Promising Practices in Suicide Prevention Across Inuit Nunangat

NISPS RESEARCH AND DATA COLLECTION PROJECT
JUNE 2019
About Inuit Tapiriit Kanatami

Inuit Tapiriit Kanatami (ITK) is the national representational organization for Canada’s 65,000 Inuit, the majority of whom live in four regions of Canada’s Arctic, specifically, the Inuvialuit Settlement Region (Northwest Territories), Nunavut, Nunavik (Northern Quebec), and Nunatsiavut (Northern Labrador). Collectively, these four regions make up Inuit Nunangat, our homeland in Canada. It includes 53 communities and encompasses roughly 35 percent of Canada’s land mass and 50 percent of its coastline.

The comprehensive land claim agreements that have been settled in Inuit Nunangat continue to form a core component of our organization’s mandate. These land claims have the status of protected treaties under section 35 of the Constitution Act, 1982, and we remain committed to working in partnership with the Crown toward their full implementation. Consistent with its founding purpose, ITK represents the rights and interests of Inuit at the national level through a democratic governance structure that represents all Inuit regions.

ITK advocates for policies, programs and services to address the social, cultural, political and environmental issues facing our people.

ITK is governed by a Board of Directors composed of the following members:
• Chair and CEO, Inuvialuit Regional Corporation
• President, Makivik Corporation
• President, Nunavut Tunngavik Incorporated
• President, Nunatsiavut Government

In addition to voting members, the following non-voting Permanent Participant Representatives also sit on the Board of Directors:
• President, Inuit Circumpolar Council Canada
• President, Pauktuutit Inuit Women of Canada
• President, National Inuit Youth Council

Prepared by Firelight Research Inc., 2019
Acknowledgements

This report was produced by Inuit Tapiriit Kanatami with support from the National Inuit Suicide Prevention Strategy Working Group and The Firelight Group. It could not have been developed without input and direction from the following individuals:

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# Acronyms and Abbreviations

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<th>Acronym</th>
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<td>ASIST</td>
<td>Applied Suicide Intervention Skills Training</td>
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<td>LGBTQI</td>
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<td>NCCAH</td>
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<td>SEL</td>
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<td>MOU</td>
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<td>MWAC</td>
<td>Mental Wellness Advisory Committee</td>
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1 Executive Summary

In the National Inuit Suicide Prevention Strategy (NISPS), suicide is identified as "the most urgent challenge facing our people" (Inuit Tapiriit Kanatami 2016, 4). Given the seriousness of the issue, and recognizing that more work is needed to mobilize Inuit knowledge for resilience and suicide prevention across Inuit Nunangat (one of the NISPS's six priority areas), Inuit Tapiriit Kanatami (ITK) and the NISPS Working Group have a shared interest in:

- Developing a more complete picture of the actions and interventions currently in place to address the elevated rate of suicide across Inuit Nunangat;
- Gathering and sharing information about actions and interventions that appear to be effective/showing promise in addressing elevated rates of suicide among Inuit;
- Identifying opportunities to improve outcomes concerning suicide rates in Inuit Nunangat; and
- Identifying opportunities to effectively mobilize knowledge across the six areas noted above.

This report presents findings from an environmental scan that was undertaken to support these objectives. The scan involved a review of both grey and academic literature, and a series of key informant interviews with individuals who have experience working on suicide prevention and related initiatives across Inuit Nunangat. The literature review and interviews were organized around the following six topic areas:

1. Links between childhood adversity and suicide;
2. Promising practices with respect to addressing child sexual abuse across Inuit Nunangat;
3. Promising practices with respect to social emotional development in Inuit Nunangat;
4. Promising practices with respect to safe shelters focusing on children and youth within Inuit Nunangat;
5. Promising practices with respect to current supports for Inuit within the justice system with a specific focus addressing child sexual abuse; and
6. Promising practices with respect to parenting and family support programs.

Key informants were identified by ITK staff and the NISPS Working Group. 20 people were interviewed in total.
1.1 Key Findings

1.1.1 Promising Practices, Actions and Interventions

Overall, key informants identified 96 promising actions and interventions (e.g., resources, programs, services) related to suicide prevention in the four regions of Inuit Nunangat. A map of these actions and interventions can be found in Appendix A. They are also described in more detail by topic area in Chapter 4, and presented in table form in Appendix B.

In addition to identifying promising actions and interventions, key informants also drew attention to a number of lessons learned over the course of developing and implementing programs related to suicide prevention in Inuit Nunangat. Many of these lessons learned are overarching promising practices, meaning they cut across the topic areas listed in Section 1.1. They are summarized below:

- Ensure that programs and services are culturally relevant;
- Take a client-centred, community-driven, and community-paced approach to program planning and development;
- Move slowly in the early stages of program development;
- Make space for relationship building with community members and program partners early on in program development (requires allocating resources to ongoing community engagement, and investing time in getting out in the community to build relationships);
- Be responsive and flexible when it comes to incorporating program changes and additions suggested by community members;
- Prioritize addressing the gaps and needs identified in community wellness and/or community suicide prevention plans when planning new programs/programming;
- Encourage voluntary participation in programming rather than forcing people to participate (this is most relevant in the context of working with past and current offenders);
- Deliver programming on an ongoing, consistent basis and creating a “continuum of care” that moves away from the “one and done” approach that is more common;
- Build a team that reflects the complexity of the issue that the program is seeking to address;
- Get Elders involved in programming as much as possible;
- Integrate clinical, trauma-informed care into programming as much as possible;
- Make programming accessible to all (e.g., by taking care of all program-related costs for participants, door-to-door);
- Take time to develop appropriate, relevant, and culturally-safe evaluation tools;
- Put time and resources into building self-care supports for staff into program operations;
• Take an opportunities-focused approach to program delivery by working with a wide variety of partners and funders (this can allow you to reach more people/target programming to different groups);
• Work across silos as much as possible;
• Find opportunities to show funders what your program is doing and the impact it is having (this is typically much more powerful than telling people what you’re doing and why it’s important, and it can help you get consistent funding);
• Hire and train local people to deliver programming whenever possible;
• Build in more awareness of trauma and mental health issues;
• Focus on building culturally-safe program environments;
• Set up program funding in such a way that Inuit people are in a decision-making position with respect to determining how best to use funds; and
• Take a capacity-based approach to program development and implementation that is focused on creating strong community and organizational partnerships and having trained staff that have a deep understanding of the issues (even if this means starting small and growing slowly).

1.1.2 Challenges, Gaps and Opportunities

During interviews, key informants also identified challenges and barriers to effective suicide prevention programming; gaps in program and service delivery; and opportunities for action to improve the effectiveness of programs and services related to suicide prevention in Inuit Nunangat. The summaries below provide a high-level synopsis of these findings, while more detailed region-specific analyses appear in Chapter 5.

Challenges and Barriers

• Infrastructure issues (lack of dedicated spaces for specific programs, services and events; lack of available housing for program staff; lack of community resources to support additional infrastructure);

• Funding issues (lack of consistent or long-term funding; lack of flexibility in funding criteria; and lack of uniform funding across communities);

• Human capacity issues (high rates of staff turnover; shortages of local Inuit staff, and/or staff who speak Inuktitut and are appropriately familiar with the cultural and historical context; insufficient cultural safety training for non-Inuit staff); and
• Cultural compatibility and community issues (cultural incompatibly of community programs and services; challenges associated with targeting traumatic and personal topics in tight-knit communities; and inaccessibility of resources due to cultural and language barriers).

