, Department of Justice Canada

The federal Crown Victim Witness Assistance Program assists victimized individuals with the court process. They assist with Victim Impact Statements and attend hearings and trials with victims. They prepare victims for court, explaining the court process and reviewing statements. There are 2 staff at this time and a third is being recruited. They make referrals to other victim services and agencies. They travel with the federal prosecutor to all Yukon communities on court circuit.

Committee on Abuse in Residential Schools

The Committee on Abuse in Residential Schools (CAIRS) offers recreational and healing programs to First Nations victims of residential schools and their families. They have five staff and offer talking/healing circles, support groups and one to one counselling. They have a drop in centre and several cultural programs in Whitehorse. They see from 25 to 40 people a day. This service is available to all Yukon residents who have experienced residential school trauma.

Youth Victim Services, Family Violence Prevention Unit, Yukon Justice

Youth Victim Services is a new program (January 2002) at the Family Violence Prevention Unit, Yukon Justice. There is one full-time and one full-time seasonal staff assigned to run several programs. These include a group for teenage girls who have experienced violence in dating relationships, drop in and group counseling, court assistance, youth outreach workshops, public education, and they are developing a bullying program. They had 30 clients in the first 2 months of the program.



Liard Aboriginal Women's Society

Liard Aboriginal Women's Society in Watson Lake is, like CAIRS, a healing and recovery program for residential school survivors and their families. Their focus is Kaska people of the southeastern Yukon. They bring in a therapist from BC and offer cultural activities. They also run a summer long camp for families. They serve approximately 200 families a month and 1,500 individuals per year.

Child Abuse Treatment Services, Yukon Health and Social Services

Child Abuse Treatment Services, Yukon Health and Social Services has five full-time staff working with children from 3 to 18 years old. They offer various forms of therapy to victimized children and non-offending parents. Two outreach workers offer treatment services three days per week in the various Yukon communities. They had 315 clients in the past year.

Advocacy and Information Services

There are a large number of service providers in Yukon offering advocacy, information and generalized support services to all Yukon residents. These services are the Bringing Youth Towards Equality and Youth Shaping the Future Council; Women's Directorate, Yukon Government; Yukon Status of Women Council; Victoria Faulkner Women's Centre; Yukon Public Legal Aid Association; Skookum Jim Friendship Centre; Yukon Legal Services Society; and Blood Ties Four Directions Society. The mandates of these services include services to victimized people seeking these services. The services provided in each are described below.

Bringing Youth Towards Equality and Youth Shaping the Future Council

Bringing Youth Towards Equality and Youth Shaping the Future Council is a youth organization which focuses on building peer support networks, mentorship and employment programs for young people ages 15 to 30. They offer conflict resolution and mediation training. They have five full-time staff who serve approximately 45 young people per week. They work with youth and their families and schools to solve problems and assist with legal issues. They have traveled to several Yukon communities to offer training.

Women's Directorate, Yukon Government

The Women's Directorate focuses on policy development that will increase the status and equality of Yukon women. They publish the *Family Violence Resource Directory* and *Options, Choices and Changes*, a handbook for women in violent relationships. They have an extensive resource library and co-chair the Federal, Provincial and Territorial Status of Women Working Group on Violence Against Women.

Yukon Status of Women Council and the Victoria Faulkner Women's Centre

Both the Yukon Status of Women Council and the Victoria Faulkner Women's Centre have resource libraries and offer lay counselling, advocacy, information and support services to women

needing information and support in dealing with formal support systems and various problems, including victimization. Located in the same office, both organizations serve up to 600 clients per year from all Yukon communities.

Yukon Public Legal Aid Association

The Yukon Public Legal Education Association provides legal information and education to all Yukon residents. It has two full-time staff giving information to persons who don't qualify for legal aid or who need legal information. In the last fiscal year, they had 2,466 phone requests, 251 in-person requests and 28 mail requests.

Yukon Legal Services Society

The Yukon Legal Services Society provides free legal services to all qualifying Yukon residents who can't afford a lawyer. Yukon Legal Services Society has 10 full-time staff.

Skookum Jim Friendship Centre

Skookum Jim Friendship Centre has three full-time staff working in the Tan Sakwathan Youth Diversion Program which provides early intervention and healthy alternatives to First Nations youth and their families who come in conflict with the law.

Blood Ties Four Directions Society

Blood Ties Four Directions Society offers drop-in support, groups and referral for all Yukon individuals living with HIV and Hepatitis C. They do prevention and education workshops throughout the Yukon. They have 2 full-time staff.

Treatment Programs¹³⁹

There are a variety of residential and non-residential treatment programs in Yukon available to all Yukon residents. These programs include Residential Treatment Programs, and the Alcohol and Drug Secretariat, both of Yukon Health and Social Services.

The Residential Treatment Programs run by Yukon Health and Social Services provide home style residential treatment services for lower functioning, cognitively impaired youth who may have

¹³⁹ Some offender treatment programs are included in the inventory of Yukon services, Appendix B, as many offenders are also victims. These programs include: Offender Programs of the Family Violence Prevention Unit, Yukon Justice; Residential Treatment Programs, Yukon Health and Social Services; Youth Sex Offender Treatment Program, Yukon Health and Social Services; and Alcohol and Drug Secretariat, Yukon Health and Social Services.

Yukon Community Justice Committees state that they see the protection and recovery of victims as part of their mandate. (See the *Yukon Community Justice Committee* online at www.communityjustice.yk.net) These committees are composed of volunteer participants with paid coordinators. Offenders are referred to them by the police and by the courts. They do pre- and post-charge diversion programming for non-violent offenses. They also hold peacemaking circles, family group conferencing circles and healing circles which include both victims and offenders, their supporters, professional service providers and other community members. They provide sentencing recommendations to the Territorial Court and work with community members on various restorative justice initiatives.



been previously victimized. The goal of the program is to encourage independent living. Three residences in Whitehorse are available to all Yukon youth. There are presently 12 residents.¹⁴⁰

The Alcohol and Drug Secretariat offers residential detoxification, addictions treatment, prevention programs, out-patient counselling and aftercare services in a 10-bed facility. Most clients have a history of victimization. They take referrals from all Yukon communities. With a staff of 26 (increasing to 42.4 in 2002/3) they serve approximately 1,200 detox clients and 200 counselling clients per year. Staff travel to all Yukon communities and will be adding new counselling staff positions in Watson Lake, Dawson City and Haines Junction. They have assisted communities in developing aftercare programs for community members.

Counselling and Mentoring Programs

This sector includes those services that offer counselling and mentoring services to victimized people and the general public. These services include Fetal Alcohol Syndrome Society of the Yukon; Community Health Centres, Yukon Health and Social Services; Mental Health Services, Yukon Health and Social Services; and Yukon Family Services.

The Fetal Alcohol Syndrome Society of Yukon has one full-time coordinator and two part-time peer support workers offering, in conjunction with the Family Violence Prevention Unit, Yukon Justice, an intervention project called “With a little help from my friends.” The goal is to support women with FAS to reduce their victimization and criminal behaviours. They work with families, individuals and communities to teach ways to work and live with FAS. Life skills, general mentoring and personalized support are the focus.

Community Health Centres offer standard health care in each Yukon community. In this capacity, they do lay counselling with victimized women, report child abuse, refer patients to services and offer medical treatment to victims.

Mental Health Services, Yukon Health and Social Services, have 11 full-time staff doing assessments, individual and group therapy and referral for a range of mental health patients. They accept referrals from all Yukon communities and do outreach into all communities.

Yukon Family Services is a non-government counselling agency with 21 staff. It offers individual, family and group sessions on a variety of issues. Educational programs, play therapy, youth work, parenting and other programs are available. They have community offices in Dawson City, Watson Lake and Haines Junction. They also offer services in Teslin, Carmacks, Mayo, Pelly Crossing, Destruction Bay, Beaver Creek and Burwash Landing on an itinerant basis. They had 4,300 counselling hours in 2001/2 and 280 days of service in rural communities.

4.3.3 Successes in Victim Service Delivery

Respondents noted a number of successes in victim services delivery. Specifically noted were the number of comprehensive services for victims in YT, increased community awareness, an increase in effective justice interventions, an increase in traditional healing opportunities, more effective

¹⁴⁰ The majority of Yukon children in all forms of care are First Nation. See Anglin, Jim, *Their Future Begins Today: Yukon Residential Care Review*, December, 2001.

trauma treatment, and increasingly successful working partnerships. Each of these is briefly discussed here, beginning first, with respondents’ direct comments.

Comprehensive Services for Victims

- *“I’ve been doing this for 12 years and with every government there has been support for community-based treatment for sexual abuse and spousal abuse treatment ... there’s nowhere else in the country where that has existed ... Ontario slashed domestic violence programs across the board and more recently in B.C. ... thankfully we haven’t had to experience that ... the public doesn’t see that all the time, particularly when the perception in the media is that service provision is minimal.”*
- *“The full continuum of services are case managed so our safety plans for victims are better ... it strengthens the support for victims to offer consistent service.”*
- *“We think in a community development way about crime prevention ... that vision pushes us to reach out ... we try to find the best way to help out the community to do what they need to do to be healthy.”*
- *“Information and services available to people is much more available and focused.”*
- *“We’ve had a lot of success with some victims coming forward on sexual assault matters ... they’ve achieved a real sense of empowerment, especially if there’s a conviction ... they’re able to go on with their lives.”*
- *“They let us into the schools and its been a success ... a lot of youth come to see us at our weekly lunch ... we ran successful conflict resolution circles ... the clients we helped in the court system successfully completed their diversion and are doing well.”*

Most respondents, as evidenced above, feel that the Yukon has developed a very professional and comprehensive continuum of victim-centred programs. There are still gaps in services and challenges, as noted in the next section, but in general there is a sense that a very solid foundation of services now exists.

In particular, respondents noted the effectiveness of the following services:

- the Crime Prevention Victim Services Trust Fund, Yukon Justice;
- the Family Violence Prevention Unit (FVPU) Victim Services and Offender Programs, Yukon Justice;
- the Child Abuse Treatment Services, Yukon Health and Social Services;
- the Adolescent Sex Offender Treatment Program, Yukon Health and Social Services;
- Kaushee’s Place Transition Home;
- the Peer Support Network, Bringing Youth Towards Equality and Youth Shaping the Future Council; and
- the Healthy Families and Community Wellness Programs, Yukon Health and Social Services.



Respondents stated that these, and other services are increasingly adept at therapeutic intervention, service delivery, case management and inter-agency cooperation. Public awareness and support of these services is also relatively high due to ongoing information campaigns and consistent professional service over many years. Several respondents noted that the focused outreach programs of these agencies have successfully engaged previously ‘hidden’ and unreachable victims of crime.

Also notable is the high number of specialized victim services. The Fetal Alcohol Syndrome Society of Yukon offers comprehensive programming for adult women with FAS many of whom are chronically victimized or drawn into criminal behaviour. There are several programs targeting youth victims, namely, Youth Victim Services, Family Violence Prevention Unit, Yukon Justice; Child Abuse Treatment Services, Yukon Health and Social Services; Bringing Youth Towards Equality and Youth Shaping the Future Council; Residential Treatment Programs, Yukon Health and Social Services; Youth Sex Offender Treatment Program, Yukon Health and Social Services; Skookum Jim Friendship Centre Youth Diversion Program; and youth programs at the Alcohol and Drug Secretariat, Yukon Health and Social Services. There are a number of programs focused on First Nation residential school survivors. These are the Committee on Abuse in Residential Schools, Liard Aboriginal Women’s Society, and Kwanlin Dun First Nation Community Social Justice Project. There are also five shelters for abused women and children throughout the Yukon.¹⁴¹

In addition, many Yukon First Nations periodically offer family camps and other traditional healing activities for their members. First Nations are also active participants in Community Justice Committees and community-based restorative justice initiatives.

Increased Community Awareness

- *“We had to go into our fourth printing of ‘Options, Choices and Changes’ (a guide for abused women) ... we’ve printed and distributed about 8,000 copies of this guide.”*
- *“The ‘Family Violence Resource Directory’ is updated every two years and is widely distributed and widely used.”*
- *“Public education has lead to a higher awareness in young people.”*

Virtually all respondents pointed to an increased level of community awareness, throughout Yukon, of family violence, child abuse and sexual assault issues. Publications dealing with these issues are widely distributed and read. Respondents say that community gatherings, community justice initiatives, and comprehensive and universal services to victimized people are impacting all segments of Yukon society.

Effective Justice Interventions

- *“There can be as many as 20 Emergency Intervention Orders per month under the Family Violence Prevention Act.”*

¹⁴¹ These 5 shelters serve a population of 31,256 people in 17 communities. In the Northwest Territories, there are 5 shelters for 42,000 people in 30 communities.

- *“The Domestic Violence Treatment Option Court engages more victims and the process keeps them safer while the offender is in treatment and going to court regularly.”*
- *“Restorative justice is working here ... the elderly women in our circle make the offenders accountable for what they did ... regular court is easy for them by comparison.”*
- *“We have seen reconciliation between victims and offenders.”*
- *“The courts are more knowledgeable on victims and family violence.”*
- *“The Victim Impact Statement is a medicine wheel: physical, mental, emotional and spiritual ... the victim needs a lot of support to fill it out ... one victim told me ‘every time I pick it up I cry’ ... so we got together four women and it took four sessions with all of us to walk through the VIS ... you start realizing its like a new beginning ... the judge said it was the best VIS he’d ever seen.”*

According to respondents, awareness is growing about the *Yukon Family Violence Prevention Act* and more abused women are using it as a resource.¹⁴² A recent initiative, the Domestic Violence Treatment Option Court,¹⁴³ is, according to some respondents, providing abusers who take responsibility for their violence with more immediate treatment, and their victims with increased safety.

¹⁴² The Yukon Territory *Family Violence Prevention Act* has three components: an Emergency Intervention Order; a Victim’s Assistance Order; and a Warrant of Entry. Each of these components is outlined as follows: an Emergency Intervention Order is available through the RCMP (24 hours, 7 days a week), or the territorial Department of Justice, Victim Services staff (weekday office hours); is issued over the phone by specialized Justices of the Peace (JPs); can allow the assaulted partner and their children to stay in their home, if it is safe to do so; can have an abusive person removed from the home by a police officer; will prevent the abusive person from contacting the assaulted person and their family, or any other persons listed in the court order; and allow an assaulted person to apply for a Victim’s Assistance Order in addition to the same type of conditions available in an Emergency Intervention Order. In the Victim’s Assistance Order, the victim must apply in person at the Court Registry during weekday office hours in Whitehorse, Dawson City or Watson Lake. Outside of those areas, one must apply to the Whitehorse court by phone (toll free number). This order can give a person temporary possession of personal property; it can prevent the abusive person from taking or damaging one’s property; it can require the abusive person to pay the assaulted person or their children for any loss of income, medical expenses, moving and legal expenses; it can require the abusive person to agree to the conditions in the court order; it can only be issued by a Territorial Court Judge and the victim must attend a court hearing. There is a kit available through Victim Services that can assist the victimized person. If access to the assaulted person is being blocked and there are fears that they may be in danger, a Warrant of Entry can be pursued. A Warrant of Entry is available through the RCMP 24 hours a day, 7 days a week; is issued by a JP or Territorial Court Judge by telephone; and can authorize a police officer to enter a residence, assist or remove a victim or violent spouse, and search the home for signs of violence to use as evidence.

In intent, this legislation allows women and children to remain in their home, greatly reducing the increased strain on assaulted women and children when they are forced to leave and find shelter elsewhere. The housing shortage in most remote Aboriginal jurisdictions often means that women and children are forced to return and live with an abusive spouse and father, despite their desire to end the relationship.

¹⁴³ The Domestic Violence Treatment Option Court hears cases, on a weekly basis, where the offender has been charged and accepts responsibility for his violence. The sentencing hearing is postponed while the offender attends the Spousal Assault Program. He is required to attend court on a monthly basis to report on his treatment progress. At the completion of treatment, a written report is given to the court on the progress of the offender and a sentence is given which reflects this progress and addresses future counselling and safety issues. During this process, the victim is supported with safety planning, referrals and counselling if they choose. They are also given updates on the offender’s progress and assistance with release conditions and the preparation of a Victim Impact Statement.



There were some concerns expressed by respondents about alternative justice initiatives such as diversion programs, healing groups and sentencing circles (see the next section). However, several respondents believe that the alternative justice initiatives in their community are working. They report that community justice committees, sentencing circles, healing circles, peacemakers court and other community justice activities are having a beneficial local impact and are taken seriously by the community. And, they report that victims have felt supported by the process, not intimidated.

Overall, respondents believe that the judiciary, and the justice system in general, is becoming more informed and aware of the issues around victimization.