1.2 Gaps in Program and Service Delivery Across Inuit Nunangat

• Recreational and self-development programs for certain populations, including youth, young adults, men, mothers, and families;
• Specialized mental health services, trauma-informed services;
• Family support programs;
• Restorative justice programs;
• Culturally-safe youth protection services (e.g., holistic and integrated child advocacy services);
• Various forms of safe shelters for youth, women, families, and past offenders; and
• Support for suicide prevention staff and volunteers.

Opportunities for Action to Improve the Effectiveness of Suicide Prevention Initiatives

• More emphasis on program development for certain populations (e.g., men, youth);
• Training for local staff (e.g., in trauma-informed care, cultural safety);
• Improved partnerships between government and organizations at both regional and community levels; and
• More emphasis on cultural relevance and cultural safety in program design and implementation.

1.3 Conclusions and Next Steps

There are many standout suicide prevention programs and services in Inuit communities, many of which are developing and applying promising and innovative practices. However, there are also many challenges facing Inuit organizations and communities as they work to develop and implement more holistic and comprehensive suicide prevention measures. Next steps include advancing the promising practices identified in this scan through further evaluation, and enabling communities and regions to learn from each other by sharing this information.
2 Introduction

2.1 Background

This report was developed by Inuit Tapiriit Kanatami (ITK) in collaboration with the National Inuit Suicide Prevention Strategy (NISPS) Working Group. Its purpose is to share findings from an environmental scan relating to the following six topic areas:

1. Links between childhood adversity and suicide;
2. Promising practices with respect to addressing child sexual abuse across Inuit Nunangat;
3. Promising practices with respect to social emotional development in Inuit Nunangat;
4. Promising practices with respect to safe shelters focusing on children and youth within Inuit Nunangat;
5. Promising practices with respect to current supports for Inuit within the justice system with a specific focus addressing child sexual abuse; and
6. Promising practices with respect to parenting and family support programs.

An environmental scan is a systematic process of collecting and interpreting information about the trends, opportunities and challenges in an organization’s external environment (Auster and Choo 1994). The information gathered through an environmental scan is typically used to support strategic planning and decision-making. This particular scan was undertaken by ITK and the NISPS Working Group to build knowledge in each of the six areas listed above. Specifically, we were interested in:

- Developing a more complete picture of the actions and interventions currently in place to address the elevated rate of suicide across Inuit Nunangat;
- Gathering and sharing information about actions and interventions that appear to be effective/showing promise in addressing elevated rates of suicide among Inuit;
- Identifying opportunities to improve outcomes concerning suicide rates in Inuit Nunangat; and
- Identifying opportunities to effectively mobilize knowledge across the six areas noted above.

The information provided in this report is intended to support our work as we continue to implement the NISPS in each of the four regions of Inuit Nunangat: Inuvialuit, Nunavut, Nunavik, and Nunatsiavut.
2.2 The National Inuit Suicide Prevention Strategy

The NISPS, launched in 2016, is an Inuit-specific strategy intended to prevent suicide across Inuit Nunangat. The strategy exists as “a tool for assisting community service providers, policymakers, and governments in working together to reduce the rate of suicide among Inuit that is equal to or below the rate for Canada as a whole” (Inuit Tapiriit Kanatami 2016, 5), and to coordinate suicide prevention efforts at national, regional, and community levels.

The NISPS has two components. The first half of the strategy is a useful resource for anyone who is interested in learning more about risk and protective factors related to suicide in Inuit communities, as it provides information about existing evidence for effective suicide prevention through a discussion of such factors. The second portion of the NISPS presents the six priority areas for action identified by ITK. These priority areas include:

1. Creating social equity;
2. Creating cultural continuity;
3. Nurturing healthy Inuit children from birth;
4. Ensuring access to a continuum of mental wellness services for Inuit;
5. Healing unresolved trauma and grief; and
6. Mobilizing Inuit knowledge for resilience and suicide prevention.

At the launch of the NISPS in July 2016, the Government of Canada invested $9 million in the NISPS over a three-year period. Budget 2019 also committed to an investment of $50 million over 10 years, starting in 2019–20, with $5 million per year ongoing. This allows for ongoing efforts for ITK and Inuit regions to advance the objectives of the NISPS.

2.2.1 The National Inuit Suicide Prevention Strategy Working Group

The Department of Policy Advancement at ITK coordinates the National Inuit Suicide Prevention Strategy (NISPS) Working Group. The Working Group consists of members from the Inuit Land Claim Organizations (or their designates) with experience in delivering suicide prevention programs and services in their respective regions as well as representatives from Pauktuutit Inuit Women of Canada, Inuit Circumpolar Council Canada, the National Inuit Youth Council, and ITK. The purpose of the National Inuit Suicide Prevention Strategy Working Group is to forward actions, both on a national and regional level, identified in the National Suicide Prevention Strategy.
2.3 Document Use and Organization

This report was developed to support ITK staff and the NISPS Working Group in identifying actions and strategies for continuing to effectively implement the NISPS. However, it may also be of use to others who are engaged in planning, organizing, and operating programs and services related to any of the topic areas identified in Section 2.1. For example, program staff will likely find the “promising actions and interventions identified by key informants” sections in Chapter 4 to be of interest, as the information presented in these sections was gathered from individuals who are currently involved in projects and programs characterized as “promising” across Inuit Nunangat.

The report is organized as follows:

- **Chapter 1**, Executive Summary, summarizes the contents of the report.
- **Chapter 2**, Introduction, provides an overview of the purpose of this report and related background information such as key terms and document use and organization.
- **Chapter 3**, Methods, reviews the approach and methods used to carry out this scan.
- **Chapter 4**, State of Knowledge and Action, comprises the bulk of the report. It is organized into sections that correspond to the topic areas identified in Section 2.1, with each section including both a literature review and a summary of promising actions and interventions as identified by key informants.
- **Chapter 5**, What We Heard: Challenges, Gaps and Opportunities, presents a summary of programming and service delivery challenges, gaps and opportunities (organized by region), as heard from key informants.
- **Chapter 6**, Conclusion, summarizes the key findings of this scan.
3 Methods

3.1 Data Sources

3.1.1 Literature Review

The literature review relied on publicly available academic and grey literature. Documents were retrieved through an initial scan undertaken by ITK staff. Interviews with NISPS Working Group members involved further identification and solicitation of additional documents. Finally, the literature review involved a web search in public search engines (i.e., Google) and academic databases.

Obtained documents were analysed based on emerging themes in the literature, relevance to suicide prevention, and identified best practices. Additionally, an analysis of available literature provided insight into gaps in current research and literature for each focus area.

3.1.2 Working Group Interviews

In February 2019, phone interviews were undertaken with members of the NISPS Working Group (see Appendix C). These interviews included discussions regarding the Working Group members’ involvement with the subject matter, their current role, and their knowledge of noteworthy programs, interventions, or policies in their region or jurisdiction. Additionally, Working Group members were asked to identify relevant literature and potential key informants to speak with regarding best practices, challenges, and opportunities for action in the four regions of Inuit Nunangat.

3.1.3 Key Informant Interviews

A list of potential key informants was compiled based on recommendations from the NISPS Working Group and ITK staff members. Interviews with key informants were requested by email and were conducted between March 13, 2019 and April 5, 2019. A total of 20 key informants were interviewed in this time (see Appendix D), 19 of which were conducted over the phone, with one interview conducted in person.

Key informants include members of regional governmental departments, NGOs, and other organizations or councils either directly or indirectly involved in suicide prevention in the four regions of Inuit Nunangat. Of these key informants, four work in the Inuvialuit region, six in Nunavut, six in Nunavik, and four in Nunatsiavut. Discussions with key informants were guided by open-ended interview questions (see Appendix E), allowing for a semi-structured interview format. Key informants granted
oral consent (see Appendix F) to have their words recorded using audio recording equipment and notes, allowing for transcription of each interview.

3.1.4 Environmental Scan of Actions and Interventions

An environmental scan was undertaken to identify current actions and interventions relating to the six focus areas across Inuit Nunangat. This environmental scan involved the compilation of actions and interventions as identified by NISPS Working Group members and key informants through the interview process. Additionally, a desktop scan of current actions and interventions offered in the regions of Inuit Nunangat was undertaken, focused primarily on online databases and program lists provided by regional organizations and governmental departments. Identified actions and interventions were then organized by both region and relevance to the six focus areas, and listed including details such as scope, target population, and communities served. See Appendix B for this list of programs, actions and interventions.

3.2 Analysis

Information gathered through key informant interviews was systematically analysed through a thematic coding process that aimed to identify promising practices, key challenges and barriers to implementing effective programming, and gaps and opportunities in actions and interventions. It became apparent that themes regarding promising practices for each focus area were consistent across Inuit Nunangat. This information is thus presented in Chapter 4 through the identification of promising practices for each focus area in an Inuit context, compiling qualitative data from key informants in all regions. Although Chapter 5 contains similar consistencies across regions, these challenges, gaps, and opportunities are nested within unique regional contexts and circumstances of varying levels of resources, access, and networks. This section is thus organized by region, detailing the local circumstances identified by key informants.
4 State of Knowledge and Action

4.1 Overview

In this chapter, we present findings from desktop research and key informant interviews across six topic areas:

1. Links between childhood adversity and suicide;
2. Promising practices with respect to addressing child sexual abuse across Inuit Nunangat;
3. Promising practices with respect to social emotional development in Inuit Nunangat;
4. Promising practices with respect to safe shelters focused on children and youth within Inuit Nunangat;
5. Promising practices with respect to current supports for Inuit within the justice system with a specific focus on addressing child sexual abuse; and
6. Promising practices with respect to parenting and family support programs.

Each topic area is a section in the chapter, and under each topic area, we provide:

- A review of the relevant literature; and
- Descriptions of actions, interventions and practices that key informants have identified as promising and/or effective.

Due to the interconnected nature of the topic areas, there is considerable overlap in terms of the promising actions and interventions identified for each topic area. To the extent possible, we have sought to minimize repetition, but in some cases this was unavoidable.

Additionally, in reviewing the promising actions and interventions identified in this chapter, it is important to keep in mind that our review is by no means intended to be comprehensive. We spoke to 20 key informants, and these summaries reflect what we heard.¹

¹ A comprehensive list of promising actions and interventions identified by key informants appears in Appendix B, organized by region.
Figure 1 is a map showing the promising actions and interventions that were identified by key informants across Inuit Nunangat.

**Figure 1: Promising Practices, Actions and Interventions as Identified by Key Informants Across Inuit Nunangat**

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### 4.2 Links Between Childhood Adversity and Suicide

#### 4.2.1 Literature Review

In the NISPS, suicide is identified as “the most urgent challenge facing our people” (Inuit Tapiriit Kanatami 2016, 4). Across Inuit Nunangat, communities and regions are addressing this challenge through a myriad of actions and interventions aimed at reducing risk factors, increasing protective factors, and building resilience. These actions and interventions include both upstream approaches, which are “delivered early in the lives of individuals” and focused on “improving fundamental social and economic structures in order to decrease barriers and improve supports that allow people to achieve their full health potential”; and downstream approaches, which are focused on “providing
equitable access to care and services to mitigate the negative impacts” of childhood adversity and risk exposure (Inuit Tapiriit Kanatami 2016, 25; National Collaborating Centre for Determinants of Health 2015, 6).

Links between childhood adversity and suicide risk are central to the discussion of suicide prevention and intervention in Inuit Nunangat. The NISPS notes that children who have experienced adversity are at a greater risk of death by suicide than children who have not encountered adversity in their early lives (Inuit Tapiriit Kanatami 2016, 21). Childhood adversity is described by ITK as including experiences and circumstances of children who are “living with caregivers with untreated mental illness, substance misuse, or experiencing childhood physical, sexual, or emotional abuse” (Inuit Tapiriit Kanatami 2016, 21). Additionally, circumstances of childhood adversity include “extreme poverty, abuse, or neglect” experienced by children (Inuit Tapiriit Kanatami 2016, 21). The NISPS identifies “quality of early childhood development” as one of its 11 social determinants of health, indicating that early childhood intervention is critical for preventing suicide:

The abuse and treatment that some Inuit children face is burdening them with suicide risk that can multiply throughout their lives each time they experience additional risk factors. Focusing on the early years and ensuring children grow up in a safe, nurturing, and predictable environments, in which they can achieve optimal development and build resilience, is the most impactful, long-term approach to preventing suicide among Inuit. (Inuit Tapiriit Kanatami 2016, 21)

In a study that examined all incidents of suicide across Nunavut over a four-year period, Chachamovich and Tomlinson (2013) found that early life adversity was a key factor in higher rates of suicide among Inuit. Individuals who died by suicide, or had contemplated suicide, were likely to have experienced child abuse, sexual abuse, have a family history of major depressive disorder, and/or have a relationship with substance abuse. While not all children who experience adversity consider suicide, there are notable shared characteristics among those who have contemplated or died by suicide. These characteristics are linked to childhood experiences associated with intergenerational trauma, mental distress, poverty, and/or social inequity (Chachamovich and Tomlinson 2013; Inuit Tapiriit Kanatami 2016).

Across Inuit Nunangat, communities and organizations are implementing a wide range of promising actions and interventions aimed at addressing the links between childhood adversity and suicide. This includes both upstream actions aimed at reducing childhood adversity, and downstream actions aimed at providing support to those who may have experienced childhood adversity in the past and/or who may be thinking about suicide today, have attempted suicide in the past, or have otherwise been
impacted by suicide during their lives. Due to overlap between the topic areas in this chapter, in this section (Section 4.2), we have chosen to focus on downstream actions and interventions that are explicitly related to suicide prevention. Upstream interventions are addressed elsewhere in this report. They include programs and services aimed at addressing child sexual abuse (Section 4.3); programs and services targeted towards supporting the social emotional development of children and youth (Section 4.4); programs and services aimed at ensuring that children and youth have access to safe shelters and safe spaces; and programs and services focused on providing support to parents and families (Section 4.7).