Several respondents reported positive therapeutic benefits resulting from the victim's involvement in the Victim Impact Statement process. They stressed that these benefits were more evident when victims were assisted in the process by supportive friends and family.¹⁴⁴

More Traditional Healing Opportunities

- *“A lot of elders talk about trauma ... that’s why we have our sweats and circles.”*
- *“They used spiritual health for healing ... my mom took me to a place where sweat lodges and prayers were used all the time for anything and everything.”*
- *“Prayer and circle ... spirituality is the number one healer ... that’s what helped me.”*
- *“A community recently held a healing initiative for residential school victims, family violence victims ... it was a week-long session ... these kinds of gatherings of people, supported by Chief and Council, to help people become aware of victimization are helpful ... they create a safe place to talk about it ... it’s mainly needed for residential school victims and their children, reconnecting people to the circle of the community.”*

First Nations and government service providers all note the increasing use, and growing impact, of traditional Aboriginal spirituality, and traditional culture, in healing victimized people. Restorative justice initiatives and healing programs built on this approach are well established and accepted forms of healing in many communities.

These traditional healing approaches include on-the-land and camping programs for families, youth and elders; sweat lodge ceremonies; healing circles; prayer; intervention by elders; and traditional herbal medicines. Most First Nations and other organizations using traditional healing approaches, such as residential school recovery programs, also employ ‘western’ methods of therapeutic intervention such as one-to-one counselling, women’s shelters and psychiatry. Some respondents stated that their own successful healing journey was largely dependent on traditional healing.

¹⁴⁴ In the Yukon, there are a number of agencies which help victims with Victim Impact Statements: the Victim Witness Assistance Program, Justice Canada; the Family Violence Prevention Unit, Victim Services, Yukon Justice; Kwanlin Dun First Nation Community Social Justice Program, Victim Services; Crimes Against the Person Unit, RCMP; Victim Assistance Program, RCMP; and Kaushee’s Place, Yukon Women’s Transition Home Society.

Effective Trauma Treatment

- *“We have helped a lot of people deal with the trauma of residential school abuse.”*
- *“We have a well-educated staff team that can diffuse multiple and numerous traumas.”*
- *“We think looking at the community that they’re ready to deal with historic abuse ... they just need to hear some stories from us.”*
- *“I’ve seen more of our people sobering up.”*
- *“Women are learning to leave before the violence starts.”*
- *“Staff are getting trauma training certification and we invite other agencies to send their staff to training free of charge.”*

Several respondents stated that their agency and other services are becoming more effective at treating the underlying traumatic experiences contributing to the chronic victimization, violent behaviour and other problems of their clients. In other words, there is growing success among service providers in addressing more than the symptoms of trauma.¹⁴⁵

As evidence, respondents report that they see women in abusive relationships leaving their partner before the violence escalates further, thus reducing the danger to themselves and their children. And although this was not a universally expressed sentiment, a few respondents believe they are seeing increased levels of sobriety in the First Nations population.¹⁴⁶

Several respondents shared their admiration for the fact that increasing numbers of people, working in various capacities with victims, are trained specifically in the dynamics of traumatization and the recovery needs of victimized people. Most agencies and government departments make their training programs available to others working in the field of victimization. Training programs have included information about the effects on treatment staff of working with traumatized individuals.

Successful Working Partnerships

- *“We have participated with other organizations in community projects without losing our focus as a women’s shelter.”*
- *“We’ve built successful relationships with Family and Children’s Service, youth services, police.”*
- *“Victims Services is always at the table when considering community justice ... safety is a primary concern and we get that message out there ... people have to understand we’re working with vulnerable people.”*

¹⁴⁵ Symptoms of unresolved trauma can include addictions, family violence, child abuse, criminal behaviour, and chronic victimization. See the section 4.2.3, “Existing Informal Methods of Dealing with Victims in Yukon,” for more details.

¹⁴⁶ Levels of sobriety in the non-Aboriginal population were not discussed by respondents.



- *“We have developed a great connection with some of the schools to help them deal with child victims of abuse and we get 2 to 3 calls a week from other agencies asking for advice in dealing with child victims.”*
- *“We have a really good working relationship with NGOs now ... those relationships support effective programming to meet women’s needs and give credibility to addressing women’s issues in Yukon.”*
- *“Our partnerships with community service agencies are a big success.”*

Respondents report that they have had good success in building working relationships with other community agencies and government departments. Judging by inventory results these working partnerships appear to be most highly developed in Whitehorse. But all service providers interviewed during this research process displayed a thorough knowledge of the services available to all victimized people in the Yukon.

4.3.4 Continuing Challenges in Victim Service Delivery

While there are a number of excellent programs in the Yukon, respondents also spoke about a number of challenges to victim service delivery that need further work. This section provides details on these challenges.

Lack of Community Support for Victims and Service Providers

- *“The community won’t risk bringing a woman to the transition house ... there’s a lot of lateral abuse here ... families or close friends forcing you into doing things you don’t want to do ... family blood ties are thick and protect offenders.”*
- *“There’s huge resistance to acknowledging spousal violence and its impacts on the family and its presence in the community ... people are suffering from the fact that socially we’re minimizing their abusive behaviour.”*
- *“People don’t want the judicial system, RCMP or social workers, who might take kids away, involved ...and women get very desensitized and wear it like a badge ... it’s ‘us and them.’”*
- *“We need to do more on family violence ... there is nothing in the community where sexual abuse is discussed ... it has to start coming out of the grave ... it’s so buried people are saying ‘let it stay there’ ... a lot of us are saying ‘no, speak up’ ... when we hear there’s no resources, it’s fear of dealing with it.”*
- *“Our biggest challenge is getting parents to see their child’s needs as the priority ... without a parent’s support and a parent providing that safe living environment for the child, we’re not going to be successful.”*
- *“We live in a culture where people are self absorbed without commitment, responsibility or empathy for others ... so people are more likely to victimize and be victimized ... self-absorption is the stage of development called adolescence ... trauma prohibits maturation into adulthood.”*

- *“For starters men and women can stop calling each other ‘Nazis’ who work for social change ... there are no behaviours or dysfunctions that people exhibit that don’t come from the root cause of women’s inequity ... people just don’t understand that violence against women and family violence truly affects everyone.”*

Public attitudes and social norms around spousal assault, sexual assault and child abuse which deny the high levels of interpersonal violence in the Yukon and then dismiss, shame, blame and harass victims and service providers are one of the biggest challenges raised by service providers. Most respondents state that while there has been improvement in this area (see “Successes” above) there is still a very long way to go.

Many respondents note that the friends, family, and community in general, put a great deal of pressure on victims to remain silent and blame themselves for the abuse they experience. Families and communities will go to almost any length to protect the offenders. When victims are given the choice of either belonging to a family and community, or speaking up, most are compelled to choose self-blame and silence.

According to these respondents, this leads naturally to a ‘them and us’ attitude especially in smaller communities. Victims, discouraged from approaching service providers and authorities, come to believe themselves that any intervention will further harm themselves and their children. As well, and according to several respondents, there is amongst First Nations people a natural disinclination to trust any government service or system.

In addition, several respondents noted that some public norms support the harassment and dismissal of service providers, feminists and other social activists who work for the greater enfranchisement of women and the eradication of violence against women. As one respondent noted, the general attitude of “self absorption” and “lack of empathy” in society does nothing to limit the effects of these attitudes.

Lack of Leadership Support and Understanding of Victims

- *“There are sometimes inappropriate comments made by leaders in influential positions which has created a backlash against abused women.”*
- *“Saying ‘We understand you’ve had hardships and we’re not getting involved,’ is protecting deviant behaviour.”*
- *“Some of them in leadership have not done any work on their own healing ... they’re victims or perpetrators.”*
- *“It’s the people above us (in political power) who are saying ‘we can’t do that because we don’t have the resources’ ... but we do have the resources.”*
- *“The challenge is keeping women’s issues on the political agenda.”*

Most respondents note that public leadership around victimization issues, and political support for their services to victims, is not always consistent. According to these respondents most Yukon



public governments over the last 30 years have supported a relatively full range of social programs and specialized services. However, and according to some respondents, some political leaders, both in public government and in First Nations governments, have either criticized existing services as irrelevant and unnecessary, or claim that social problems are beyond anyone's capacity to deal with them.

These respondents say this behaviour is reflective of an uninformed, reactive attitude about victimization in general, and the high levels of trauma in the Yukon in particular. They also feel it is indicative of a general backlash against feminism and 'women's issues,' particularly violence against women, in our society. A few respondents also believe that these leaders have not dealt with their own history of victimization and offending, and therefore don't want to see services that might force them to do so. The attitudes of these political leaders may also be explained as reflective of the public attitudes in general in Yukon, that while somewhat advanced compared with other northern jurisdictions, is still not truly supportive or understanding of victimized people.

Lack of Infrastructure, Resources and Services

- *"We're a small organization spread thin ... some high needs clients phone us every day ... any agency that works with victims never has enough resources to meet the need; you never run out of clientele."*
- *"We need a place where we can go and treat our clients ... a place to offer victims programs and family healing."*
- *"We have a high level of child abuse, physical and sexual violence, spousal assaults and sexual assaults ... they often don't get reported ... people need a crisis line to call."*
- *"There are male victims of violence but the men don't call ... there's a lot of violence and trauma in the community ... most perpetrators have a horrendous history of violence inflicted on them."*
- *"There don't seem to be any victim services for elderly people ... no interpreter or emotional support ... there is hidden elder abuse and not many older people access the services."*
- *"For the people we worked with in camp there's no support system in place for them, there's no aftercare ... their support system is the bootleggers."*
- *"There are not enough services for the birth-to-age-3 group... people are not willing to take a stand on victimization ... children in our communities really are abandoned; they have had trauma and loss, they need to form attachments ... the ability to form trusting, respectful, caring relationships in your life is impaired when children have been sexually violated and physically abused and abandoned."*
- *"Governments support project funding and that's not always what's needed ... there needs to be ways to support continuing the things that do work ... there is a lot of reluctance to increase operation and maintenance costs and lots of good programs that need to continue."*

- *“In very small communities, it’s very hard to find people to take those victim services jobs because of the isolation of the worker ... its hard on the community without sustainability ... people working in the victims services field don’t stay there forever ... people move on and that’s hard on clients and the community.”*

Virtually all respondents report that they are working at full capacity, and still are not able to meet the needs they observe in the Yukon population. Some expressed a need for improved or larger facilities. Others said they had trouble maintaining a full compliment of trained staff, sometimes due to high rates of ‘burn out’ and sometimes due to inadequate salaries and benefits. Several respondents wished they, or another agency, had the capacity to offer more services outside of business hours. And several mentioned the need for some sort of territorial crisis line.

In terms of the overall continuum of services respondents feel there are program gaps in the areas of treatment for male victims of violence, services for elderly victims of violence, and early intervention programs for high risk children. In addition, while respondents note the relatively high level and quality of service provision in the Yukon, many feel there is still inadequate attention given to the aftercare needs of people who access these services. Those working with victims in the addictions and spousal assault area felt this lack most strongly.

A number of respondents believe that there is a large number of male victims of abuse and assault who are ‘invisible’ and more reluctant to discuss their past than women who have been victimized. Service providers working in the healing and recovery field point out that men who become offenders often have a history of victimization that has not been addressed or acknowledged.

Several respondents brought up the issue of hidden elder abuse. The prevalence of this type of abuse was not known to respondents. They simply reported what they had heard informally from elders and the victims they work with. Respondents note that elders are reluctant to disclose abuse as they fear repercussions from family members, who may be the offenders, and the potential loss of family relationships.

Most respondents believe that despite some excellent programming around child victims of violence in the Yukon a great deal remains undone. In particular, respondents see the need for a much higher level of intervention programming for very young children and victimized children in the smaller communities. And those working with teenagers believe a great deal needs to be done in educating teens around the issues of date rape, spousal assault and sexual assault. They also point out the need to educate and sensitize parents to the needs of acting out children and teens.

In terms of program standards, respondents reported that despite the relatively sophisticated number and quality of services in the Yukon, more work needs to be done in the area of program standards. People feel there is a need to develop professional standards and core competencies in the area of victim service delivery. Program evaluation of these services has to become an ongoing priority and meaningful statistics need to be kept. In addition, the roles and responsibilities of some service providers need clarification.



Service providers expressed a number of challenges within the funding area as follows:

- funding at most agencies is inadequate to meet the agency's stated mandate and the high public demand for service;
- funding for non-government agencies is short-term, which leaves agencies scrambling on a yearly basis ... this leads to program instability and staff turnover which in turn breaks the trust and progress with clients; and
- there is a high need to move more programming into outlying communities, which is impossible without increased funding.

A substantial number of respondents report that a great deal more attention needs to be paid to victim service delivery in smaller Yukon communities. They discussed the need for impartial victim advocates, victim healing opportunities, appropriate medical services and overall community support for victimized individuals. Community attitudes and social norms around victimization, as discussed earlier, make the work of victim support that much more necessary.

Lack of Information

- *"We need more cultural knowledge from our elders before they pass on."*
- *"We need to start listening more to that victim ... we need to hear what they're saying ... we need to be better listeners."*
- *"Service providers need training on the rape kit and spousal assault."*
- *"It's a challenge to keep service providers on the same page in their understanding of the awareness of dynamics of violence in relationships and treatment modalities ... some counsellors will see couples even when there is violence in the relationship."*
- *"Confidentiality is a complicated construct ... safety can be jeopardized if there's a reluctance to connect clients with services ... when there's an outburst and a woman is at the most open point for change, and vulnerability, is when to move the supports in."*
- *"What are the protocols around case management? ... Confidentiality policies can contribute to the lack of interagency and interdepartmental cooperation and information sharing ... we need to always think of what will help the victim."*
- *"I've heard that nurses will sometimes call the police when there is a sexual assault, even if the victim doesn't want to talk to them ... this upsets the women, and so sexual assault kits aren't used and women don't get any kind of service at all."*
- *"Agencies need to clarify their roles and coordinate their activities ... we need a network of peers at the management level ... we need to share resources (dollars and space)."*

It appears, from responses, that Yukon caregivers and service providers have worked diligently on their own training and healing. Several respondents mentioned that their staff had had training in Post Traumatic Stress Disorder; addictions; vicarious traumatization (experiencing traumatic

reactions as a result of working with victimized people); counselling skills; addictions awareness; traditional healing methods such as talking circles; family and group counselling; and family violence and sexual assault dynamics and recovery.

However, respondents note that there continue to be areas where more work is needed. Some said that there is not a sophisticated enough understanding amongst service providers of spousal and sexual assault. Others felt that the practice of seeing abusive partners and their victims together, and before the violence had been dealt with, was inappropriate and dangerous.

Virtually all respondents recognize the need to keep their own lives balanced while working with victims. Some recognized that they weren't always successful in doing that and were looking for support themselves. This becomes even more of an issue when caregivers and service providers are related to the victims and offenders in question. These factors combine often and lead to worker burn out and high staff turnover in some locations.

Respondents see a need for improved communication and relationship building skills amongst service providers and caregivers. They recommend that all service providers develop culturally appropriate methods of intervention.

A sub-issue in the area of partnership networks is the issue of client confidentiality. Respondents report that there is confusion, and really no widely accepted and established policy or protocol, about 'who can tell what to whom.' They believe this has led to decreased service to victims which has then stalled their recovery process.

Although respondents were generally pleased with advances in information sharing, joint case management and interagency cooperation they feel that more remains to be done in building a network of partnerships that will serve victims better. They remarked on the tendency of all agencies and government departments to become insular and cut off from each other. At times this had led to some confusion over roles and responsibilities ... and missed opportunities to share resources.

Difficulties of Working with Victimized People

- *“Minimization, denial and blame are our challenges from a therapeutic point of view.”*
- *“With a lot of our women it shuts them down ... they can't deal with current victimization because of historic sexual abuse.”*
- *“We have huge numbers of cognitively impaired people and huge numbers of substance abuse, addicted people ... a couple of victims get drunk all the time, get raped at least once a month ... we have no success with those people.”*
- *“A lot of young women in violent relationships who should go to the shelter won't go there ... they want to stay with their partner and don't want to be told they have to leave him.”*
- *“Traumatization and victimization cause neurological differences: a similar disability to FAS, the symptom profile is the same ... it's a neuro-chemical imbalance ... there's a reluctance to*



open up on these issues ... people damaged by FAS, trauma and victimization are very likely to be anti-social and victimize others.”

- *“It’s a challenge to change belief systems from one of power and control to equality in intimate relationships ... that’s a dynamic that exists in the community at large as well.”*
- *“Some of these things are very painful to deal with ... its hard on victims to deal with their auntie about some past crime ... its hard on workers if they are related to people in the community.”*

Respondents to this survey are well aware of the problems they face in attempting to assist and support victimized people. Many victimized people have a wide range of issues that need attention, including:

- addictions to drugs, alcohol, gambling;
- homelessness;
- unemployment, lack of education and poverty;
- multiple and/or repetitive traumas;
- well-established defence mechanisms;
- neurological conditions and brain damage, such as, Fetal Alcohol Syndrome;
- a wide range of medical problems;
- legal problems;
- relationship and parenting problems;
- anti-social and violent acting out behaviours;
- lack of family and community support; and
- Post Traumatic Stress Disorder.

All respondents recognize that these issues cannot be dealt with by one agency or government department and stated that even with the relatively well-developed services in the Yukon many victimized people are not receiving any type of useful intervention. They also recognize that once a victimized person begins to seek out services it can take many years to piece together the resources necessary to address their often multiple and complex issues. Those with brain damage from trauma or FAS, who are sometimes chronically victimized, may need ongoing support and services throughout their lifetime.