**Downstream actions and interventions**

Downstream actions and interventions include prevention efforts that focus on intervention in the lives of individuals who have been impacted by trauma and abuse and who may be at a higher risk for suicide. These interventions, which are typically aimed at decreasing the likelihood of future suicide attempts throughout an individual's lifespan (Ports et al. 2017, 2), are a critical component of a comprehensive model of suicide prevention for Inuit populations. Literature notes that given the multiple distal life events that contribute to heightened vulnerability in Indigenous communities, the complex, cyclical, and ongoing nature of risk factors may be neglected in preventative models (Crawford and Hicks 2018, 18). In discussions of integrated suicide approaches in the United States, Caine et al. (2018) describe downstream interventions as those efforts designed to "address the needs of acutely distressed individuals" (43), further noting that creating a comprehensive suicide prevention strategy that combines both upstream and downstream approaches can be challenging, and require diverse partnerships and sustained commitment (44).

Ports et al. (2017) describe downstream prevention activities as those occurring at multiple levels, including individual, relationship, and community levels. For example, individual level activities may include "safety planning, mental health treatment, and reducing access to lethal means" for those considered to be high-risk individuals. Downstream prevention at the relationship level includes those activities typically described as "gatekeeper" training—meaning the training of community members and peers in identifying and referring high-risk individuals. Finally, community level downstream activities include crisis services and responses that focus on establishing a continuity of care for those individuals who have experienced childhood adversity or other risk factors associated with a heightened risk of suicide (Ports et al. 2017, 2).

In a published review of suicide interventions among Indigenous populations of Australia, the United States, Canada, and New Zealand (Clifford et al. 2013), gatekeeper training emerged as the prevailing category of downstream approaches. Although there are limitations in evaluating the long-term
effectiveness of gatekeeper initiatives in their ability to reduce suicide (due to a lack of data on the increase of referrals and treatment rates), there is documented effectiveness in these programs in increasing participants’ “knowledge and confidence” in identifying and supporting those at risk of suicide (Clifford et al. 2013, 9). Nasir et al. (2016) provide a follow-up to this study, detailing the need for culturally tailored gatekeeper training in Indigenous communities. Promising practices identified in this study include moulding training based on specific local issues (including training those communities affected by cluster suicides or particular substance uses), and training local community members with pre-existing relationships (Nasir et al. 2016, 6). Additionally, Nasir et al. suggest that opportunities exist in strengthening gatekeeper intervention programs through “top-up interventions” to sustain effects (Nasir et al. 2016, 6).

Gaps in the Literature

The literature pertaining to links between childhood adversity and suicide and Inuit risk and protective factors reveals the higher rates of Inuit suicide among young males; however, there is little investigative research that examines why these gender differences persist—both in Inuit Nunangat and globally (Bjerregaard and Larsen 2015; Korhonen and Anawak 2006). In addition to understanding gendered patterns among Inuit children, a deeper analysis is needed on the prevalence of childhood adversity for LGBTQI youth, and more specifically, the links between childhood sexual identity and suicide risk.

4.2.2 Promising Actions and Interventions Identified by Key Informants

Interviews with key informants revealed that some of the most effective downstream programs aimed explicitly at suicide prevention include training programs such as safeTalk and ASIST (Applied Suicide Intervention Skills Training). These programs are focused on building knowledge, awareness and capacity by training community members and service providers to become more adept at recognizing when someone may be considering suicide, and more prepared to respond in these situations. SafeTalk is a half-day program, while ASIST is a more intensive two-day training. Key informants in both Nunavut and Inuvialuit described these programs as showing considerable promise for suicide prevention:

All of the initial evaluations after people take the SafeTALK and ASIST programs are very positive. I mean, 99% of people are indicating that they have more skills and they have more confidence in potentially intervening if someone is having—experiencing suicidal ideations, or have a plan, or are making an active attempt. (Kim Masson, Associate Deputy Minister of Quality of Life Secretariat, Government of Nunavut)
... a lot of people have given positive feedback in regard to yes, this [ASIST training] is working, yes, I really enjoyed your workshop ... it’s all positive feedback. (Ruth Goose, Elder’s Advocate, Inuvialuit Regional Corporation)

In Nunavut, both the safeTalk and ASIST trainings are administered by the Embrace Life Council, a non-profit suicide prevention organization based in Iqaluit, Nunavut. Community members can book trainers to go to their community and facilitate the trainings, which are provided at no cost to communities. The goal is to ultimately provide safeTalk training to every person in Nunavut over the age of fifteen, and ASIST training to one in every ten people. It was suggested during key informant interviews that an ideal way to achieve this goal would be to make safeTalk training part of the high school health curriculum.

One key informant experienced in delivering these trainings in Inuvialuit noted that it is important to ensure that the materials are presented in accessible and culturally relevant ways. This key informant mentioned that while the trainings are effective, the materials need to be adapted for Inuit audiences as they make use of needlessly complex language and do not reflect Inuit ways of thinking and speaking about suicide. She also suggested that it is important for ASIST and safeTalk trainers to present the materials in ways that are meaningful to them personally, as this can help to ensure that the content is communicated in a sincere way.

We found that just doing the program the way it's set out and reading things the way they're set out, well, when I go into an ASIST [training] to read what's there, that's not me talking, that's the book talking. I want the words to come from me, I want them to come through [me], I want them to be sincere. Me and other ladies, as we've worked through these workshops, we've taken notes and we've just simplified them. Made them so that it's easier for the clientele to understand. (Ruth Goose, Elder’s Advocate, Inuvialuit Regional Corporation)

Key informants also noted that the Embrace Life Council is investing in further training related to suicide and mental health. In addition to providing safeTalk and ASIST training, they have created two additional programs, including a trauma-informed practice program for service providers who work with youth and adults and who are experiencing or have been affected by trauma; and a training on youth self-injury, which provides an overview on the reasons behind why youth might self-injure, as well as practical strategies and guidance for working with youth who do so.

Other promising actions and interventions aimed explicitly at suicide prevention include activities and programs that are focused on making space for sharing and healing. One such example is Puttautiit, an annual weeklong regional suicide prevention and healing conference held in a different Nunavik
community each year. Several key informants described events such as Puttautiit as important for mobilizing people and building momentum in Inuit communities. They spoke about how powerful it can be to bring people together to share their experiences of trauma and discuss programming opportunities and needs:

... bringing survivors together has a lot of power in people knowing that they're not alone. And there's a lot of strength and education that comes out of that, in order to prevent another suicide—when people are talking about it, we break the silence, we get people talking about things for a purpose. Very purposefully and in a healthy way. And we can make a difference. (Kim Masson, Associate Deputy Minister of Quality of Life Secretariat, Government of Nunavut)

In general, many Northern suicide prevention programs offer counselling and other forms of support to Inuit who have experienced childhood adversity. In addition, several regions have created specific positions with a mandate to focus on suicide prevention. For example, the Nunavik Regional Board of Health and Social Services recently hired two suicide-prevention liaison workers to work in Nunavik-based health centres (the Ungava Tulattavik Health Centre in Kuujjuaq, and the Inuulitsivik Health Centre in Puvirnituq). Their responsibilities include coordinating suicide-prevention efforts, organizing suicide-prevention initiatives, and supporting communities and partners in designing locally adapted projects.