Difficulties of Working with the Judicial and Correctional Systems

- *“What gives them the right to say there’s no place for victims ... we don’t have to be below the judge anymore or be questioned by lawyers ... we can tell our stories in a circle.”*
- *“Some restorative justice stuff is quite dangerous to victims ... in circles, the offender has huge numbers of supporters and the victim is there alone hearing wonderful things about the offender ... victims are silenced by that process ... there’s a lack of education, people don’t understand trauma and victimization.”*

- *“The Victim Impact Statement is a very personal document, which is used in court ... but it might not be something she wants passed around the circle and read by everybody in the community.”*
- *“There is a huge need for more awareness and education of professionals at all levels, including judiciary on violence, power and control issues, trauma, post traumatic stress, etc.”*
- *“There is some abuse of Domestic Violence Treatment Option Court ... defence lawyers are not ethical and take advantage of it ... a Corrections Services Canada report quoted the research as saying a lot of offenders in the pen claim they were victims, that their defence lawyers recommend that they do that ... they suspect that in many cases the claim of victimization is bogus ... that is not the kind of thing you would expect CSC to publish and its worth looking at ... I suspect its accurate.”*
- *“We need to train the Crown and police in sexual assault, family violence and FAS ... police sometimes do or don’t take statements and children are told you don’t have to testify ... often children want to and need to tell their story and well intentioned or ignorant people want to ‘protect’ them and are doing more harm than good ... often the police won’t act on a no-contact order or breach ... they don’t think they’re serious.”*
- *“Many offenders are now in treatment options without incarceration ... separation between the victim and abuser is crucial to promote healing the trauma for both victim and offender ... that separation isn’t happening, so the trauma is not dealt with.”*
- *“The shelters keep their clients too disconnected from other resources ... they protect those women from the bad guys and from the good guys.”*

Respondents had some focused comments when describing challenges around policing practices and the various Yukon judicial systems. A relatively large number of service providers surveyed feel that a number of serious problems need resolving.

Several service providers feel that alternative and restorative justice initiatives, such as peacemaker’s court, circle sentencing and family group conferencing, have not always dealt appropriately with victims of crime. They report that some victims feel intimidated into participating and are often overwhelmed by the support shown to offenders in these circles. Some victims do not want their Victim Impact Statement read in these circles, which has apparently happened without prior consultation with the victim. And several victims have reported that they did not feel any group support or sense of closure, ‘restoration’ or reconciliation as a result of the group. Apparently, some victims have felt completely silenced after listening to glowing remarks about the offender in these circles.

On the other hand, a few respondents said that these alternative justice processes have greatly assisted victims in their community and helped them move on in their recovery.

In terms of the standard judicial system, respondents believe that Crown attorneys and judges need far more training in the issues of victimization and traumatization. In particular they feel that these



judicial personnel do not have an adequate understanding of spousal and sexual assault, power and control issues in relationships, chronic traumatization, historic abuse and Fetal Alcohol Syndrome.

A few respondents feel that defence lawyers are often unethical in their treatment of victims during a trial. And some wonder if defence lawyers are telling their clients to claim victimization in order to reduce sentences or gain the sympathy of the judge and the public.

A few respondents also feel that police need to take no-contact orders more seriously and enforce them properly, which they claim is not the case now. They also report that police do not always deal with child victims appropriately, telling them that they don't have to tell their story of victimization in an attempt to spare them further trauma. Service providers working with child victims note that the child may in fact need to tell their story as part of their own recovery process. There is some disagreement amongst service providers about what constitutes effective treatment of victims and offenders in spousal and sexual assault cases. Some respondents believe that offenders and victims need to have some separation in order to heal and they don't see this happening. Other respondents wonder if the shelters for abused women keep women too isolated from other services.

4.4 Recommendations for Victim Services in the Yukon Territory

The following recommendations for improvements in victim support and services comes from the service providers, victims of crime, program administrators, caregivers and funders interviewed during this research process. These are all listed in Appendix A, except for the names of the victims of crime who were interviewed; their names are not included.

4.4.1 Public Education and Community Building

- *“We need an aggressive public awareness campaign about trauma, sexual assault, family violence and victim’s issues that is as aggressive as the drunk driving and anti-smoking campaigns have been ... with saturation for health, education, judicial and wellness systems.”*
- *“Not many older people access the services ... we may need more education targeted to that age group ... we rarely see more than one senior at Victims Services in one year ... we need to educate nurses, family doctors and seniors’ homes on how to assist seniors.”*
- *“Good role modeling by older people ... less community tolerance for bush parties and alcohol consumption.”*
- *“We need youth role models and substance free events.”*
- *“People with post-traumatic stress seek out what is familiar ... they can’t cope with the anxiety of saying no to the perpetrator ... to validate the victim it requires a strong, harsh community sanction, a Band Council resolution ... it takes the whole community to say ‘no, you can’t do this to our kids.’”*
- *“We need far greater natural support systems in First Nation and non First Nation communities ... build communities where we take care of each other.”*

- *“One of the partnerships I would like to see and would honour very much with my male counterparts is a partnership in stopping violence here in the territory ... it’s a men’s issue also.”*
- *“Men could organize to create a shelter for the many homeless men and male victims of violence in the community ...nobody’s stopping them from doing that kind of work.”*
- *“There’s an obvious need for more public education and for respectful and informed debate ... we need to develop respect for differences in our community.”*

As noted earlier, respondents feel that uninformed and anti-victim public attitudes are amongst the biggest challenges they face in victim service delivery. Many respondents used the word “aggressive” when talking about the type of intensive public education needed to change these attitudes and stop family violence and sexual assault in the territory. Several people referred to the successful public education campaign of Mothers Against Drunk Driving (MADD), pointing to the noticeable impact their campaign had on societal levels of impaired driving.¹⁴⁷

Alongside intense public education campaigns, respondents see a real need to build stronger and more cohesive communities that don’t tolerate abuse towards any community member. Towards that end, they recommended the following:

- encourage Band Council and First Nations resolutions which clearly say “No” to spousal assault, sexual assault and child abuse;
- encourage the promotion of respected elders and youth as role models;
- deliver intensive education programs on victimization and trauma for people working in the health, education, judicial and wellness systems;
- provide an increased public awareness, and educational, focus on the realities of elder, child and male victimization;
- encourage community men to take leadership on violence against women, working with women’s groups and establishing a zero tolerance social norm amongst all community men;
- establish regular substance free social and recreational events; and
- engage in respectful public community debate around the community’s social problems.

4.4.2 Practical Support to Existing Services

- *“First Nations people deserve a lot of credit for acknowledging the problem, taking responsibility and asking for help ... First Nations know what they need ... the Committee on Abuse in Residential Schools (CAIRS) and the First Nation treatment programs are great and need to be supported and these types of services increased.”*
- *“We need to subsidize counselling services that aren’t covered for women seeking services outside of Yukon Family Services Association, which is subsidized through the government and cheaper than a private counsellor.”*
- *“We need additional resources for Yukon Family Services to recruit more staff to meet all the counselling needs.”*

¹⁴⁷ MADD has helped reduce drunken driving related deaths by 40 percent since it’s founding in 1980. See www.madd.ca.



- *“Public health nurses should spend a lot more time in the first 2 years with families with newborns at risk and the Child Development Centre needs more money ... too much of the money goes into the back end of the system (adults in jail, adolescents in group homes) ... we need more services at the front end.”*
- *“We need access to current statistical information ... the Statistics Branch does not regularly compare women and men ... they collect data but don’t divide it out and publish it ... the Statistical Profile of Yukon Women should be updated with data from the 2000 census and Yukon collected information.”*
- *“There’s not enough space at the transition house to help women in trauma but not in immediate danger ... their spouse may be in jail, so they are ‘safe,’ but they need support and we can’t help them with an intake because we’re full.”*
- *“Clinical supervision for workers isolated in rural communities and debriefing support where people are dealing with high levels of abuse ... we need a mentoring process for counsellors.”*
- *“We need ongoing funding ... not writing proposals all the time ... it boils down to money ... we have so little money.”*
- *“Governments support project funding and that’s not always what’s needed ... there needs to be ways to support continuing the things that do work.”*
- *“We need agreement on core competencies and protocols around case management.”*
- *“Better professional standards and a greater depth of knowledge is needed for working with children.”*
- *“The Alcohol and Drug Secretariat needs a more adequate facility, it’s institutional and not conducive to people feeling welcomed and respected ... men have access to the women’s rooms for the residential treatment component ... there should be separate good space for women in gendered addictions programs.”*
- *“We need to share resources between departments and agencies.”*
- *“People do need to evaluate their programs ... it should be mandatory ... people do get complacent and don’t stay abreast of current research.”*
- *“Families have to take time off to get counseling 9 to 5 ... we need to offer counseling services in evenings and weekends.”*

Service providers pointed out during interviews that many excellent services are already in place in Yukon. However, most of these programs need more staff, improved facilities and other resources, including stable funding, in order to truly meet their mandate. The following detailed recommendations were made by survey respondents:

- provide greater support, resources, funding and training for First Nations healing and trauma recovery programs and hire more First Nations professionals in government service delivery;
- develop more publicly subsidized counselling services with flexible hours of service;
- develop shared program standards amongst agencies that include core competencies and protocols around confidentiality and case management;
- acquire more appropriate facilities for residential intervention and treatment programs and large First Nation healing programs;
- provide increased recreational options for young people;
- give public health and agencies working with young children the resources to support moms and newborns in high risk situations;
- fund more shelter space and/or appropriate resources for women dealing with long-term traumatic issues;
- provide statistical data by gender and regularly update it;
- provide increased support to community-based service providers working with victims, including mentoring, debriefing and clinical supervision;
- provide ongoing, rather than yearly, funding to non-government service providers dealing with victimized people;
- encourage and design ways for agencies and government departments to share resources more effectively;
- develop increased services, with professional standards, for victimized children, elders and men; and
- do ongoing evaluations of all territorial service providers.

4.4.3 New Programs and Services

- *“Aftercare needs to be improved ... people will come asking for shelter if they are afraid that they are going to get violent.”*
- *“We need a commitment to women’s shelters in all Yukon communities and we need Stopping the Violence counsellors in every community and each shelter.”*
- *“We need services available during crisis hours: 8 p.m. to 8 a.m.”*
- *“We need a 24-hour professionally staffed crisis line for support, referral and intervention to deal with crisis calls ... a 1-800 line that is territory wide to deal with violence, suicide, sexual assault, homelessness and self-harm.”*
- *“We need a Sexual Assault Centre with trauma support”*
- *“We need another facility like Kaushee’s Place only larger to accommodate women from the communities.”*
- *“We need mandatory treatment for violent offenders.”*
- *“More resources in outlying communities for responding to the disclosures of abuse coming forward ... we need access to services in communities ... look at the level of trauma for the victims.”*



- *“There needs to be a visitation/access centre for supervised visits of children with parents they are not living with ... there are too many high-risk situations where you need a healthful place to drop off and pick up children.”*
- *“We need to look at long-term service for some victims.”*
- *“We hear often from First Nations women that there needs to be a healing centre or a personal wellness centre to deal with historic sex abuse issues, racism and Aboriginal culture and healing, etc.”*
- *“We need to find ways to support communities in the way they want ... we need to build constructive relationships with self-governing First Nations.”*
- *“We really need to concentrate on early intervention ... we spend so much time trying to fix the problem after the fact ... work with schools and the Healthy Families Program and get in there with more early intervention ... when they’re in grades 1 and 2, that’s where you get the most value for your intervention.”*
- *“Youth like talking to their peers ... they prefer to talk to someone who understands, listens and pays attention to youth.”*
- *“Training and networking with youth in all Yukon communities.”*
- *“We need a facility for youth who are not in care ... a temporary emergency shelter for youth where they can have showers and a place to stay when they’ve got nowhere else ... it should deal with homelessness and job training ... youth can only stay there if they’re trying to improve themselves and be successful in their lives.”*
- *“Multiple treatment experiences which are school- based, or in groups, counselling or wilderness experiences, they can possibly have a cumulative effect ... we need to do more for our kids ... it appalls me that our communities have given up on our kids.”*
- *“We need a shelter for men and for transients.”*
- *“We need to make additions to the school curriculums in the areas of bullying, anger, violence and sex offences.”*
- *“We need publicly funded, free-of-charge, feminist-based therapies for survivors of abuse.”*
- *“There are no survivor groups out there ... survivors need one-to-one support and also need to see that they are not alone ... they need ongoing support networks with individual therapists available to respond when needed.”*
- *“The Child Abuse Treatment Services needs taxi fare money and childcare so moms can be available for intake with their children ... their pay is low and they don’t have clinical supervision.”*

- *“We need a social worker at the hospital that can do outpatient work ... they need bridge work to the community ... the social worker begins to uncover problems when they’re in for something else and those patients need support when they leave.”*
- *“We need a specialized social worker for older persons.”*
- *“Agencies need to look at the community development component of their mandates and ask ‘How do we do outreach? How do we provide aftercare and connect people to each other?’ ... develop a community response to alcohol, addictions and violent behaviour.”*
- *“We need a Victims Services office and worker in our town, not coming from Whitehorse.”*

Survey respondents gave more recommendations in the area of new programs and services than in any other area. All these areas are reflected in the quotes above, although these comments are not the sum total of comments made about needed services. Recommendations for new services and programs are listed below in roughly the order of priority they were given by respondents.

- provide a 24-hour, professionally staffed, and Yukon wide, toll-free crisis line to deal with issues of spousal assault, sexual assault, child sexual abuse, historic abuse, suicide, child victimization, etc.;
- develop a Sexual Assault Centre for the Yukon;
- increase community-based services for victims, including a women’s shelter in each community, a Stop the Violence counsellor in each community, a youth peer support program, Victim Services, family support, sex offender treatment and early intervention programs in each community;¹⁴⁸
- encourage all agencies to take a community development approach to victim recovery, improving their outreach, aftercare and community response programs;
- provide more residential treatment options, and healing centres, some exclusively for First Nations, some for victims, others for offenders and communities;
- develop adequate and appropriate aftercare programs for people leaving various forms of residential treatment and healing experiences, including a halfway house;
- make more services, crisis intervention and counselling services in particular, available during non-business hours;
- develop more programs that are sponsored in cooperation with First Nations service providers and build working relationships with First Nation healing programs;
- design school curriculums that address the issue of interpersonal violence and healthy sexuality;
- provide survivor groups for victims of assault;
- give greater financial support to the Child Abuse Treatment Services;
- hire a hospital social worker responsible for post-hospitalization outreach;
- hire more social workers who specialize in the care of the elderly;
- provide more youth recreational programming and an emergency shelter for youth;
- provide a shelter for victimized and transient men;

¹⁴⁸ The need for increased community-based services was expressed most strongly by community-based service providers and caregivers outside Whitehorse. Service providers who do outreach to communities were also convinced that more services need to be available at the community level.



- make treatment mandatory for all offenders;
- provide another larger shelter in Whitehorse for chronically traumatized women;
- find an appropriate place for children to have supervised visits with non-custodial parents;
- provide free feminist counsellors for abused women; and
- recognize and plan for the long-term care of some victimized individuals.

4.4.4 Law Enforcement and Sentencing

- *“Mandatory charging ... not lip service to mandatory charging ... we say zero tolerance, but the police and crown can't explain what the difference is between zero tolerance and mandatory charging.”*
- *“Many offenders are now in treatment options without incarceration ... separation between the victim and abuser is crucial to promote healing the trauma for both the victim and the offender ... that separation isn't happening, so the trauma is not dealt with.”*
- *“Stiffer sentences for crimes against persons.”*
- *“Start the healing with charges in court of assaulting the spouse ... ‘justice is the start of healing’ ... I really believe that.”*
- *“Often the police won't act on no-contact orders or breaches ... they don't think they're serious”*
- *“we need the RCMP to come up here with a little better attitude and to be stationed here for longer ... 2 years is too short and the turnover isn't good or getting all the fresh recruits on their first posting”*
- *“we need to train the Crown and police in sexual assault, family violence and FAS ... police sometimes do or don't take statements and children are told you don't have to testify ... often children want to and need to tell their story and well intentioned or ignorant people want to ‘protect’ them and are doing more harm than good”*

Respondents made the following recommendations in the area of law enforcement and policing:

- enforce the mandatory charging of spousal and sexual assault offenders;
- incarcerate offenders involved in spousal assault treatment options;
- give stiff sentences to offenders who commit crimes against persons;
- enforce no-contact orders and act on breaches of probation; and
- train RCMP members stationed in Yukon in the areas of child abuse, spousal assault and sexual assault.

4.4.5 Alternative Justice

- *“We need a funding continuum to support training for restorative justice ... the community's desire to heal, and judicially led restorative justice initiatives do not acknowledge the victim's trauma or respect victim's needs.”*

- *“Community justice programs have to start small, not with serious crimes, and build the community capacity ... have success with diversion and community supervision on the property crimes before handling domestic violence and sexual assaults that way.”*
- *“Support restorative justice initiatives with adequate funding and consistent follow through on commitments made by the community or Community Justice Committees.”*
- *“The criminal justice system, diversion and other alternative justice systems have to work together ... charges need to be laid and treatment plans developed and monitored.”*
- *“More youth on the Youth Justice panel ... we need more healing circles and youth helping youth heal in a community.”*

Most respondents feel that more supports, information, training and accountability mechanisms need to surround alternative justice initiatives. In particular, and as mentioned earlier, they feel that those involved in these initiatives, and communities in general, need a greater understanding of victim’s issues before dealing with crimes such as spousal and sexual assault. The sense of most respondents is that Community Justice Committees, and others involved in alternative justice initiatives, do not necessarily understand the dynamics and power issues inherent in violence against women and children. There is a concern, and some evidence as noted earlier, that victims sometimes feel intimidated into participating in sentencing circles and other ‘healing’ events, leaving them feeling less empowered and even more silenced.

To address this issue respondents recommend that community justice committees start with lesser property crimes before taking on cases of interpersonal violence. Respondents also recommend that these alternative justice initiatives receive better funding and more follow up monitoring on the commitments they’ve made. They would also like to see the criminal justice system work in greater cooperation with alternative justice programs around the charging of offenders and the establishment of treatment plans. Youth respondents asked that more youth be appointed to the Youth Justice Panel.

4.4.6 Legislation

- *“We need a Victims Act ... one that is done by First Nations and everybody, not just political bodies, but done by the community and survivors of violence.”*
- *“We need a Victims of Crime Act which defines victims in the system ... offences are against the crown and the victim is not recognized in law now ... a Victim’s Act could be a way to legitimize the needs of victims and should be considered.”*
- *“We should look at a Violence Against Women Act that validates the issues and creates a zero tolerance ... this helps in enforcing complementary legislation ... a Victims Act and a Violence Against Women Act need to consider the power imbalances in violent relationships and care must be taken that new laws cannot be twisted and used by offenders to harm or re-victimize their victims.”*



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- *“Some people have suggested a Victims Act ... I don’t see it improving the quality of services for front line workers ... in the Manitoba legislation there are no penalties if a director doesn’t follow through with the treatment in the required 30 day time frame.”*
 - *“We need our own Yukon Crown, a territorial crown, not the federal crown.”*
 - *We need Adult Guardianship and Assisted Decision Making legislation ... seniors don’t want to disclose family problems or want to protect their son or grandson.”*
 - *“A Guardianship Act is really important to protect client’s interests where women with a mental disability have been brutally raped, are in denial of it, or have cognitive disorders and there’s nobody to help them ... the social workers can’t intervene to protect them ... a Guardianship Act would allow social service agencies to help FAS adults and others with mental disability who are getting hurt.”*
 - *“We need a Child’s Advocate Act.”*
 - *“A reinstated Victims Compensation Fund would be a real bonus for victims who have been severely traumatized.”*
 - *“I think there is a need to bring back some form of Victim of Crime Compensation legislation ... right now if a women has to leave after a vicious assault and rape, there’s no money for counselling ... bring back the program to cover crimes against persons and treatment for victims who can’t afford counselling ... Alberta has criteria so you can’t get a judgment for frivolous claims.”*

Respondents recommended legislation that they felt might improve the situation of victimized individuals in the Yukon. These legislative initiatives include:

- a Victims Act or Victims of Crime Act that defines and validates the status of the victim in law and recognizes her/his needs;
- a Violence Against Women Act which recognizes power imbalances in relationships and gives violence against women a zero tolerance status;
- an Adult Guardianship and/or Assisted Decision Making Act to allow greater service, advocacy and protection to seniors, women with cognitive disabilities and others who need public advocacy;
- a Child’s Advocate Act; and
- a Victims Compensation Fund, with controls to prevent abuse of the available funding, that would give victims of crime some means to secure the services they need, such as counselling, which may not be available in their community or which may charge fees.

4.4.7 Judicial System

- *“Defence counsel need to be censured ... the judiciary should run courtrooms better and not let defence counsel abuse the victim on the stand.”*
- *“We need to ensure that there’s value placed on the contribution that everyone makes in a relationship ... women can be economically abused in a family because their unpaid work is*

not recognized ... courts have to take into account women’s unpaid work in Family Property and Support Act actions ... there is a huge need for more awareness and education of professionals at all levels, including judiciary on violence, power and control issues, trauma, post traumatic stress etc.”

- *“There’s a huge need for mandatory training for the judiciary, police and others on the effects of trauma on someone’s ability to think and function ... the experience of physical and sexual violence causes trauma to women and children.”*
- *“There is a pilot project for women and men behind on their child support payments to say do you want to forgive some of the back debt? ... this is completely offensive to a court ordered child support payment regime ... governments need to develop and operate under a sound definition of what a victim-centred approach looks like.”*
- *“Do better JP [Justice of the Peace] training for the ones who are active ... when they get training there is no testing at the end, no standard there ... there should be a certain degree of basic knowledge there ... some of the JPs don’t grasp the basic concepts and some just want to be Marriage Commissioners and don’t even sit on the bench ... clean it up.”*
- *“A peace bond doesn’t trump an Emergency Intervention Order ... a lot of JPs don’t have the ability to process the legal end of things.”*

Respondents noted that there is significant misunderstanding of both victimization and the law amongst JPs, police, defence lawyers, judges and others involved in the judicial processes affecting victims and offenders. They point to the need to train these professionals in the issues surrounding crimes against the person, and particularly crimes against women, where power and control issues need to be factored into the equation. They also wish to see an increased understanding of the unpaid work of women in property disputes and a halt to the pilot project which asks the recipient of child support payments if they wish to voluntarily forgive the debts owed them by the other parent. Respondents also feel that defence lawyers need to be controlled by the courts as some respondents feel they harass and intimidate witnesses who were victims in the crime.

4.4.8 Professional Training

- *“We need to see more training ... more cultural knowledge from our elders before they pass on.”*
- *“People working with victims need cross cultural training and to learn the history of First Nations in the Yukon.”*
- *“We need to start listening more to that victim ... we need to hear what they’re saying ... we need to be better listeners.”*
- *“We need training for all levels of professionals on victim’s issues.”*
- *“The police need to be trained on trauma, domestic violence and sexual assault ... which you think they would have figured out by now considering the number of their members that get shot responding to domestic violence calls.”*



- *“The Crown is much better than they were ... they still need lots of training.”*
- *“We need vicarious trauma training.”*
- *“A victim-centred approach means not hounding victims to sit in sentencing circles if they don’t want to ... it means acknowledging what trauma is ... a lot of professionals and service providers don’t have a very good understanding of what post traumatic stress is, and it’s very complex.”*
- *“Community programs hire victim services workers without any real knowledge of what the issues are.”*
- *“Elementary school teachers need to be given the tools to deal with abuse and neglect ... as a society we need to be more open minded about that issue ... teachers see it and want to deal with it, but they don’t get supported by their administration or institutions.”*

Throughout the interview process respondents constantly came back to the need for increased training of those professionals and caregivers mandated to serve victimized people. They described the training and information needs of these professionals many times throughout their interview. In summary, these areas are:

- more training and information in the area of First Nations culture and history;
- training about what it means to take a victim-centred approach in community justice initiatives and criminal justice processes;
- training for all professionals and caregivers in the area of communications and listening, professional mediation training for lawyers and other mediators;
- training in vicarious traumatization;¹⁴⁹
- training for all workers in the dynamics and recovery process of traumatization as it occurs in all age groups, both genders and all cultures; and
- specialized training for police, teachers and others who are in a position to provide the initial intervention in cases of victimization.

4.4.9 Partnerships

- *“We need much better linkages between programs ... there’s too many little clubs.”*
- *“We can only solve the problem of violence and victimization when we build the circle and make it stronger ... isolation isn’t safety ... a long-term intervention of safety connects people to people.”*
- *“More connections between agencies ... we need to break down the silos and build interactions with other agencies ... it starts with conferences, these events will have an effect for years.”*
- *“We need a network of peers at the management level.”*

¹⁴⁹ Vicarious traumatization, also called secondary traumatization, refers to the often severe effects on professionals and caregivers of working with traumatized individuals.

- *“We need to share resources (dollars and space).”*
- *“We need information sharing in the cases of common clients.”*
- *“Agencies have to clarify their roles.”*
- *“We need to develop relationships with school psychologists.”*
- *“Government and First Nations systems have to work together more closely.”*
- *“When we go to court downtown, the system says we have to have everything on paper ... its too cold.”*

All respondents note the major steps that have been taken in building partnership networks with other service providers. But they also see areas for improvement especially in the areas of information sharing and the clarification of roles and responsibilities between agencies.

4.5 Summary of Needs and Recommendations

4.5.1 Summary of Needs

As noted throughout this paper, most respondents felt that, compared with other Canadian regions, particularly northern jurisdictions, the Yukon Territory has a well developed continuum of professional services for victimized people. They note the increasing variety of specialized services for victimized individuals and the high volume of work being done by all agencies offering services to victims. Some respondents believe they are seeing the results of these efforts in greater sobriety, increased community awareness and increasing participation in healing events. Although there is no definitive way to prove it, it may be that lower rates of reported spousal assault, sexual assault and child abuse are the result of these services and interventions.

However, all respondents believe that there are still gaps, barriers and needs in the area of service provision to victimized individuals, families and communities. These challenges, as reported by respondents, and a summary of overall social conditions relating to victimization, are as follows:

- high levels of unresolved and hidden historic abuse;
- high levels of cognitively impaired, chronically traumatized and addicted individuals many of whom are victimized on an ongoing basis;
- traditional and contemporary beliefs that blame victims for the violence, minimize and deny the high levels of violence and protect offenders;
- limited informal support networks for victimized individuals;
- high rates of alcohol and drug abuse;
- high rates of interpersonal assault: spousal assault, sexual assault and child abuse;
- high rate of teen pregnancy;
- high rates of sexually transmitted diseases;
- lack of community and family support for victimized individuals;



- substantial public denial and minimization of interpersonal violence, spousal assault, sexual assault and child abuse which protects offenders, blames victims and keeps these crimes largely hidden;
- public antagonism towards social activists working in the area of victimization, particularly the victimization of women;
- some degree of suspicion and distrust of formal victim services available, particularly in smaller communities;
- lack of understanding and support from political leaders in both First Nation and public governments towards victims and victim services;
- leaders with unresolved victimization issues and/or offending behaviours;
- lack of capacity within existing services to deal with the level of need;
- lack of services for women with historic abuse issues and for male victims, elderly victims, children at high risk and child victims of violence;
- inadequate aftercare, community development and outreach programming within existing services;
- lack of adequate crisis intervention services, including a crisis line and sexual assault centre, particularly in non-business hours;
- an inadequate complement of community-based and First Nation sponsored services for victims in outlying communities such as women's shelters, victim services, counselling resources, healing programs and treatment options;
- lack of long-term programs for cognitively impaired and neurologically damaged victims;
- an absence of program standards and evaluation processes for agencies working with victims, including lack of protocol and policy around confidentiality and case management;
- lack of clarity around the roles and responsibilities of the various agencies assisting victims;
- inadequate resource sharing amongst agencies;
- inadequate supports and information for parents, teachers and others dealing with acting out children and youth;
- lack of understanding and application of a victim-centred approach in most service sectors;
- a lack of cultural and historical understanding between the various ethnic groups, particularly First Nations and non- Aboriginal groups, with the result that victim programs are not jointly planned or supported;
- a lack of understanding in all service sectors, including judiciary, police, corrections, victim services, social and medical services, about the dynamics and recovery process of victimization and trauma;
- a lack of understanding in all sectors about the power imbalances in male/female relationships;
- inadequate statistical information gender that is consistently updated;
- inappropriate use of restorative justice initiatives which pressure victims into participating in healing and sentencing circles against their will;
- inappropriate sharing of Victim Impact Statements in restorative justice initiatives;
- inappropriate treatment of victim/witnesses by defence counsel;
- disagreement over the separation of offenders and victims during court ordered offender treatment programs; and
- lack of police enforcement of no-contact orders and breaches of probation.

4.5.2 Summary of Recommendations from Service Providers

Respondents offered a wide variety of recommendations throughout the interview process. These recommendations are summarized below under the headings of public awareness; specific program resources, community-based resources, for judicial system and law enforcement, and for legislation.

Public Awareness

- the adoption, by society and by service providers, of a victim-centred approach to ending violence;¹⁵⁰
- an aggressive and intense public awareness campaign around family violence, sexual assault and child abuse;
- the employment of respected elders, youth and others as community role models;
- band council and First Nation resolutions which make a public commitment to ending spousal assault, sexual assault and child abuse;
- the formation of men’s groups which support ending violence against women and children, and assist women’s groups in their work around these issues;
- a respectful public debate around the issues of victimization and violence against women; and
- subsidized substance-free social events for youth and adults.

Program Resources: Training

- training for all professional service providers, including judiciary, police, health workers, victims services workers, addictions workers and medical personnel, working with victimized people in the dynamics of trauma and victimization, the recovery process and the power imbalances in male/female relationships;
- training for all service providers in First Nations culture and history; and
- more support, resources and training for police, teachers and others in a position to intervene in violent situations.

Program Resources: Capacity

- increased staffing for over burdened agencies;
- improved facilities for agencies offering residential and large group programs;
- subsidized counselling available in non-business hours and subsidized counselling for women wishing to access feminist counsellors; and
- more transitional housing space available to traumatized women in Whitehorse.

Program Resources: Practical Support

- more resource and information sharing, and joint planning, between agencies;
- ongoing, rather than year-to-year, funding for agency programs;

¹⁵⁰ A victim-centred approach makes the needs and rights of victims the central priority.



- the development of program standards, core competencies and evaluation processes for agencies and governments working with victims, including protocols and policies around confidentiality and case management; and
- the production of statistical information that is provided by gender and consistently updated.

Program Resources: New Programs

- more youth recreational programs;
- more early intervention programs for high risk families with young children;
- more victim-centred programs for elders, children and men;
- more aftercare, community development and outreach programming in existing service agencies;
- more crisis intervention services: a toll-free territory-wide crisis line and a sexual assault centre;
- services that provide long-term care for chronically victimized and often cognitively impaired adults;
- a First Nations healing centre;
- a youth shelter;
- a shelter for men who are victimized and/or transient;
- additions to school curriculums that include information on interpersonal violence, communications, conflict resolution, etc.;
- groups for survivors of spousal assault, sexual assault and other types of violence; and
- an outpatient social worker at the hospital.

Program Resources: Community-Based Resources

- more support to victims in communities with victim service programs, Stop the Violence counsellors, women's shelters, youth programming and early intervention programs in each community;
- more support to community-based agencies working with victims in the form of mentorship programs, clinical supervision and regular debriefing; and
- greater public government support to First Nations recovery programs and greater efforts to work with these governments, and other agencies, to reach victimized First Nations individuals, families and communities.

Judicial System and Law Enforcement

- mandatory charging in all family violence and sexual assault cases;
- mandatory treatment for all violent offenders;
- stiffer sentences for violent offenders;
- review the policy of allowing offenders to stay with their victims during treatment;
- recognition of the unpaid work of women in court cases and a halt to the pilot project asking spouses to forgive court-ordered child support payments;
- police enforcement of no-contact orders and action on breaches of probation;
- more training for police, judges and JPs in family violence, sexual assault, victimization and male/female power imbalances in relationships;

- longer police placements in northern jurisdictions and more experienced officers;
- censuring of defence counsel who abuse witnesses during trials;
- more training, supervision and monitoring for Community Justice Committees and others working in restorative justice programs with a focus on the needs of victims and the dynamics of trauma;
- requirement that Community Justice Committees start with smaller property crimes before working on cases involving violence;
- requirements that the criminal justice system and restorative justice programs work more closely together on treatment plans, offender follow-up and victim safety; and
- placement of more youth on the Youth Justice Panel.

Legislation

- the passage of a Victims of Crime Act that would validate and enshrine the rights of victims in law;
- the passage of a Violence Against Women Act which would recognize the power imbalances in male/female relationships and force consideration of this dynamic in legal and criminal matters;
- the establishment of a Yukon, rather than federal, Crown Attorney;
- the passage of an Adult Guardianship Act and an Assisted Decision Making Act to legally assist cognitively impaired and FAS adults without advocates;
- the passage of a Child Advocate’s Act; and
- the re-establishment of a Victims Compensation Fund for victims needing financial assistance with their recovery.

4.5.3 Additional Recommendations and Closing Comments

The above recommendations are self-explanatory but would perhaps not be complete without some reference, and further emphasis on other key issues.

Bridging the “Disconnect”

As stated and described throughout this paper, there are a relatively large number of well-developed, universally available services for victims in the Yukon, especially compared to other northern jurisdictions. These services, according to respondents and observers, base their work on an increasingly solid foundation of current information about trauma, victimization and recovery. Notwithstanding the recommendations detailed above, they provide a range of well-planned interventions available to most sectors of society.

However, and according to most respondents, it appears that First Nations service providers and public service providers work largely in isolation from each other. In addition, some First Nations service providers expressed that they, and their clients, feel some level of mistrust, and even abandonment, in terms of public government services and community agencies. They are not convinced these agencies and services understand them or have their best interests at heart. On the other hand, respondents working in public government programs and public agencies felt concerned about the difficulties they have felt around working in close tandem with First Nations programs.