Overall, key informants identified several promising practices related to childhood adversity and suicide prevention. These include:

- Making more mental health services available to Inuit;
- Ensuring that more caregivers, service providers and program staff are adequately trained and equipped to provide culturally safe trauma-informed care;
- Ensuring that services and programs are accessible and culturally relevant; and
- Ensuring that services and programs are community based, meaning that any prioritization and planning that takes place is led by the community or communities affected.
4.3 Promising Practices with Respect to Addressing Child Sexual Abuse Across Inuit Nunangat

4.3.1 Literature Review

... sexual abuse is understood as acts of a both physical and non-physical nature which the child is unable to understand or misunderstands and which the child mentally is not ready to give its consent to. (Government of Greenland 2018)

Childhood sexual abuse is a risk factor for suicide across Inuit Nunangat, the broader circumpolar region, and around the globe (Devries et al. 2014). Indigenous populations in Inuit Nunangat, Greenland, Alaska and Australia all report higher rates of child sexual abuse than non-Indigenous populations (Mace et al. 2015; Lavoie et al. 2007; Curtis et al. 2002; Bubar and Bundy-Fazioli 2011). Broadly speaking, the literature in this area reveals close links between child sexual abuse, mental illness, and suicide:

Nonetheless, there is compelling evidence that the occurrence of sexual abuse leads to increased rates of multiple psychiatric disorders, including anxiety disorders, depressive disorders, eating disorders, sleep disorders, post-traumatic stress disorders, and suicide attempts. (Martin and Silverstone 2013, 1)

In 2016, Pauktuutit developed the Strategic Plan for Inuit Violence Prevention and Healing. In the recommendations section, the report urges for improvements in “[c]ommunity services for children who experience or witness violence and adult survivors of child sexual abuse” (Pauktuutit Inuit Women of Canada 2016, 2). Pauktuutit’s recommendations build on research that links the high rates of suicide in Inuit communities to experiences of violence, which many perpetrators are victims of themselves. Given these high rates of violence, Pauktuutit urges federal and territorial governments to view sexual violence towards women and children as an “urgent public health priority” (Pauktuutit Inuit Women of Canada 2016, 3).

The Government of Canada reports that Inuit people are exposed to sexual assault far more frequently than non-Indigenous peoples. According to a community brochure on Inuit sexual abuse produced by the Government of Canada, emotional, sexual, physical, or financial abuse may cause Inuit children to:

- Have physical problems like headaches, stomach aches, infections, bedwetting, stuttering, being sick or tired or being hyper;
- Have social problems like bullying, lying, blaming, avoiding people or giving up;
- Have nightmares or school problems, avoid going home, and turn to drugs, solvents and alcohol, cutting themselves or even suicide; and
• Have relationship problems, as they can grow up believing that it’s normal for people to hurt each other. (Government of Canada 2012, 23)

**Gender-based Analyses**

In a study examining Inuit male violence, Kinnon (2014) concludes that experiences of sexual abuse during childhood are “considered a contributor to adult violence” (30). Childhood sexual abuse is reported amongst both Inuit males and females; however, reports of assault are higher among girls. For Inuit adults in Inuit Nunangat, one-half of Inuit women and one-quarter of Inuit men report experiencing child sexual abuse (Kinnon 2014).

Indigenous people, and Indigenous women in particular, experience the highest rates of sexual abuse in the country (Pearce et al. 2015). Furthermore, evidence reveals that the majority of persons who have experienced sexual abuse as an adult also experienced similar abuses as a child (Lavoie et al. 2007; Bjerregaard and Curtis 2002; Pearce et al. 2015).

In Nunavik specifically, several studies have examined the rising rates—or at least, reported incidents—of child sexual abuse (Laneuville 2015; Lavoie et al. 2007). In a health survey that examined sexual violence amongst Inuit in Nunavik, results revealed that approximately 34% of respondents (including both men and women) had experienced sexual abuse before the age of 18 (Lavoie et al. 2007). Among women, 49% had experienced sexual abuse before age 18, and 15% of men had experienced sexual abuse as minors (Lavoie et al. 2007). The majority of instances of sexual abuse were reported to have been perpetrated by a close friend or family member, and in many cases, people who have experienced sexual violence shared a home with their aggressor at the time of the assault.

With respect to preventative measures against childhood sexual assault, participants in the Nunavik Health Survey identified the following possible solutions to minimizing the risk:

> ... one third suggested increasing community awareness through education programs in schools and in community meetings, being more open about these issues in the home and community discussing these issues on community radio. One fifth of participants stated that correctional and justice measures should be taken to punish those who had committed such crimes. Police officers were identified as a resource and increased security measures, including night guards and cameras in the village, were suggested. When jail time was not mentioned, isolation from the community was often identified as an option. Almost one fifth mentioned that parents should be more aware of children’s whereabouts and should impose more restrictions upon their children.
Parents were seen as being the ones responsible for the safety of their children. (Lavoie et al. 2007, 8)

Risk Factor – Intergenerational Trauma

The previous section (Section 4.2.1) describes links between suicide risk, childhood adversity, and intergenerational trauma. Many Inuit and Indigenous people who attended residential school as children have reported sexual abuse during their stays (Morris and Crooks 2015). Today, the descendants of residential school survivors are still dealing with the legacy of this abuse (Pearce et al. 2015). Studies have documented how the cycle of abuse, such as early sexual trauma, is often carried forward into adult life. For example, the Cedar Project (Pearce et al. 2015) examined the occurrence of sexual assault amongst Indigenous people in Vancouver and Prince George, British Columbia. A total of 605 people participated in the study, of which 296 were women. Of the participants, 28% reported sexual assault in the last six months. For women who inject drugs, this rate rises to 45%. Women who had a parent who attended residential school were twice as likely to experience sexual assault themselves.

The Cedar Project underscores the vulnerability of people who have experienced sexual abuse as children to factors that may increase their risk for suicide, such as repeated sexual assault victimization, depression, substance abuse, and so on. Respondents in the Cedar Project who had been sexually assaulted in adulthood were nine times more likely to have experienced sexual assault in their childhood:

*Childhood sexual abuse also remained a strong predictor of sexual assault later in life, with odds for sexual assault 9.74 times as high compared with participants who had not been sexually abused as children.* (Pearce et al. 2015)

Comparably, a study conducted by Ring and Wenitong (2007) in Australia found that Aboriginal parents who themselves had a history of sexual abuse are part of the community-related risk factors that contribute to a cycle of child abuse for younger generations.