Given that First Nations people are overrepresented as clients in many public government programs and community agencies, and given that the bulk of territorial financial resources for victimization rest with public government service providers and community agencies there would seem to be some need to bridge this ‘disconnect’ between First Nations service providers and clients, and public government and agency service providers.

Community-Based Services

Another area that perhaps needs to be addressed and emphasized separately is the issue of community-based services. Most respondents raised this issue, many of whom are providing community-based services and outreach programs. However, when 74% of the population lives in one place, Whitehorse, it is understandable that services are focused there. On the other hand, it isn’t possible to ignore the sense of isolation, and frustration about limited community-based resources, expressed by those service providers in smaller communities. They note the lack of victim recovery programs, women’s shelters, offender programs, aftercare programs, early intervention programs, youth programs and services to the elderly, and others with special needs, in their communities. They also referred to feeling cut off from other service providers as they attempted to deal single handedly with dysfunctional and entrenched community, social norms around interpersonal violence.

The ideal solution would be the provision in each community of the programs listed above. However, until more services are available in each community there are some steps that might be taken to reduce isolation and to fill programming and support gaps.¹⁵¹

Increased Community-Based Resources for Victims

- the training of community-based service providers in a community development approach to service delivery;¹⁵²
- the further training of the victim assistance volunteers attached to the RCMP in most communities in cross cultural awareness, the dynamics of victimization and the resources available to them;
- the use of mobile trauma recovery programs which hold treatment programs, and provide aftercare, in the smaller communities;
- the establishment of small healing and support groups for victimized people to increase the level of formal assistance to victimized individuals and to assist in the establishment of informal community support networks; and
- the funding of First Nations-sponsored trauma recovery and healing programs, which could include one, or several, First Nations healing centres, as requested by several respondents.

Support to Community-Based Service Providers

- the establishment of regular interagency meetings in each community to decrease feelings of isolation for those service providers who are assisting victims;

¹⁵¹ Several of these suggestions are already being employed successfully by some community-based service providers.

¹⁵² See the Nunavut chapter of this paper for more explanation of a community development approach.

- the inclusion of community-based service providers in an established wider network of territorial service providers, for example, a network of territorial shelter workers who hold regular phone and in-person meetings;
- the establishment of opportunities for community-based service providers to participate in regular clinical supervision of their work as well as opportunities for debriefing, training and counselling;¹⁵³ and
- the establishment of yearly conferences and/or training and healing opportunities for all territorial service providers working with victimized people.

Services for Cognitively Impaired Victims

A point that stands out in the interviews done with Yukon service providers is the apparently high number of cognitively impaired victims of crime. Some of these people are victimized on a regular basis. For example, the Family Violence Prevention Unit, Victim Services, estimates that 60% to 75% of the people they assist have some degree of cognitive impairment from trauma or Fetal Alcohol Syndrome. They also report that addictions are an issue in 75% of their cases.

Service providers are attempting to cope with this situation within the scope of their existing programs. And agencies such as the Fetal Alcohol Syndrome Society of Yukon are developing programs which target this segment of the victimized population.

As there apparently isn't a great deal of formalized information about either the numbers or situations of these people the recommendation would be that formal research be carried out which examines the following:

- the number of victimized people in the Yukon with permanent cognitive impairment, or brain damage, from trauma and/or Fetal Alcohol Syndrome and/or addictions;
- the current situation, needs and circumstances of these individuals, including living conditions, employment, informal supports, legal problems, parenting issues, life skills issues and past treatment interventions;
- the long-term prognosis for their lives given the services currently available to them in the Yukon; and
- recommendations for service provision that will give them the highest quality of life and minimize their victimization and/or acting out behaviours.¹⁵⁴

The issue of cognitive impairment, amongst both victims and offenders, is a relatively recent area of awareness within the intervention, addictions, treatment, judicial, correctional and policing systems. Those groups with the most experience in this area, in this early stage of public understanding, are front line service providers who live and work on a daily basis with cognitively impaired individuals. This group includes foster parent associations, group home staff, residential treatment staff, organizations whose focus is cognitive impairment, teachers and the family and

¹⁵³ These supports to community-based service providers need to be built into the program's yearly budget.

¹⁵⁴ A possible starting point in reviewing suitable programs for this population is the STOP FAS program of Manitoba Health. This is a community-based mentoring and support program for traumatized and brain-damaged mothers at risk of having FAS children and is based on several successful similar programs in the United States.



friends of cognitively impaired persons. It would be appropriate for these more experienced service providers and family members to offer training, support and information to those government departments and agencies who find they are dealing with large numbers of cognitively impaired victimized individuals.

In the final analysis, it may be that existing and future programs designed to assist victims will have to make major adjustments to their intervention and treatment approach taking the possibility of cognitive impairment (along with culture, traumatic symptoms and many other factors listed throughout this paper) into consideration. It is also likely that victimized individuals with permanent brain damage will need long-term specialized services that are beyond the scope of existing formal services and informal support networks. Support to these individuals will involve a conscious multi-faceted and community-wide effort.



5.0 CONCLUSION

This research process has increased the clarity around the situation and circumstances of victimized people in Canada's three northern territories. It has provided insight into the dynamics of victimization and provided a wide variety of culturally appropriate and potentially effective options for increasing the safety, protection and recovery possibilities for victims of crime.

The basic building block of this research, extensive consultation in each territorial community, has indicated that service providers are universally aware of the levels, the dynamics and the results of victimization in their community and territory. They report that virtually no community member is untouched by violence of one type or another. And, they have been very clear about the types of programs, supports, funds and legislation needed to address this serious situation.

These service providers in each territory and every community are the key to rectifying this situation of endemic victimization. Every possible type of support must be extended to them. This is by far the major recommendation of this paper. These supports are outlined in detail in each chapter of this paper, and although the circumstances in each territory are unique, in general they include:

- extensive **training and concrete support**, in a wide variety of areas, for all service providers dealing with victims of crime;
- focused and ongoing **public awareness** and education campaigns;
- the ongoing creation of supportive, advocacy **networks**, coalitions and inter-agency committees (composed of service providers, funders, governments and citizens) throughout each territory, across the north, and in each community;
- the creation of **victim-centred programs** at the community level which employ a community development approach, and work in partnership with existing service providers;
- the creation of a variety of regional and territorial **trauma recovery programs**; and
- the passing of **legislation** in each territory which increases the safety, protection, rights and recovery possibilities of victims of crime.

These initiatives are the first step towards creating community and territorial social norms that are less trauma-based and more life-affirming. In the final analysis, Northern communities themselves need to develop short- and long-term strategies which focus on the creation of an equalitarian, life-affirming environment for all community members. However, that stage of community development, wherein the community honestly 'owns' its problems and solutions, is something that must be consciously and carefully worked towards over time. It definitely will not happen unless the community's service capacity and self-sufficiency is advanced to the point where the level of awareness, honesty, empathy and courage necessary for recovery is at least partially established. At that point, a critical mass of recovered and informed people are in a position to assist the community face its communal problems head on.¹⁵⁵

¹⁵⁵ For an extensive exploration of the factors involved in community recovery, please read *Mapping the Healing Journey*. Funded and produced by the Solicitor General Canada and the Aboriginal Healing Foundation, copies of this report are available at Aboriginal Corrections Policy Unit, Solicitor General Canada, 340 Laurier Ave. West, Ottawa, Ontario K1A 0P8, or at www.sgc.gc.ca, Cat. # JS42-105/200E and ISBN # 0-662-32088-3.

The service providers in the North are working within cultures whose traditions and worldview are based on a deep appreciation for the interdependence of life. Their job, as the title of this paper infers, is to find a way to assist the community in the creation of a conscious, flexible and stable framework within which individuals and communities will heal, which in turn will slowly but surely harness and employ the inherent, life-affirming wisdom which is the heritage of each and every Northern individual and community.



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APPENDIX A: Key Service Providers Consulted

NUNAVUT

Kitikmeot Region

Laura Heal (Phone interview)
Cambridge Bay Wellness Centre and Safe Shelter, Cambridge Bay

Alice Isnor (Phone, email and in-person interviews)
Nunavut Department of Health and Social Services, Cambridge Bay

Doris Nancy Evarluk (In-person interview)
Kugluktuk Family Violence Committee and Safe Shelter, Kugluktuk

Anoyoak Alookey (In-person and phone interviews)
Ikajuqtauvvik Crisis Centre, Taloyoak

Linda Houseman (Phone and email interviews)
Nunavut Department of Health and Social Services, Cambridge Bay

Kivalliq Region

Valerie Stubbs (Phone, email and in-person interviews)
Community Justice Specialist, Rankin Inlet

Lescia Lucan Taparti (In-person interview)
Centre for Persons with Disabilities, Rankin Inlet

Percy Tutannuaq (In-person interview)
Community Caregiver and translator/interpreter, Baker Lake

Nellie Ussak (In-person interview)
Women's Shelter Worker, Rankin Inlet

Nicole Sikma (In-person interview)
Rankin Inlet Community Justice Committee, Rankin Inlet

Jacinta Howard (In-person interview)
Community Caregiver, Rankin Inlet

Myrna Michon (Phone interview)
Pulaarvik Kablu Friendship Centre, Rankin Inlet

Maggie Amagoalik (Phone and in-person interviews)
Victims Services, Pulaarvik Kablu Friendship Centre, Rankin Inlet

Evelyn Thordalson (Phone, email and In-person interview)
Katauyaq Society Crisis Centre, Rankin Inlet

Rita Aupilardjuk (In-person interview)
Aqsaaraq Addictions Projects, Rankin Inlet

Jonny Aupilardjuk (In-person interview)
Volunteer Youth Worker, Rankin Inlet

Allette Pryce (In-person, email and phone interview)
Nunavut Department of Health and Social Services, Rankin Inlet

Qikiqtaaluk (Baffin) Region

Kristiina Alariaq (Phone and email interviews)
Community Justice Specialist, South Qikiqtaaluk, Cape Dorset

Mary Krimmerdjuar (Phone and email interviews)
Community Justice Specialist, North Qikiqtaaluk, Pond Inlet

Trish Hughes-Wiezorek (Phone, email and in-person interviews)
Qimaavik Transition House, Iqaluit

Susan Enuaraq (Phone, email and in-person interviews)
Community Justice and Victims Services, Nunavut Department of Justice, Iqaluit

Elizapee Arnatsiaq (In-person interview)
Victim/Witness Assistant, Department of Justice Canada, Iqaluit

Mary Lou Sutton-Fennell (Phone, email and in-person interviews)
Nunavut Department of Justice, Iqaluit

Marie Irniq (Email interview)
Nunavut Department of Health and Social Services, Iqaluit

Lorraine Berzins (In-person interview)
Nunavut Department of Justice, Iqaluit

Sheila Levy (In-person interview)
Guidance Counsellor, Inuksuk High School, Iqaluit
Contact person for Qikiqtaaluk (Baffin) Crisis Line



Cpl. Jimmy Akavak (In-person interview)
RCMP Community Policing Section, Iqaluit

Mike Lind (In-person interview)
Manager of Addiction Services, Department of Health and Social Services, Iqaluit

NORTHWEST TERRITORIES

Yellowknife

Dawn MacInnes (In-person and email interviews)
Victims Services Coordinator, Community Justice and Victims Services, Department of Justice,
GNWT

Sue Heron Herbert (In-person interview)
Community Justice and Victims Services, Department of Justice, Government of the NWT,
Yellowknife

Shirley Kemeys Jones (In-person interview)
Community Justice and Victim Services, Department of Justice, Government of the NWT,
Yellowknife

Katherine Peterson, QC (In-person interview)
Author of *The Justice House, Report of the Special Advisor on Gender Equality*, Yellowknife

Arlene Hache (In-person and phone interviews)
Executive Director, Yellowknife Women’s Centre

Lyda Fuller (In-person interview)
Executive Director, YWCA, Women and Children’s Healing and Recovery Program

Marsha Argue (In-person interview)
Director of Projects and Research, NWT Status of Women Council

Lawrence Norbert (In-person interview)
Community Justice and Victims Services, Department of Justice, Government of the NWT,
Yellowknife

Barb Saunders (In-person interview)
Executive Director, NWT Status of Women Council

Dorothy Carseen (Phone interview)
Victim/Witness Assistant, Justice Canada

Audrey Zoe and Marie Speakman (In-person interviews)
Victims Services, Native Women’s Association of the NWT

Harold Cook (Phone interview)
Victims Advocate, Grollier Hall Residential School Healing Circle

Bob Dowdall (Phone, in-person and email interviews)
Executive Director, Somba Ke’ Healing Lodge



Bertha Norwegian (In-person interview)
Special Advisor to the Minister Responsible for the Status of Women, GNWT

Judy Geggie (Email and phone interviews)
Clinical Supervisor, YWCA, Women and Children's Healing and Recovery Program

RCMP Cpl. Phil Johnson (In-person interview)
"Crimestoppers" Coordinator for NWT/NU Program, Yellowknife

Terry Scott (In-person and email interviews)
Liaison to Family Violence Coalition, RCMP "G" Division

Rebecca Latour (Email interview)
Executive Director, YWCA, Alison McAteer House

Carolyn Mandrusiak (In-person interview)
Manager, Child and Family Services, Health and Social Services, GNWT

Karen Willy (In-person interview)
Family Violence Prevention Consultant, Health and Social Services, GNWT

Rosa Whashee (In-person interview)
Addictions and Language Services, Health and Social Services, GNWT

Barb McDonald (In-person and email interviews)
Special Needs Consultant, Yellowknife Health and Social Services Board

Hay River

Sharon Caudron and Harriet Geddes (In-person interview)
Offender Programs, South Mackenzie Correctional Centre, GNWT

Alexandra Smith (Phone and email interviews)
Coordinator, Hay River Victim Services, Hay River Community Health Board

Ernie Gladue (In-person and fax interview)
Executive Director, Hay River Family Support Centre and Safe Home Network

Fort Smith

Louise Beck (In-person interview)
Coordinator, Fort Smith Victim Assistance Program, Uncle Gabe's Friendship Centre

Carol Jordan (In-person interview)
Executive Director, Sutherland House Transition Home

Fort Good Hope

Delphine Pierrot (In-person interview)
Director, Victims of Violence Advocacy Program

Inuvik

Lana Woodfine (Phone interview)
Coordinator, Inuvik Victim Services

Ann Kasook (Phone, email and in-person interviews)
President, SEDNA, NWT/Nunavut Family Violence Prevention Workers Association
Executive Director, Inuvik Transition Home

Jeannie Snowshoe (Phone interview)
Victim/Witness Assistant, Justice Canada

Tuktoyuktuk

Lucy Dillon (Phone interview)
Mental Health Specialist, Inuvik Regional Health Board

Fort Providence

Edith Squirrel (Phone and fax interviews)
Family Program Coordinator, Family Life Program, Zhahti Koe Friendship Centre

Harriet Geddes (In-person interview)
A/President, NWT Status of Women Council
Sacred Heart Residential School Project Coordinator



YUKON

Whitehorse

Sandra Bryce (In-person interviews)
Manager, Victims Services, Family Violence Prevention Unit, Yukon Justice

Lois Moorcroft (Phone, email and in-person interviews)
Minister of Justice (1995 to 2000), Yukon Government, Whitehorse

Bonny Ross (In-person interviews)
A/Coordinator Victims Programs, Victim Services, Family Violence Prevention Unit, Yukon Justice

Noreen McGowan (In-person interview)
Assistant Deputy Minister, Community Justice and Crime Prevention, Yukon Justice

Larry Whitfield (In-person interview)
Manager, Alcohol and Drug Secretariat, Yukon Health and Social Services

Barbara Powick (In-person interviews)
Executive Director, Kaushee's Place Yukon Women's Transition Home Society

Yvonne Smarch (In-person interviews)
Victim and Family Support Worker, Kwanlin Dun First Nation Community Social Justice Program

Victoria Fred (Phone interview)
Justice Manager, Kwanlin Dun First Nation Community Social Justice Program

Constable Jeff McCracken (In-person interview)
Crimes Against Persons Unit, RCMP

Darlene Griffis (In-person interview)
Manager, Child Abuse Treatment Services, Yukon Health And Social Services

Nicole Edwards and 12 Youth and 2 Staff Members (In-person group interview)
Bringing Youth Towards Equality and Youth Shaping the Future Council

Bill Stuart (In-person interviews)
Psychologist, Private Practice

Bev Miller (In-person interview)
Victim/Witness Coordinator, Victim Witness Program, Justice Canada

Robin Hamilton (In-person interview)
A/Manager, Yukon Women's Directorate

Craig Dempsey (In-person interview)
Supervisor, Offender Programs, Family Violence Prevention Unit, Yukon Justice

Charlotte Hrenchuk (In-person interview)
Coordinator, Yukon Status of Women Council

Charles Pugh (In-person interview)
Director, Residential Treatment Programs, Family and Children’s Services, Yukon Health and Social Services

Connie Thompson (In-person interview)
Administrative Assistant, Community Health Centres, Yukon Health and Social Services

Alison Conant (In-person interview)
Mental Health Services, Yukon Health and Social Services

Kim Rumley (In-person interview)
Skookum Jim Friendship Centre

Jon Gaudry (In-person interview)
Adult Probation Services, Yukon Justice

Nils Clarke (In-person interview)
Executive Director, Yukon Legal Services Society