*A complex set of factors are associated with the occurrence of child abuse ... Parental related factors included a history of physical or sexual abuse, being teenage or single parents, poor coping skills, low self-esteem, substance misuse, lack of parenting skills, mental health problems, and having multiple young children.* (Ring and Wenitong 2007, 204)

The colonial impact of intergenerational trauma and childhood sexual abuse cannot be understated. As evinced in the research conducted by Morris and Crooks (2015), “colonial stress” is a relevant factor when examining links between child sexual abuse and Inuit suicide:
Colonialization had a deeply personal impact on children, parents and Elders, disrupting basic family and community bonds, introducing substances such as alcohol and illicit drugs, imposing widespread trauma in terms of the physical and sexual abuse in residential schools and replacing economic, justice, religious and governance systems. (Morris and Crooks 2015, 332)

Pauktuutit (2005) developed an Inuit-specific approach to family violence and abuse. Their approach recognizes that it is difficult to pinpoint the root cause of child sexual abuse, and that there are a number of factors that contribute to the cyclical nature of sexual violence. In addition, the authors suggest that the impact of prolonged negative experiences such as sexual violence is connected to the rising rates of suicide among younger Inuit:

... widespread abuse which involves physical violence, sexual abuse of women and children, addictions to alcohol and drugs, do not evolve quickly. We must recognize that these patterns of behavior are the result of several generations of inappropriate attitudes concerning the self and others. That these destructive actions are becoming normalized and severely detrimental to Inuit culture and well-being is evident in the despair of our young people marked by an increase in the school dropout rate, and tragically, in the number of teen suicides. (Pauktuutit Inuit Women’s Association 2005, 3)

Risk Factor – Housing and Migration

Housing shortages and strains also contribute to an increase in “violence, more suicide, and more sexual abuse” amongst Inuit (Laneuville 2015, 9). In a study that examined the housing crisis in Nunavik, Laneuville (2015) concluded that women and children who experience violence and/or sexual abuse at home often have nowhere to go to escape it. As Laneuville suggests, this absence of options may increase women and children’s risk for suicide:

The housing issue is closely linked to many other social problems, such as alcoholism, violence, sexual assault, suicide, child neglect, dropping out from school, and so on. While women living in Nunavik are cramped together in very few houses, those living in Montreal usually have more options and more space. However, a large proportion of women moving to Montreal because of social problems “fall through the cracks” and, for many reasons, are unable to find stable and safe places to live. (Laneuville 2015, 26)
Pauktutit Inuit Women of Canada (2017) and Kishigami (1999) similarly identified links between housing, sexual violence, and suicide. For example, in an early study about Inuit urban identities in Montreal, Kishigami notes that:

... women in their twenties and thirties, were pushed out from their native villages due to several combining factors such as alcohol and drug problems, sexual and physical violence, problems of human relations in a small village, lack of housing, shortage of jobs. It seems to me that they did not come to Montreal because there were resources available to them in the city, but because they wanted to run away from problems they encountered in the North. (Kishigami 1999, 225)

The collective research from Pauktuutit Inuit Women's Association (2005), Kishigami (1999) and Laneuville (2015) reveals clear links between housing and sexual violence, all of which are contributing factors to Inuit urban migration. Moreover, this research indicates that both housing instability and sexual abuse are risk factors for suicide. Housing instability is an issue in both northern Inuit communities and for Inuit who have migrated to urban centres.

Protective Factors

There is a great deal of literature on protective factors in the context of childhood adversity and suicide prevention. The following protective factors relate specifically to preventing child sexual abuse:

- Increasing awareness of childhood sexual assault, healthy relationships and violence prevention in Inuit communities, specifically through educational programs and in community meetings;
- Improving access to culturally-relevant community support services for both victims and perpetrators of abuse, such as professional help (i.e. psychologists, therapist, counsellors, etc.) and community-based healing programs;
- Ensuring men (particularly high-risk males), women, and children are reached out to and have a participatory role in strategies that aim to reduce violence and childhood abuse;
- Creating safe spaces for victims to report incidents and talk about abuse;
- Improve policing and the justice system within communities so that victims and offenders are provided with better support systems;
- Reinforcing traditional values “related to healing and working together” (Kinnon 2014, 29);
- Providing parents with the necessary supports and services so they can assume a protective role in their children’s lives;
- Provide community shelters for women and children who witness, experience, or are survivors of childhood sexual abuse; and
• Building strong foundations of connectedness, trust and support within family networks and the broader community (Pauktuutit Inuit Women of Canada 2016, 2011; Lavoie et al. 2007; Kinnon 2014).

As noted by Kinnon (2014), the increasing awareness of risk factors surrounding violence and childhood sexual abuse places Inuit communities in a better position to focus on protective factors and in doing so reduce suicide risk.

4.3.2 Promising Actions and Interventions Identified by Key Informants

Key informants described a number of promising actions and interventions that have been applied in Inuit communities to address child sexual abuse. Among others, these actions and interventions include programs and services targeted towards:

• Educating children about sexual abuse and/or healthy relationships;
• Training adults to recognize and prevent child sexual abuse;
• Providing supports to victims and their families;
• Supporting the healing and recovery process for both victims and offenders (see Sections 4.2.2, 4.5.2, 4.6.2, and 4.7.2); and
• Helping parents and families assume a protective role in the lives of their children (see Section 4.7.2).

This section is focused on actions and interventions that relate to the first three bullets: educating children about sexual abuse and healthy relationships; training adults to recognize and prevent child sexual abuse; and providing supports to victims and their families. As is indicated in the list above, actions and interventions that fall into the remaining categories are primarily discussed elsewhere in this report.

Educating Children About Sexual Abuse and Healthy Relationships

Though educating children about sexual abuse has been identified as a promising practice for increasing the personal safety of children and youth, during interviews, key informants identified just one program that is specifically targeted towards educating children and youth about sexual abuse in Inuit Nunangat: the Good Touch / Bad Touch program, delivered in communities across Nunavik. Good Touch / Bad Touch is a body safety program that has been adapted for Nunavik by a committee representing the

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2 Note that given our small sample size, it is very possible there are more programs in Inuit Nunangat that are focused on educating children about sexual abuse.
Nunavik Regional Board of Health and Social Services, the Kativik Regional Police force, the Kativik School Board, the Ungava Tulattavik Health Centre, local community service centres, and the Department of Youth Protection. The program is delivered in communities in Inuktitut over a two-week period. During the first week, the emphasis is on orientation for adults in the community, including parents and frontline workers. Information sessions are held, along with workshops on disclosure and the impact of child sexual abuse, and healing sessions. During the second week, children from kindergarten to grade six participate in five-day workshops. The workshops cover various topics, and are focused on teaching the following five concepts:

1. Touch can be good, bad or confusing.
2. Children are precious and have the right to know all the safety rules.
3. Children can say "NO!" to touches they don’t like.
4. Children can tell a trusted adult if they ever have a problem with sexual abuse, bullying or other confusing touches.
5. Abuse is NEVER the child's fault.

Program coordinators note that there has been an increase in child sexual abuse disclosure in communities where the program has been delivered. Coordinators also note that communities must invite facilitators to deliver the program; though one key informant mentioned that the Kativik School Board is also looking into integrating some Good Touch / Bad Touch program components into the sexual health curriculum.

Programs that focus generally on educating youth about healthy relationships appear to be more common than programs that explicitly focus on child sexual abuse. For example, key informants mentioned that some programs offer workshops on healthy sexuality, healthy relationships and functional family life. In this vein, key informants identified the Timiga Ikumajuq My Body the Light Within program as an example of a promising intervention. This program provides one-day workshops to students in grades nine to eleven. It is co-developed and delivered jointly by the Qaggiavuut Society for the Performing Arts in Nunavut and the Qauji giartit Health Research Centre. While child sexual abuse may not be the focus of programs such as this; key informants noted that topics related to child sexual abuse are often addressed.

*Raising Awareness About Child Sexual Abuse and Training Adults to Recognize and Prevent It*

Education and training for adults and specifically caregivers is another upstream child sexual abuse prevention strategy that has been shown to be effective in Inuit Nunangat. As one key informant put
it, it is important for caregivers to understand their responsibilities to children and be able to provide support as needed:

> [T]here’s areas that each of us have to be aware of in our work. You know, if it comes down to—because we have people working in the school, we’re delivering programs, and being involved in certain activities, and if we or any of the staff can see that something is not right in the life of a child, then you know, [we need] to educate them that they have a responsibility to ensure that the right people are informed of these things. (Evelyn Storr, Director of Community Development, Inuvialuit Regional Corporation)

Key informants identified a handful of programs that provide this type of training, including the adult-focused components of the Good Touch / Bad Touch program described above, and the Our Children, Our Responsibility training program recently developed by the Embrace Life Council in Nunavut. Our Children, Our Responsibility is a Nunavut-specific workshop designed to educate community members (e.g., parents and other caregivers, including teachers and frontline service providers) on how to recognize the signs of child sexual abuse, what to do if a child discloses sexual abuse, and how to prevent abuse. Though the program is still in its pilot stage, a key informant described several early successes, such as participants becoming more comfortable intervening when they felt there was a risk of a child being sexually abused:

> [I]t’s really just being launched and rolled out fully now, but the pilot evaluations were very positive in that [the program] increased participants’ understanding of where risk exists, and how to best mitigate that risk in order to prevent child sexual abuse. So, people felt more comfortable with the topic, they felt more comfortable intervening if they felt there was risk. And there was a really huge response, wanting the training rolled out across the territory widely. (Kim Masson, Associate Deputy Minister of Quality of Life Secretariat, Government of Nunavut)

Key informants noted that anyone can reach out to Embrace Life Council to request that the Our Children, Our Responsibility workshop be held in their community. The program is delivered free of charge, and is open to any community in Nunavut.

Organizations such as Pauktuutit have also developed resources along these lines. For example, Pauktuutit created a facilitator’s guide called Kinaq Ijiqsimajuq: The Hidden Face (Parts 1 and 2) to accompany a film produced in Greenland that addresses child sexual abuse in Inuit communities. The facilitator’s guide is designed to support facilitators in delivering a four-day workshop on child sexual abuse to teachers, nurses, community health representatives, police, justice and court workers, and
other frontline service providers in Inuit communities. The goal of the workshop is to educate these groups about the impact of child sexual abuse; how to recognize the signs of abuse; and how to provide support to both current victims and adult survivors.

Some promising practices specific to delivering child sexual abuse training to adults include:

- Ensuring that counselling supports are available to participants during training;
- Providing training for free whenever possible; and
- Making sure that caregivers are aware that suicide is not an adult-only issue, and that child sexual abuse is a major suicide risk factor for youth.

**Providing Support to Victims and Their Families**

Key informants identified just one promising intervention specific to providing supports to victims of child abuse and their families: the Umingmak Child and Youth Support Centre, a new Child Advocacy Centre (CAC) opening in 2019 in Iqaluit, Nunavut. Though not yet up and running, this centre will be modelled on CACs elsewhere in North America while also being designed to meet the cultural needs of Nunavummiut. The purpose of the centre is to provide a safe, comfortable environment for children who are victims or witnesses of physical, mental, or sexual abuse to share their stories and receive compassionate, highly integrated care. The centre will include:

- A child-friendly interview room for use by police and family services;
- A medical examination room;
- A counselling office;
- Offices for program administrators and case coordinators; and
- Accommodation space for families from out of community.

The Umingmak Child and Youth Support Centre will be the first CAC in Inuit Nunangat. Some of the actions that are being undertaken to support its success include:

- Hiring a child advocate who is Inuit and can speak Inuktitut, and whose job it is to “support the child and the family. It’s not to see if the child’s safe and take that child away. It’s not to get evidence from the child or anything of those different things, it’s just to tell that child and family ‘this is what going to happen now, this is what you can expect. I’m here to support you through this.’” (Sarah Clark, Executive Director, Arctic Children and Youth Foundation);
- Hiring a trained counsellor who is also Inuit; and
- Developing and implementing a long-term trauma-informed health program for children, youth and their families.
Key informants familiar with this venture noted that the driving force behind the initiative is to improve the response to disclosures of abuse by creating a collaborative space for various service providers to share information and provide support to victims and their families in an organized and coherent fashion. They described the development of an MOU between service providers as being key to breaking down silos and improving the disclosure experience for victims:

*Creating an MOU that allows them all to come together in one space and just respond to that disclosure in one central space in a collaborative way. So that’s like the main piece, is that sort of policy that allows all of those people to work together and share information …* (Sarah Clark, Executive Director, Arctic Children and Youth Foundation)

*I think the main thing for sure is collaboration between the different service providers. One of the issues we touched on today in the ITK session was silos of information. Everyone working separately. That creates for a client, that makes them have to tell their story multiple times and that makes them the person that has to navigate through the system … The strength of the CAC is now all of those people know what’s happening in the other agencies and they go, “Okay, how do we work together to create the best healing opportunity for this child.” So I think that’s the biggest benefit.* (Sarah Clark, Executive Director, Arctic Children and Youth Foundation)

Key informants also identified additional promising practices associated with the CAC, such as locating the centre in a central place and making sure that it is warm, welcoming, and child friendly. They noted that when a space is inviting and welcoming, it is easier to build trust and rapport between service providers and children.

*The second biggest benefit [of the CAC] is having a child friendly location. A centralized child-friendly location that is comfortable, welcoming, a space for rapport to start building right away between the child and the interviewer and the advocate.* (Sarah Clark, Executive Director, Arctic Children and Youth Foundation)

### 4.4 Promising Practices with Respect to Social Emotional Development in Inuit Nunangat

#### 4.4.1 Literature Review

*Understanding Social Emotional Development*

Social emotional development can broadly be defined as the process by which children develop “social and emotional capacities that prepare them to be self-confident, trusting, empathic, intellectually
inquisitive, competent in using language to communicate, and capable of relating well to others” (Cohen et al. 2005, 1). Put more simply, it can also be described as “a child’s ability to understand the feelings of others, control his or her own feelings and behaviours, get along with other children, and build relationships with adults” (Missouri Department of Mental Health 2019). According to the National Scientific Council on the Developing Child (2004) the core features of healthy social emotional development include being able to:

- Identify and understand one’s own feelings;
- Accurately read and comprehend the emotional states of others;
- Manage strong emotions and their expression in a constructive manner;
- Regulate one’s own behaviour;
- Develop empathy for others; and
- Establish and sustain close relationships with both adults and peers.

Similarly, Cohen et al. (2005) state that in early childhood, healthy social emotional development refers to a child’s developing capacity to:

- Experience, manage and express the full range of positive and negative emotions;
- Develop close, satisfying relationships with other children and adults; and
- Actively explore their environment and learn.