Liz Candline (In-person interview)
Women’s Advocate, Victoria Faulkner Women’s Centre

Robert Pritchard (In-person interview)
Executive Director, Yukon Public Legal Education Association

Kevin Barr (In-person interview)
Committee on Abuse in Residential Schools

Judy Pakozdy (In-person interview)
Executive Director, Fetal Alcohol Syndrome Society of Yukon

Cathy Deacon (In-person interview)
Youth Sex Offender Treatment Programs, Yukon Health and Social Services

Information Services (Phone interview)
Whitehorse Health Centre

Pat Bragg (In-person interview)
Executive Director, Yukon Family Services Association



Lori Crozier (In-person interview)
Executive Director, Blood Ties Four Directions Centre

Edith Baker (In-person interview)
Councillor, Kwanlin Dun First Nation

Jessie Dawson (In-person interviews)
Councillor, Kwanlin Dun First Nation

Watson Lake

Terry Szabo (Phone interview)
Director of Justice, Dene Keh Justice, Liard First Nation

Shona Grey Bear (Phone interview)
Executive Director, Help and Hope for Families Society

Ann Bayne (Phone interview)
Executive Director, Liard Aboriginal Women's Society

Carcross

Jeananne Gordon (Phone interview)
Justice Coordinator, Southern Lakes Justice Committee

Carmacks

Johanne Maisonneuve (Phone interview)
Executive Director, Carmacks Safe House

Ross River

May Bolton (Phone interview)
Magedi Safe House

Dawson City

Saskia Robbins (Phone interview)
Program Administrator, Dawson City Women's Shelter

Cheryl Laing (Phone interview)
Coordinator, Dawson City Group Conferencing Society

Haines Junction

Val Binder (Phone interview)
Coordinator, Haines Junction Community Justice Committee

NON-TERRITORIAL VICTIM SERVICES PROVIDERS CONSULTED

Circumpolar Regions

Alaska

Laurie Varick (Phone and email interview)
Victims Services, Community Corrections, Department of Corrections, State of Alaska Anchorage,
Alaska

Quebec

Rosalynn Ferguson (Phone interview)
Ministry of Health and Social Services, Government of Quebec, Kuujjuaq

Jacques Tregent (Phone interview)
Department of Justice, Government of Quebec, Montreal

Guy Moisan (Phone and fax interview)
Isuarsivik Treatment Centre, Kuujjuaq

Pierre Rioux (Phone interview)
Family Violence and Substance Abuse, Ministry of Health and Social Services, Government of
Quebec, Kuujjuaq

Labrador

Jackie Lake Kavanaugh (Phone and in-person interviews)
Victim Services, Government of Newfoundland, St John’s Newfoundland

Alison Hagerty (Phone interview)
Happy Valley-Goose Bay Victim Services, Happy Valley-Goose Bay

Mary Webb (Phone interview)
Nain Victim Services, Nain

Circumpolar Associations

Catherine Carry (Phone, email and in-person interviews)
Pauktuutit Inuit Women’s Association, Ottawa, Ontario

Ann Kasook (Phone, email and in-person interviews)
Sedna, NWT/Nunavut Family Violence Prevention Workers Association, Inuvik, NWT



Canadian Provinces

British Columbia (B.C.)

Kay Charbaneau (Phone interview)
Victim Services, Community Justice, Department of Justice, Government of B.C., Victoria

Brent Adams (Phone interview)
Lisims Police Victims Services, New Aiyansh

Christine Kallssen (Phone interview)
Three Sisters Haven Society, Sexual Assault and Women's Assistance Centre, Dease Lake

Theresa Eckert (Phone interview)
Bella Coola Community Supports Society, Bella Coola

Sharon Bob (Phone interview)
Caribou Tribal Council Aboriginal Victim Services Program, Williams Lake

Veronica Green (Phone interview)
Gitxsan Specialized Victim Assistance Program, Hazelton

Alberta

Barb Pratt (Phone, email and In-person interview)
Victims Programs, Public Security Division, Department of Justice, Government of Alberta, Edmonton

Mandy Schnell (Phone and email interview)
Rocky Victim's Services, Rocky Mountain House

Jeannie Blakely (Phone and email interview)
Wetaskiwin and District Victim's Services, Wetaskiwin

Freda Cardinal (Phone interview)
Wabasca Regional Victim Services Society, Demarais

Marlaine Steuart (Phone interview)
Lac La Biche Society Victims Services Unit, Lac La Biche

Saskatchewan

Katrine MacKenzie (Phone, email and In-person interviews)
Victim Services, Department of Justice, Government of Saskatchewan, Regina

Debbie Lalonde (Phone interview)
Buffalo Regional Victim Services, Buffalo Narrows

Lorna Janvier (Phone interview)
La Loche Victim Services, La Loche

Charlene Dunlop (Phone interview)
Northern Region Victim Services, La Ronge

Linda Campbell (Phone interview)
Churchill River Regional Victim Services, Beauval

Manitoba

Larry Krocker, (Phone and in-person interviews)
Compensation for Victims of Crime Program, Department of Justice, Government of Manitoba,
Winnipeg

Susan Yaskiw (Phone interview)
Parkland Victim Services, Dauphin

Marine Desgagnes (Phone interview)
Thompson RCMP Victim Services, Thompson

Mary Head (Phone interview)
Women’s Advocacy and Child Victim Support System, The Pas

Sheila MacKay (Phone interview)
Dakota/Ojibwa Police Victim Services, Brandon



APPENDIX B: Territorial Victim Services Surveyed

NUNAVUT

| ARCTIC BAY | |
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| <p>Arctic Bay Health Centre Box 60 Arctic Bay, NU X0A 0A0</p> <p>Inuujaq School Box 90 Arctic Bay, NU X0A 0A0 Telephone: 1-867- 439-8843 Fax: 1-867-439-8766</p> | <p>Arctic Bay Friendship Centre Box 150 Arctic Bay, NU X0A 0A0 Telephone: 1-867-439-8277</p> |
| CAPE DORSET | |
| <p>Healing and Harmony Team C/O Hamlet Box 30 Cape Dorset, NU X0A 0C0 Telephone: 1-867-897-8211</p> <p>Family Resource Centre Box 69 Cape Dorset, NU X0A 0C0 Telephone: 1-867-897-8534</p> <p>Tukkuvit Women's Shelter (<i>Crisis shelter</i>) General Delivery Cape Dorset, NU X0A 0C0 Telephone: 1-867-897-8915 Fax: 1-867-897-8495</p> | <p>Sam Pudlat School Box 239 Cape Dorset, NU X0A 0C0 Telephone: 1-867-897-8332 Fax: 1-867-897-8405</p> <p>Peter Pitseolak School Box 60 Cape Dorset, NU X0A 0C0 Telephone: 1-867-897-8826/8911 Fax: 1-867-897-8919</p> |
| CLYDE RIVER | |
| <p>Quluq School General Delivery Clyde River, NU X0A 0B0 Telephone: 1-867-924-6309 Fax: 1-867-924-6247</p> | <p>Ilisaqsivik Society, Family Resource Centre Box 150 Clyde River, NU X0A 0E0 Telephone: 1-867-924-6565 Alcohol Committee: 1-867-924-6614 Suicide Prevention Organization: 1-867-924-6366 Ayaupiaq Elders Organization: 1-867-924-6368 Family Counselling: 1-867-924-6366 Irngutait Youth Council: 1-867- 924-66131</p> |

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| <p>Health Centre Box 40 Clyde River, NU X0A 0E0 Telephone: 1-867-924-6377</p> | |
| GRISE FIORD | HALL BEACH |
| <p>Ummimak School General Delivery Grise Fiord, NU X0A 0J0 Telephone: 1-867-980-9921 Fax: 1-867-980-9043</p> | <p>Arnaqjauaq School Box 83 Hall Beach, NU X0A 0K0 Telephone: 1-867-928-8855 Fax: 1-867-928-8810</p> |
| IGLOOLIK | |
| <p>Atguttaaluk School Box 150 Igloolik, NU X0A 0L0 Telephone: 1-867-934-8600 Fax: 1-867-934-8571</p> | <p>Atguttaaluk Elementary School Box 150 Igloolik, NU X0A 0L0 Telephone: 1-867-934-8996 / 8960 / 8969 Fax: 1-867-934-8779</p> |
| IQUALUIT | |
| <p>Inuksuk School Box 487 Iqaluit, NU X0A 0H0 Telephone: 1-867-979-5281 Fax: 1-867-979-4380</p> <p>Qikiqtaaluk Baffin Regional Agvvik Society (Women’s Shelter) and Iqaluit Victim Services Box 237 Iqaluit, NU X0A 0H0 Telephone: 1-867-979-4566 Fax: 1-867-979-0328</p> <p>Iqaluit Community Health Unit Bag 200 #1000 Station 1031 Building #155 Iqaluit, NU X0A 0H0 Telephone: 1-867-979-5306</p> <p>Ivik Enterprises, Illagiittugut Children’s Home Box 1037 Iqaluit, NU X0A 0H0 Telephone: 1-867-979-6769</p> | <p>Isumaqsungittut Youth Centre Box 1439 Iqaluit, NU X0A 0H0 Telephone: 1-867-979-4452</p> <p>Qikigtani Inuit Association Box 1340 Iqaluit, NU X0A 0H0 Telephone: 1-800-667-2742 1-867-979-5391 Fax: 1-867-979-2918</p> <p>Nakasuk School Box 1179 Iqaluit, NU X0A 0H0 Telephone: 1-867-979-5335 Fax: 1-867-979-5994</p> <p>Illitiit Society, Oqota Emergency Shelter Box 909 Iqaluit, NU X0A 0H0 Telephone: 1-867-979-3652 Fax: 1-867-979-0061</p> |



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| <p>St. Judes Anglican Cathedral Box 57 Iqaluit, NU X0A 0H0 Telephone: 1-867-979-5595</p> <p>Nanook School, Apex Box 1420 Apex, NU X0A 0H0 Telephone: 1-867-979-6597 Fax: 1-867-979-0440</p> <p>Joannie School Box 910 Iqaluit, NU X0A 0H0 Telephone: 1-867-979-6206 Fax: 1-867-979-0686</p> | <p>Roman Catholic Church Box 387, Building 911 Iqaluit, NU X0A 0H0 Telephone: 1-867-979-5805 / 0692</p> <p>Kakivak Association Box 1419 Iqaluit, NU X0A 0H0 Telephone: 1-867-979-0911</p> |
| KIMMIRUT (LAKE HARBOUR) | |
| <p>Health Centre Box 30 Kimmirut, NU X0A 0N0 Telephone: 1-867-939-2217 Fax: 1-867-939-2068</p> <p>Qaqqalik School General Delivery Kimmirut, NU X0A 0N0 Telephone: 1-867-939-2221 Fax: 1-867-939-2334</p> | <p>Kimmirut Justice Committee General Delivery Kimmirut, NU X0A 0N0 Telephone: 1-867-939-2001</p> |
| NANISIVIK | |
| <p>Allurut School Box 245 Nanisivik, NU X0A 0X0 Telephone: 1-867-436-7350 Fax: 1-867-436-7588</p> | |
| PANGNIRTUNG | |
| <p>Altagoyuk School Box 154 Pangnirtung, NU X0A 0R0 Telephone: 1-867-473-8815 Fax: 1-867-473-8858</p> | <p>Kunguiq Community Justice Committee Box 140 Pangnirtung, NU X0A 0R0 Telephone: 1-867-473-8018 Fax: 1-867-473-8349</p> |

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| <p>Alookie School Box 154 Pangnirtung, NU X0A 0R0 Telephone: 1-867-473-8803/8804 Fax: 1-867-473-8718</p> | <p>Health Centre Box 454 Pangnirtung, NU X0A 0R0 Telephone: 1-867-473-8977 Fax: 1-867-474-8519</p> |
| <p>POND INLET</p> | |
| <p>Ulaajuk School General Delivery Pond Inlet, NU X0A 0S0 Telephone: 1-867-899-8964 Fax: 1-867-899-8780</p> <p>Anglican Parish Box 188 Pond Inlet, NU X0A 0S0 Telephone: 1-867-899-8888 Fax: 1-867-899-8888</p> | <p>Nasivvik School General Delivery Pond Inlet, NU X0A 0S0 Telephone: 1-867-899-8964 Fax: 1-867-899-8875</p> |
| <p>QIKIQTARJUAQ (BROUGHTON ISLAND)</p> | |
| <p>Health Centre Box 911 Qikiqtarjuaq, NU X0A 0B0 Telephone: 1-867-927-8916 Fax: 1-867-927-8217</p> | <p>Inuksuit School Box 7 Qikiqtarjuaq, NU X0A 0B0 Telephone: 1-867-927-8938 Fax: 1-867-927-8067</p> |
| <p>RESOLUTE</p> | |
| <p>Health Centre Box 180 Resolute Bay, NU X0A 0V0 Telephone: 1-867-252-3844</p> | <p>Qamartalik School Box 120 Resolute, NU X0A 0V0 Telephone: 1-867-252-3888 Fax: 1-867-252-3690</p> |
| <p>SANIKILUAQ</p> | |
| <p>Nuiyak School General Delivery Sanikiluaq, NU X0A 0W0 Telephone: 1-867-266-8816 Fax: 1-867-266-8843</p> | <p>Health Centre General Delivery Sanikiluaq, NU X0A 0W0 Telephone: 1-867-266-8802</p> |



| ARVIAT | |
|---|---|
| <p>Aboriginal HeadStart Program (<i>Healthy Moms and Babies Nutrition Program & Small Steps Program for Disabled Children</i>) Box 180 Arviat, NU X0C 0E0 Telephone: 1-867-857-2378 Fax: 1-867-857-2692</p> <p>Nunavut Arctic College (main campus) Box 230 Arviat, NU X0C 0E0 Telephone: 1-866-988-4636 (<i>toll free</i>) 1-867-857-8600 Fax: 1-867-857-8619</p> | <p>Health Centre Box 510 Arviat, NU X0C 0E0 Telephone: 1-867-857-2816 Fax: 1-867-857-2960</p> <p>Levi Angmak Elementary School Box 570 Arviat, NU X0C 0E0 Telephone: 1-867-857-2547 Fax: 1-867-857-2656</p> |
| BAKER LAKE | |
| <p>Pre Natal Nutrition Program Box 374 Baker Lake, NU X0C 0A0 Telephone: 1-867-793-2626</p> <p>Hospice Society Box 8 Baker Lake, NU X0C 0A0 Telephone: 1-867-793-2857 Fax: 1-867-793-2006</p> <p>Tunganiq Addiction Project Box 4 Baker Lake, NU X0C 0A0 Telephone: 1-867-793-2739</p> <p>Mianiqsijit Project Box 35 Baker Lake, NU X0C 0A0 Telephone: 1-867-793-2352 Fax: 1-867-793-2499</p> | <p>Health Centre Baker Lake, NU X0C 0A0 Telephone: 1-867-793-2816</p> <p>Glad Tidings Church Box 18 Baker Lake, NU X0C 0A0 Telephone: 1-867-793-2233 Fax: 1-867-793-2205</p> <p>Rachel Arngnammaktig School Box 317 Baker Lake, NU X0C 0A0 Telephone: 1-867-793-2513 Fax: 1-867-793-2500</p> <p>Jonah Amitnaaq School Box 30 Baker Lake, NU X0C 0A0 Telephone: 1-867-793-2842 Fax: 1-867-793-2029</p> |
| CHESTERFIELD INLET | |
| <p>Childcare Committee Tutimaaqulak Daycare Box 76 Chesterfield Inlet, NU X0C 0B0 Telephone: 1-867-898-9702</p> | <p>Health Centre Box 9 Chesterfield, NU X0C 0B0 Telephone: 1-867-898-9968 Fax: 1-867-898-9122</p> |

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| <p>Saint Theresa’s Home Box 1 Chesterfield Inlet, NU X0C 0B0</p> | <p>Victor Sammartok School Box 6 Chesterfield Inlet, NU X0C 0B0 Telephone: 1-867-898-9913 Fax: 1-867-898-9143</p> |
| <p>CORAL HARBOUR</p> | |
| <p>Sakku School Box 129 Coral Harbour, NU X0C 0C0 Telephone: 1-867-925-9923 Fax: 1-867-925-8410</p> | |
| <p>RANKIN INLET</p> | |
| <p>Pulaarvik Kablu Friendship Centre Victim Services Program Box 429 Rankin Inlet, NU X0C 0G0 Telephone: 1-867-645-2600 Fax: 1-867-645-2538</p> <p>Holy Comforter Anglican Church Box 128 Rankin Inlet, NU X0C 0G0 Telephone: 1-867-645-2657 Fax: 1-867-645-3240</p> <p>Aqsaaraq Addictions Project Box 2310 Rankin Inlet, NU X0C 0G0 Telephone: 1-867-645-2910 Fax: 1-867-645-2910</p> | <p>Kataujaq Society Crisis Centre Box 344 Rankin Inlet, NU X0C 0G0 Telephone: 1-867-645-2214 Fax: 1-867-645-2442</p> <p>Glad Tiding Church Box 206 Rankin Inlet, NU X0C 0J0 Telephone: 1-867-645-2018 Fax: 1-867-645-2454</p> |
| <p>WHALE COVE</p> | |
| <p>Health Centre Box 30 Whale Cove, NU X0C 0J0 Telephone: 1-867-896-9916 Fax: 1-867-896-9115</p> | |



CAMBRIDGE BAY

Kullik School

General Delivery
Cambridge Bay, NU X0E 0C0
Telephone: 1-867-983-2720
Fax: 1-867-983-2515

Omnigoaktok School

Kullik Ilihakvik General Delivery
Cambridge Bay, NU X0E 0C0

Killinik School

General Delivery
Cambridge Bay, NU X0E 0C0
Telephone: 1-867-983-2726
Fax: 1-867-983-2455

Community Wellness Centre

Box 16
Cambridge Bay, NU
X0B 0C0
Telephone: 1-867-983-2133

Kalvik Youth Services Ltd.

Box 1038
Cambridge Bay, NU X0B 0C0
Telephone: 1-867-983-2644
Fax: 1-867-983-2644

Glad Tidings Church

Box 87
Cambridge Bay, NU X0B 0C0
Telephone: 1-867-983-2378

Wellness Centre Addictions Program

Box 16
Cambridge Bay, NU X0B 0C0
Telephone: 1-867-983-2129

GJOA HAVEN

Kativik Health Centre

Gjoa Haven, NU X0B 1J0
Telephone: 1-867-360-7441

Qiqrtaq School

General Delivery
Gjoa Haven, NU X0B 1J0
Telephone: 1-867-360-7414
Fax: 1-867-360-7314

Quqshuun School

General Delivery
Gjoa Haven, NU X0B 1J0
Telephone: 1-867-360-7201
Fax: 1-867-360-6204

KUGLUKTUK

Jimmi Hikok School

General Delivery
Kugluktuk, NU X0A 0E0
Telephone: 1-867-982-5001
Fax: 1-867-982-5706

Awareness Centre

Box 58
Kugluktuk, NU X0B 0E0
Telephone: 1-867-982-3028
Fax: 1-867-982-4156

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| <p>High School General Delivery Kugluktuk, NU X0A 0E0 Telephone: 1-867-982-4406 Fax: 1-867-982-3404</p> <p>Health and Social Services Box 288 Kugluktuk, NU X0B 0E0 Telephone: 1-867-982-4531</p> <p>Aboriginal HeadStart Program C/O Kugluktuk High School General Delivery Kugluktuk, NU X0A 0E0 Telephone: 1-867-982-4406 Fax: 1-867-982-4415</p> | <p>Pentecostal Mission Box 394 Kugluktuk, NU X0B 0E0 Telephone: 1-867-982-4161 Fax: 1-867-982-4161</p> <p>Brighter Futures Program General Delivery Kugluktuk, NU X0A 0E0 Telephone: 1-867-982-4205 Fax: 1-867-982-3060</p> |
| PELLY BAY | |
| <p>Kugaardjuq School General Delivery Pelly Bay, NU X0E 1K0 Telephone: 1-867-769-6211 Fax: 1-867-769-6116</p> | <p>St. Teresa Health Centre General Delivery Pelly Bay, NU X0E 1K0</p> |
| TALOYLOAK | |
| <p>Healthy Start Program General Delivery Taloyoak, NU X0B 1B0 Telephone: 1-867-561-5711</p> <p>Alcohol and Drug Education and Program Centre General Delivery Taloyoak, NU X0B 1B0 Telephone: 1-867-561-6702</p> <p>Inniutit Women’s Group General Delivery Taloyoak, NU X0B 1B0 Telephone: 1-867-561-5902 Fax: 1-867-561-5902</p> | <p>Netsilik School General Delivery Taloyoak, NU X0B 1B0 Telephone: 1-867-561-5181 Fax: 1-867-561-5036</p> <p>Health Centre General Delivery Taloyoak, NU X0B 1B0 Telephone: 1-867-561-5111</p> |



NORTHWEST TERRITORIES

| AKLAVIK | |
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| <p>Alcohol, Drug and Mental Health Program Box 140 Aklavik, NT XOE OAO Telephone: 1-867-978-2171 Fax: 1-867-978-2420 E-mail: carolarey@msn.com</p> <p>Health Centre Box 114 Aklavik, NT XOE OAO Telephone: 1-867-978-2516 Fax: 1-867-978-2160 E-mail: arita_deboer@hlthss.gov.nt.ca</p> <p>Community Social Services General Delivery Aklavik, NT XOE OAO Telephone: 1-867-978-2236 Fax: 1-867-978-2756</p> | <p>Moose Kerr School Box 120 Aklavik, NT XOE OAO Telephone: 1-867-978-2536 Fax: 1-867-978-2829</p> <p>Community Counselling Services Box 140 Aklavik, NT XOE OAO Telephone: 1-867-978-2935 Fax: 1-867-978-2171</p> |
| COLVILLE | |
| <p>Colville Lake School Box 52 Colville Lake, NT XOE 1LO Telephone: 1-867-709-2300 Fax: 1-867-709-2311</p> | |
| DELINE | |
| <p>Deline Basic Awareness Program - Deline Dene Band Council Box 166 Deline, NT XOE OGO Telephone: 1-867-589-4701 Fax: 1-867-589-3412</p> <p>Ehtseo Ayah School Box 179 Deline, NT XOE OGO. Telephone: 1-867-589-3391 Fax: 1-867-589-4112 E-mail: patrick_garrah@caribou.learnnet.nt.ca</p> | <p>Health Centre General Delivery Deline, NT XOE OGO Telephone: 1-867-589-3111 Fax: 1-867-589-3406</p> |

| FORT GOOD HOPE | |
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| <p>Chief T’Selihye School Box 99 Fort Good Hope, NT XOE OHO Telephone: 1-867-598-2288 Fax: 1-867-598-2025</p> <p>K’asho Got’ine Family Violence Prevention Program / Victims of Violence Advocacy Program Box 80 Fort Good Hope, NT XOE OHO Telephone: 1-867-598-2728 Fax: 1-867-598-2513</p> <p>Community Social Services General Delivery Fort Good Hope, NT XOE OHO Telephone: 1-867-598-2940 Fax: 1-867-598-2605</p> | <p>K’ahsho Got’ine Alcohol and Drug Program (K’ahsho Got’ine Charter Community Council) Fort Good Hope, NT XOE OHO Telephone: 1-867-598-2352 Fax: 1-867-598-2513</p> <p>Mental Health Program General Delivery Fort Good Hope, NT XOE OHO Telephone: 1-867-598-2034 Fax: 1-867-598-2024 E-mail: addyt@canada.com</p> |
| FORT McPHERSON | |
| <p>Chief Julius School General Delivery Fort McPherson, NT XOE OJO Telephone: 1-867-952-2131 Fax: 1-867-952-2516</p> <p>Community Social Services Box 90 Fort McPherson, NT XOE OJO Telephone: 1-867-952-2250 Fax: 1-867-952-2133</p> <p>Health Centre Box 56 Fort McPherson, NT XOE OJO Telephone: 1-867-952-2856 Fax: 1-867-952-2620 E-mail: mireille_gionet@gov.nt.at.ca</p> | <p>Peel River Alcohol Society Fort McPherson, NT XOE OJO Telephone: 1-867-952-2245 Fax: 1-867-952-2722</p> <p>Mental Health Counselling Program, TI’oondih Healing Centre General Delivery Fort McPherson, NT XOE OJO Telephone: 1-867-952-2330 Fax: 1-867-952-2733</p> <p>Suicide Prevention Team Box 30 Fort McPherson, NT XOE OAO Telephone: 1-867-952-2025 Fax: 1-867-952-2733</p> |



| HOLMAN | |
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| <p>Community Social Services Box 160 Holman, NT XOE OSO Telephone: 1-867-396-3907 Fax: 1-867-396-3006 E-mail: sean_mandeville@gov.nt.ca</p> <p>Health Centre Box 160 Holman, NT XOE OSO Telephone: 1-867-396-3111 Fax: 1-867-396-3221</p> <p>Help Line-Hamlet of Holman Box 160 Holman, NT XOE OSO Telephone: 1-867-396-3511</p> | <p>Helen Kalvak School Box 162 Holman, NT XOE OSO Telephone: 1-867-396-3804 Fax: 1-867-396-3054 E-mail: hkitekudlak@bedc.learnnet.ca</p> <p>Wellness Centre: Blended Mental Health and Drug and Alcohol Program Holman, NT XOE OSO Telephone: 1-867-396-4417 Fax: 1-867-396-4001</p> |
| INUVIK | |
| <p>Community Social Services Bag #2 Inuvik, NT XOE OTO Telephone: 1-867-777-7246 Fax: 1-867-777-4355 E-mail: sharonspinks@gov.nt.ca</p> <p>Family Counselling Centre: Canadian Mental Health Association Box 1915 Inuvik, NT XOE OTO Telephone: 1-867-977-4148 Fax: 1-867-777-2235 E-mail: famcouns@nt.sympatico.ca</p> <p>Inuvik Victim Services Box 2869 Inuvik, NT XOE OTO Telephone: 867-777-5493 Fax: 867-777-3181 E-mail: lane_woodfine@hotmail.com</p> | <p>Samuel Hearne Secondary School Bag 3 Inuvik, NT XOE OTO Telephone: 1-867-777-7170 Fax: 1-867-777-4390 E-mail: carson_atkinson@bdec.learnnet.net.ca</p> <p>Sir Alexander McKenzie School Box 1410 Inuvik, NT XOE OTO Telephone: 1-867-777-7180 Fax: 1-867-777-2261 E-mail: maclean@beauforddeltaedu.nt.ca</p> <p>Turning Point Box 2304 Inuvik, NT XOE OTO Telephone: 1-867-777-2726 Fax: 1-867-777-4597</p> |

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| <p>Crown Victim Witness Program Box 2840 Inuvik, NT XOE 0T0 Telephone: 1-867-777-3075 Fax: 1-867-777-3260 E-mail: jsnowshoe@justice.gc.ca</p> | <p>Inuvik Transition House Society Box 2628 Inuvik NT XOE 0T0 Telephone: 1-867-777-3877 Fax: 1-867-777-3941 E-mail: itthouse@permafrost.com</p> |
| NORMAN WELLS | |
| <p>Community Counselling Services (Town of Norman Wells) Norman Wells, NT XOE 0V0 Telephone: 1-867-587-3716 Fax: 1-867-587-3715</p> | <p>Health Centre Box 8 Norman Wells, NT XOE 0V0 Telephone: 1-867-587-2250 Fax: 1-867-587-2934</p> |
| PAULATUK | |
| <p>Community Social Services General Delivery Paulatuk, NT XOE 1N0 Telephone: 1-867-580-3800 Fax: 1-867-580-3300</p> | <p>Health Centre General Delivery Paulatuk, NT XOE 1N0 Telephone: 1-867-580-3231 Fax: 1-867-580-3231 E-mail: adele_dyall@hotmail.com</p> |
| SACHS HARBOUR | |
| <p>Health Centre General Delivery Sachs Harbour, NT XOE OZO Telephone: 1-867-690-4181 Fax: 1-867-690-3802</p> | <p>Inualathuyak School Box 30 Sachs Harbour, NT XOE OZO. Telephone: 1-867-690-4241 Fax: 1-867-690-3500</p> |
| TSIIGEHTCHIC | |
| <p>Chief Paul Niditchie School General Delivery Tsiigehtchic, NT XOE OPO Telephone: 1-867-953-3211 Fax: 1-867-953-3705 E-mail: deanroop@hotmail.com</p> | <p>Health Centre General Delivery Tsiigehtchic, NT XOE OVO Telephone: 1-867-953-3361 Fax: 1-867-953-3241</p> |



| TUKTOYAKTUK | |
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| <p>Community Social Services Box 88 Tuktoyaktuk, NT XOE 1CO Telephone: 1-867-977-2140 Fax: 1-867-877-2237 E-mail: sean_hoey@gov.nt.ca</p> <p>Health Centre Box 1000 Tuktoyaktuk, NT XOE 1CO Telephone: 1-867-977-2321 Fax: 1-867-977-2535</p> <p>House of Hope, Alcohol Centre Box 31 Tuktoyaktuk, NT XOE 1CO Telephone: 1-867-977-2176 Fax: 1-867-977-2177</p> | <p>Mangilaluk School Bag 5000 Tuktoyaktuk, NT XOE 1CO Telephone: 1-867-977-2255 Fax: 1-867-977-2532 E-mail: johndawson@bdec.learnnet.nt.ca</p> <p>Mental Health Program Box 88 Tuktoyaktuk, NT XOE 1CO Telephone: 1-867-977-2434 Fax: 1-867-977-2237 E-mail: lucy_dillon@gov.nt.ca</p> |
| TULITA | |
| <p>Chief Albert Wright School General Delivery Tulita, NT XOE OKO Telephone: 1-867-588-4361 Fax: 1-867-588-3912 E-mail: peter_hough@bear.learnnet.nt.ca</p> <p>Community Social Services General Delivery Tulita, NT XOE OKO Telephone: 1-867-588-4271 Fax: 1-867-588-3925 E-mail: elaine_doctor@gov.nt.ca</p> | <p>Health Centre Box 145 Tulita, NT XOE OKO Telephone: 1-867-588-4251 Fax: 1-867-588-3000</p> <p>Pentecostal Mission General Delivery Tulita, NT XOE OKO Telephone: 1-867-588-3417 Fax: 1-867-588-3417 E-mail: bueger@ssimicro.com</p> |
| FORT LIARD | |
| <p>Echo Dene School Box 173 Fort Liard, NT XOG OAO Telephone: 1-867-770-4486 Fax: 1-867-770-4488 E-mail: harryk@isn.net</p> | <p>Family Counselling Services General Delivery Fort Liard, NT XOG OAO Telephone: 1-867-770-4141 Fax: 1-867-770-4144 E-mail: andrea.adk@nt.sympatico.ca</p> |

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| <p>Community Social Services General Delivery Fort Liard, NT XOG OAO Telephone: 1-867-770-4301 Fax: 1-867-770-3235</p> | <p>Health Centre General Delivery Fort Liard, NT XOG OAO Telephone: 1-867-770-4486 Fax: 1-867-770-4301</p> |
| <p>FORT PROVIDENCE</p> | |
| <p>Alcohol and Drug Program (Deh G’ah Got’ie Dene Council) General Delivery Fort Providence, NT XOE OLO Telephone: 1-867-699-3401 Fax: 1-867-699-3505</p> <p>Community Social Services Fort Providence, NT XOE OLO Telephone: 1-867-699-3421 Fax: 1-867-699-3811</p> <p>Deh G’ah Elementary/Secondary School General Delivery Fort Providence, NT XOE OLO Telephone: 1-867-699-3525 Fax: 1-867-699-3131</p> | <p>Family Life Program (Zhahti Koe Friendship Centre) Fort Providence, NT XOE OLO Telephone: 1-867-699-3801 Fax: 1-867-699-4355 E-mail: zhahti@ssimicro.com</p> <p>Healing Lodge General Delivery Fort Providence, NT XOE OLO Telephone : 1-867-699-4812 Fax : 1-867-699-3505</p> |
| <p>JEAN MARIE RIVER</p> | |
| <p>Brighter Futures and Drug and Alcohol Program (Jean Marie River First Nation) General Delivery Jean Marie River, NT XOE OLO Telephone : 1-867-809-2000 Fax: 1-867-809-2002</p> | <p>Louie Norwegian School General Delivery, Jean Marie River, NT XOE OLO Telephone: 1-867-809-2030 Fax: 1-867-809-2071</p> |
| <p>KAKISA LAKE</p> | |
| <p>Kakisa Lake School General Delivery Kakisa Lake, NT XOE OLO. Telephone: 1-867-825-2026 Fax : 1-867-825-2905</p> | |



| FORT SIMPSON | |
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| <p>Community Social Services, Fort Simpson Health Centre Box 246 Fort Simpson, NT XOE ONO Telephone: 1-867-695-7070 Fax: 1-867-695-7071</p> <p>Fresh Start Addictions Program (Liidli Koe First Nation) Box 469 Fort Simpson, NT XOE ONO. Telephone: 1-867-695-3131 Fax: 1-867-695-2665</p> | <p>Healing through the Arts and Crafts (Deh Cho Friendship Centre) General Delivery Fort Simpson, NT XOE ONO Telephone: 1-867-695-2577 Fax: 1-867-695-2141 E-mail: friends@cancom.net</p> <p>Thomas Simpson School Box 252 Fort Simpson, NT XOE ONO. Telephone: 1-867-695-7320 Fax: 1-867-695-7320</p> |
| NAHANNI BUTTE | WRIGLEY |
| <p>Charles Yohin School General Delivery Nahanni Butte, NT XOE ONO. Telephone: 1-867-602-2200 Fax: 1-867-602-2202</p> | <p>Health Centre General Delivery Wrigley, NT XOE 1EO Telephone: 1-867-581-3441 Fax: 1-867-581-3200</p> |
| TROUT LAKE | |
| <p>Charles Tetcho School Box 60 Trout Lake, NT XOE 1ZO. Telephone: 1-867-206-2242 Fax: 1-867-206-2516 E-mail: dmanuel@rocketmail.com</p> <p>Drug and Alcohol (Sambaa Ke Dene Band) Box 10 Trout Lake, NT XOE 1ZO Telephone: 1-867-206-2800 Fax: 1-867-206-2828</p> | <p>Trout Lake Clinic Box 35 Trout Lake, NT XOE 1ZO Telephone: 1-867-206-2838 Fax: 1-867-206-2828</p> |
| RAE EDZO | |
| <p>Elizabeth MacKenzie Elementary School / Day Care Bag 2 Rae Edzo, NT XOE OXO. Telephone: 1-867-392-6078 Fax: 1-867-392-6080</p> | <p>Rae Edzo Counselling Services Rae Edzo, NT XOE OXO Telephone: 1-867-392-6931 Fax: 1-867-392-6424 E-mail: mhusky@dogrib.net</p> |

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| <p>Health Centre Rae Edzo, NT X0E 0X0 Telephone: 1-867-392-6351 Fax: 1-867-392-6612 E-mail: deniselquinn@yahoo.com</p> | |
| GAMETI | |
| <p>Building Healthy Communities (Gameti First Nations Band) Box 1 Gameti, NT XOE 1RO Telephone: 1-867-997-3441 Fax: 1-867-997-3411 E-mail: gfnb@gameti.org.</p> <p>Health Centre General Delivery Gameti, NT XOE 1RO Telephone: 1-867-977-3141 Fax: 1-867-977-3441</p> | <p>Jean Wetrade Gameti School. Box 9 Gameti, NT XOE 1RO Telephone: 1-867-997-3600 Fax: 1-867-997-3084 E-mail: jbourn@dogrib.net</p> |
| WAH TI | |
| <p>Social Programs (Wha Ti First Nation) Box 92 Wha Ti, NT XOE 1PO Telephone: 1-867-573-3012 Fax: 1-867-573-3222 E-mail: mag@whatidene.org</p> <p>Mezi Community School General Delivery Wha Ti, NT XOE 1PO Telephone: 1-867-573-3131 Fax: 1-867-573-3063 E-mail: wfehr@dogrib.net</p> | <p>Health Centre General Delivery Wha Ti, NT XOE 1PO Telephone: 1-867-573-3261 Fax: 1-867-573-3701</p> |
| WEKWETI (SNARE LAKES) | |
| <p>Alex Arrowmaker School General Delivery Wekweti, NT XOE 1WO. Telephone: 1-867-713-2100 Fax: 1-867-713-2200 E-mail: phillpittman@hotmail.com</p> | <p>Health Centre General Delivery, Wekweti (Snare Lakes), NT XOE 1WO. Telephone: 1-867-713-2010 Fax: 1-867-713-2904</p> |



| ENTERPRISE | |
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| Enterprise Settlement Corporation 526 Robin Road Enterprise, NT XOE ORI Telephone: 1-867-984-3491 Fax: 1-867-984-3400 E-mail: enterprise@polarland | |
| HAY RIVER RESERVE | |
| Alcohol and Program (Katlo Deedhe First Nation) Box 3061 Hay River Reserve, NT XOE 1G4 Telephone: 1-867-874-2838 Fax: 1-867-874-3229 | Nats'ejee k'eh Treatment Centre Box 3053, Hay River Reserve, NT XOE 1GO. Telephone: 1-867-874-6699 Fax: 1-867-874-6611 |
| Chief Sunrise Educational Centre Box 3055 Hay River Reserve, NT XOE 1G4. Telephone: 1-867-874-6444 Fax: 1-867-874-3678 | |
| HAY RIVER | |
| Advocacy Program (Soaring Eagle Friendship Centre) 8 Gagnier St., Suite 2 Hay River, NT XOE 1G1. Telephone: 1-867-874-6581 Fax: 1-867-874-3362 | H. H. Williams Memorial Hospital 3 Gaetz Dr. Hay River, NT XOE OR8 Telephone: 1-867-874-7110 Fax: 1-867-874-2926 |
| Community Social Services 3 Gaetz Dr. Hay River, NT XOE OR8. Telephone: 1-867-874-7213 Fax: 1-867-874-7213 | Princess Alexandra School Hay River, NT XOE OR8 Telephone: 1-867-874-6388 Fax: 1-867-874-3211 |
| Hay River Community Victim Witness Assistance Program 3 Gaetz Drive Hay River NT XOE OR0 Telephone: 1-867-874-7212 Fax: 1-867-874-7224 E-mail: Alexandra_Smith@gov.nt.ca | Family Support Centre and Safe Home Network Box 4413 Hay River, NT XOE 1G3 Telephone: 1-867-874-6626 (<i>crisis line</i>) 1-867-874-3311 Fax: 1-867-874-3252 E-mail: famsnn@ssimicro.com |
| Harry Camsell Elementary School 54 Woodland Dr. Hay River, NT XOE OR8. Telephone: 1-867-874-2389 Fax: 1-867-874-6271 | |

| FORT RESOLUTION | |
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| <p>Deninoo School Box 121 Fort Resolution, NT XOE OMO Telephone: 1-867-394-4501 Fax: 1-867-394-2301 E-mail: wmhurley@hotmail.com</p> <p>Health Centre General Delivery Fort Resolution, NT XOE OMO Telephone: 1-867-394-4451 Fax: 1-867-394-3117</p> | <p>Wellness and Addictions Program (Deninu K’ue First Nation) Box 1899 Fort Resolution, NT XOE OMO Telephone: 1-867-394-4291 Fax: 1-867-394-3114</p> |
| LUTSELK’E | |
| <p>Healing Centre (Lutselk’e Heath and Social Services) Box 78 Lutselk’e, NT XOE 1A0 Telephone: 1-867-370-3212 Fax: 1-867-370-3317</p> | <p>Lutselk’e Dene School Box 80 Lutselk’e, NT XOE 1A0 Telephone: 1-867-370-3131 Fax: 1-867-370-3017</p> |
| FORT SMITH | |
| <p>Community Social Services Box 1080 Fort Smith, NT XOE OPO Telephone: 1-867-872-6209 Fax: 1-867-872-6276</p> <p>Sutherland House General Delivery Fort Smith, NT XOE OPO Telephone: 1-867-872-5925 Fax: 1-867-872-4404 E-mail: tawow@auroranet.nt.ca</p> <p>Victim Assistance Program (Uncle Gabe’s Friendship Centre) Box 957 Fort Smith, NT XOE OPO Telephone: 1-867-872-5911 Fax: 1-867-872-5313</p> | <p>P. W. Kaeser High School Box 480 Fort Smith, NT XOE OPO Telephone: 1-867-872-7353 Fax: 1-867-872-7375 E-mail: akarasiuk@southslave.learnnet.nt.ca</p> <p>Public Health Department Box 1080 Fort Smith, NT XOE OPO Telephone: 1-867-872-6209 Fax: 1-867-872-6260</p> |



YELLOWKNIFE

Alison McAteer House (YWCA Yellowknife)

103 – 4904 54th Ave.
Yellowknife, NT XOE 1H7
Telephone: 1-867-669-0236
Fax: 1-867-699-0334
E-mail: amh@yellowknifeywca.ca

Women and Children's Healing and Recovery Program (YWCA Yellowknife)

Box 2303
Yellowknife, NT X1A 1E7
Telephone: 1-867-873-2566
Fax: 1-867-873-2576

Somba Ke' Healing Lodge

Box 1290
Yellowknife, NT X1A 2N9
Telephone: 1-867-669-0699
Fax: 1-867-669-3507

Crown Victim Witness Assistant

Box 8
Yellowknife, NT X1A 2N1
Telephone: 1-867-669-6911
Fax: 1-867-669-4022

Yellowknife Victim Services NWT Native Women's Association

Box 2321
Yellowknife, NT X1A 2P7
Telephone: 1-867-920-2978
Fax: 1-867-920-3152

Grollier Hall Residential School Healing Circle

Box 115
Yellowknife, NT X1A 2N1
Telephone: 1-867-669-9776
Fax: 1-867-669-9777

Victims' Service Coordinator

Justice, GNWT
Box 1320
Yellowknife, NT X1A 2L9
Telephone: 1-867-920-6911
Fax: 1-867-920-0199

Salvation Army Resource Centre

Box 2585
Yellowknife, NT X1A 2P9.
Telephone: 1-867-920-4673
Fax: 1-867-920-4096

YUKON

WHITEHORSE

Kaushee’s Place (women’s shelter)

Box 31392
Whitehorse, YT Y1A 6K8
Telephone : 1-867-633-7722
Fax : 1-867-668-2374
E-mail: bpkaushees@whtvcable.com

**Victim Services, Kwanlin Dun
First Nation Community Justice Program**

#7 O’Brien Road
Whitehorse, YT
Y1A 6H6
Telephone : 1-867-633-7853
Fax : 1-867-633-7855

**Victim Services, Family Violence Prevention
Unit, Yukon Justice**

Box 2703
Whitehorse, YT Y1A 2C6
Telephone : 1-867-667-3656
Fax : 1-867-393-6240
E-mail: bonny.ross@gov.yk.ca

RCMP

4100 4th Avenue
Whitehorse, YT Y1A 1H5
Telephone: 1-867-667-5546
Fax: 1-867-633-8604

Child Abuse Treatment Services

Box 2703, H-10 A
Whitehorse, YT Y1A 2C6
Telephone: 1-867-667-8227

**Fetal Alcohol Syndrome Society of Yukon
(FASSY)**

Box 31396
Whitehorse, YT Y1A 6K8
Telephone: 1-867-393-4948
Fax: 1-867-393-4950
E-mail: fascap@yknet.yk.ca

**Youth Victim Services, Family Violence
Prevention Unit (Department of Justice)**

Victim Services Family Violence
Prevention Unit
Box 2703
Whitehorse, YT Y1A 2C6
Telephone: 1-867 667-3665
Fax: 1-867 393-6240
E-mail: bonny.ross@gov.yk.ca

Adult Probation Services, Yukon Justice

Box 2703, J-5
Whitehorse, YT Y1A 2C6
Telephone: 1-867-667-5231
Toll free in Yukon: 1-800-661-0408 ext. 5231
Fax: 1-867-667-3446

Mental Health Services

4 Hospital Road
Whitehorse, YT Y1A 3HB
Telephone: 1-867-667-8346
Fax: 1-867-667-8372
E-mail: alison.conant@gov.yk.ca

Skookum Jim Friendship Centre

3149 3rd Avenue
Whitehorse, YT Y1A 1G1
Telephone: 1-867-633-7680
Fax : 1-867-668-4460
E-mail :
sjfcexecutive@yt.sympatico.ca
Web : www.skookumjim.com



Bringing Youth Towards Equality and Youth Shaping the Future Council

4141 4th Ave
Whitehorse, YT Y1A 2C6
Telephone : 1-867-667-7975
Fax : 1-867-393-6341
E-mail : bytenow@hotmail.com

Kwanlin Dun Community Social Justice Project

Kwanlin Dun First Nation
35 McIntyre Drive
Whitehorse, YT Y1A 5A5
Telephone: 1-867-633-7850
Fax: 1-867-633-7855

Women's Directorate, Yukon Government

Box 2703
Whitehorse, YT Y1A 2C6
Telephone: 1-867-667-030

Offender Programs, Family Violence Prevention Unit

Box 2703
Whitehorse, YT Y1A 2C6
Telephone: 1-867-667-3034
Fax: 1-867-393-6240
E-mail: craig.dempsey@gov.yk.ca

Yukon Status of Women Council

503 Hanson Street
Whitehorse, YT Y1A 1Y9
Telephone : 1-867-667-4637
Fax : 1-867-667-7004
E-mail : yswc@yknet.yk.ca

Victoria Faulkner Women's Centre

503 Hanson Street
Whitehorse, YT Y1A 1Y9
Telephone : 1-867-667-2693
Fax : 1-867 667-7004
E-mail : vfwc@yt.sympatico.ca

Yukon Legal Services Society

203 – 2131 2nd Avenue
Whitehorse, YT Y1A 1C3
Telephone: 1-867-667-5210
Toll free in the Yukon: 1-800-661-0408 ext. 5210
Fax: 1-867-667-8649
E-mail: legalaids@yknet.yk.ca

Residential Treatment Programs, Health and Social Services (Yukon Government)

Box 2703
Whitehorse, YT Y1A 2C6
Telephone : 1-867-667-3002
Toll free in the Yukon: 1-800-661-0408
On-call emergencies: 1-800-633-7200
Fax: 1-867-393-6204

Community Health Centres

2 Hospital Road
Whitehorse, YT Y1A 3H8
Telephone: 1-867-667-8324
Fax: 1-867-667-8338

Youth Sex Offender Treatment Program

Box 2703
Whitehorse, YT Y1A 2C6
Telephone: 1-867-667-3616
Toll free in the Yukon: 1-800-661-0408
Fax : 1-867-393-6204
E-mail : cathy.deacon@gov.yk.ca

Whitehorse Health Centre

300 – 211 Main Street
Whitehorse, YT Y1A 2B2
Telephone: 1-867-667-6371
Fax: 1-867-667-8338

Yukon Family Services Association

4071 4th Avenue
Whitehorse, YT Y1A 1H3
Telephone: 1-867-667-2970
(collect calls accepted)
Fax : 1-867-633-3557
E-mail : yfsa@yfsa.yk.ca

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| <p>Yukon Public Legal Education Association Box 2799 Whitehorse, YT Y1A 5K4 Telephone: 1-867-667-4305 Law Line: 668-LAWS (668-5297) Toll free: 1-867-668-LAWS (5297) Fax: 1-867-668-5541</p> <p>Committee on Abuse in Residential Schools (CAIRS) Box 30030 Whitehorse, YT Y1A 5M2 Telephone: 1-867-667-2247 Fax: 1-867 667-4890 E-mail: cairs@yknet.yk.ca</p> | <p>Blood Ties Four Directions Centre 7221 7th Avenue Whitehorse, YT Y1A 1R8 Telephone: 1-867-633-2437 Toll free: 1-877-333-2437 Fax: 1-867-633-2447 E-mail: bloodties@yknet.ca</p> <p>Alcohol and Drug Secretariat Box 2703 Whitehorse, YT Y1A 2C6 Telephone: 1-867-667-5777 Fax: 1-867-667-8471</p> |
| ROSS RIVER | CARMACKS |
| <p>Ross River Dena Council General Delivery Ross River, YT Y0B 1S0 Telephone: 1-867-969-2722 Fax: 1-867-969-2019</p> | <p>Carmacks Safe House Box 55 Carmacks, YT Y0B 1C0 Telephone: 1-867-863-5918 Fax: 1-867-863-5576</p> |
| WATSON LAKE | |
| <p>Help and Hope for Families Society Box 864 Watson Lake, YT Y0A 1C0 Telephone: 1-867-536-7233 (collect calls accepted) Fax: 1-867-536-7770 E-mail: hhfs@yknet.ca</p> <p>Liard Aboriginal Women’s Society Box 3 Watson Lake, YT Y0A 1C0 Telephone: 1-867-536-2097 Fax: 1-867-536-2810 E-mail: laws@yt.sympatico.ca</p> | <p>Dena Keh Justice, Liard First Nation Box 328 Watson Lake, YT Y0A 1C0 Telephone: 1-867-536-2131 Fax: 1-867-536-2544 E-mail: tszabo@kaska.ca</p> |



| DAWSON CITY | |
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| Dawson City Women's Shelter Box 10, Dawson City YT Y0B 1G0 Telephone: 1-867-993-5086 Fax: 1-867-993-5811 | Dawson City Group Conferencing Society Box 1139, Dawson City YT Y1A 1G0 Telephone: 1-867-993-5060 Fax: 1-867-993-5065 E-mail: conferencing@yknet.ca |
| CARCROSS | HAINES JUNCTION |
| Southern Lakes Justice Committee Box 201 Carcross, YT Y0B 1B0 Telephone: 1-867-821-4009 | Haines Junction Community Justice Committee Box 5336, Haines Junction YT Y0B 1L0 Telephone: 1-867-634-7020 E-mail: hjustice@yknet.yk.ca |



APPENDIX C: Survey Questionnaire

Survey of Nunavut Service Providers, Telephone Questionnaire

1. What is the full name of your agency?
2. What is the full address of your agency? (postal, phone, e mail and fax)
3. Can you give me the name of the person in charge of your agency?
4. Can you describe for me the services you offer?
5. What type of facility do you have for delivering these services?
6. What is the mode of service delivery? (support groups, counselling, crisis line, etc.)
7. How many staff do you have?
8. Are all your staffing positions full at this time?
9. How many hours a day is your service available?
10. How many hours a day does the staff work in reality?
11. Do people need a referral to use your service or can they walk in?
12. What languages is your service offered in?
13. Who is your target group?
14. How long has your service been in operation?
15. Do you know how many people have used your service in: one week, one month, one year?
16. What is the average number of times any one person would use your service in: 1 week, 1 month, 1 year?
17. What is your source of funding?
18. Is your funding ongoing or short-term?
19. What are the challenges you face in delivering your program?
20. Has your service been evaluated?
21. Is there anything you can tell me about the findings of the evaluation?
22. Do you know of any other agencies that provide services to victims in your community?
23. What recommendations do you have for improving services to victims of crime in Nunavut?