In the childhood development literature, social emotional development is described as “the cornerstone of healthy development” and the “foundation upon which all future development rests” (Zero to Three 2012, 3). Notably, this includes “physical growth and health, cognitive skills and communication” (Zero to Three 2012, 3). Moreover, research suggests that social-emotional functioning “predicts and is associated with mental health, academic performance, delinquency, substance abuse, and work-place performance” (Denham et al. 2009, i37; Cherniss 2000; Denham 2006). Denham et al. (2009) state that when "development milestones of social-emotional competence are not negotiated successfully, children are at risk not only for psychopathology, but also for multiple behaviour problems, poor school performance, and drug abuse." In comparison, the successful navigation of developmental milestones is linked to social competence, academic success, mental and physical health, and—perhaps most importantly in the context of suicide prevention— “adaptive resilience in the face of stressful circumstances” (Denham et al. 2009, i37). In sum, healthy social emotional development is associated with prosocial behaviour, mental wellness, and resilience; while poor social emotional development is associated with disruptive behaviour, delinquency, and reactivity.
Social Emotional Development and Suicide Prevention

A child's social emotional development does not take place in a vacuum (Denham et al. 2009, i37). Rather, as Cohen et al. (2005) suggest, social emotional development is influenced by three key factors: biology, relationships, and environment. They go on to point out that:

*The influences of biology, relationships and environment play a significant role in the development of social-emotional competencies. For example, a child exposed to abuse or neglect may respond biologically by producing high levels of cortisol—a stress hormone that the body releases in order to cope with threatening situations. Children who are repeatedly exposed to harmful environments are at risk for poor development because their stress levels remain high, causing permanent negative damage to the brain. These children are also at risk for a variety of behavioral problems, as well as loss of memory and learning skills and suppression of the immune system is substantially affected by a child’s relationships and immediate environment. In the earliest years of a child’s life, this means that the home environment and the parenting practices of caregivers are of critical importance to social emotional development.* (Cohen et al. 2005, 3)

In the context of suicide prevention, it is worth noting that there is considerable overlap between risk factors for suicide and risk factors for poor social emotional development. For example, factors such as witnessing and/or experiencing trauma and abuse, neglect during childhood, housing insecurity, poverty, and family dysfunction correlate with both poor social emotional development (as indicated in the quote above) and death by suicide/attempted suicide. Conversely, epidemiological studies reveal a strong correlation between healthy social emotional development and resilience (Pisani et al. 2013). When children and youth are brought up in safe, supportive environments, they are far more likely to develop strong relationships, positive coping strategies, and conceptions of self-esteem/self-worth (Pisani et al. 2013). As is pointed out in the NISPS, these are all important protective factors in the suicide prevention sphere (Inuit Tapiriit Kanatami 2016).

Just as many of the risk factors for death by suicide/attempted suicide and poor social emotional development are the same, so too are the protective factors. For example, the NISPS identifies social equity and family strength (defined in terms of the health of the home environment) as two of six protective factors for suicide prevention (Inuit Tapiriit Kanatami 2016). These factors are also identified in the child development literature as important contributors to healthy social emotional development, suggesting that healthy social emotional development is itself a protective factor for suicide prevention. Moreover, this characterization of healthy social emotional development as a protective factor is
reflected in both the NISPS and the broader literature on suicide prevention: in the NISPS, “healthy
development” is identified as a protective factor, and “[nurturing] healthy Inuit children” is described as
a priority area (Inuit Tapiriit Kanatami 2016, 28). Similarly, Pisani et al. (2013) states that:

Suicidal behavior typically occurs when enduring risk factors and immediate stressors
combine, producing intolerable emotional distress from which the adolescent can see
no escape (Baumeister 1990; Goldston et al. 2006; Williams and Pollock 2008). Thus,
building adolescents’ capacity to identify, manage, and recover from painful emotions,
using internal strategies and support from key adults, may be critical in disrupting
trajectories toward suicide in this population. (808)

Promising Practices

Given the connections between healthy social emotional development and suicide prevention, it is not
surprising that upstream interventions that focus on “ensuring that children grow up in safe, nurturing,
and predictable environments” and other dimensions of healthy social emotional development are
gaining traction in Inuit and other communities struggling with high rates of suicide (Inuit Tapiriit
Kanatami 2016, 21). In general, such interventions fall into one of two categories:

1. Programs and services targeted towards supporting social emotional development in early
   childhood, including via early childhood education and early intervention programs; and
2. Programs and services targeted towards supporting the social emotional development of
   school-age children and youth.

Programs and services targeted towards social emotional development in both early childhood and in
school-age children and youth have been the subject of considerable study, with much of this research
focused on identifying best and promising practices for effective social emotional learning (SEL). The
literature in this area identifies several environments in which social emotional development and
learning take place, including in the homes of caregivers, in institutional settings such as child care
centers and schools, and in various community settings (Pisani et al. 2013; Cohen et al. 2005). With
respect to social emotional development in childcare centers and schools, several authors have
identified promising practices for SEL programming and instruction. For example, Zins and Elias (2007,
239) suggest that for SEL instruction to be effective, it must be “systematic, provided over multiple
years, integrated with the academic curriculum, and supported by school-family-community

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3 In this report, best and promising practices concerning programs and services that target the home environment are primarily
discussed under parenting and family support programs in Section 4.7.
partnerships and a caring supportive environment.” Further, they describe the following strategies as characteristic elements of effective school-based SEL programming:

(a) teaching children to apply SEL skills and ethical values in daily life through interactive classroom instruction and providing frequent opportunities for student self-direction, participation, and school or community service; (b) fostering respectful, supportive relationships among students, school staff, and parents; and (c) supporting and rewarding positive social, health, and academic behavior through systematic school–family–community approaches. (Zins and Elias 2007, 470)

In addition to identifying general best practices, researchers have carried out program-specific evaluations that have facilitated the identification of promising “evidence-based SEL curricula and programs” that have been shown to be effective at preventing substance abuse and interpersonal violence and/or promoting mental health, positive youth development and academic achievement. However, while the use of “readily replicable interventions” can be tempting, Yellow Horse and Yellow Horse Brave Heart (2011) caution that:

There are a number of evidence-based practices assumed effective for [American Indian/Alaska Native] children because they were utilized with diverse ethnic groups. These practices are then applied to [American Indian/Alaska Native] children with minimal, superficial and often stereotypical “cultural adaptation” including such things as substituting Native names or themes in the curriculum content and serving fry bread at a meal. The result in this first scenario is that the practice remains inherently based upon the culture of the non-Native developers with “Indian window-dressing” so that the model appears [American Indian] on the outside but is internally flawed and culturally irrelevant on a deeper more meaningful and more profoundly important level. (53)

Similarly, in her work on Aboriginal early childhood development programs, Ball (2008) questions “one-size fits all” approaches to childhood development and health, instead emphasizing community specificity in developing programming and supports for Aboriginal communities. She also suggests that approaches that are focused on making Aboriginal children “ready for public school—for example, by promoting early reading, early numeracy and proficiency in the dominant language of instruction; by providing extra learning supports in special classrooms; and, in some cases, by placing them in the care of the government” tend to sanction the idea that “the challenges that Aboriginal children face are self-generated” (Ball 2008, 12). She argues that those who hold this view:
Fail to see [...] the structural risks that are also at play such as poverty, environmental degradation, and a lack of community-based programs (operated by Aboriginal people) to promote health and family development. Many of the risks faced by Aboriginal children arise from such structural factors, as well as from ongoing racism and political oppression. What this means is that high rates of disease in early childhood, placement in state care and early school leaving cannot be reduced simply by investing more in medical care, parenting programs and targeted school-based interventions. (Ball 2008, 12)

Ball (2008) builds on this argument by identifying several promising practices specific to Aboriginal early childhood development programming. Among others, these include:

- Continuing to support and build on promising models such as Aboriginal Head Start;
- Taking a community-based approach to program design and delivery;
- Taking geographic and social circumstances, cultural factors, distance from diagnostic and specialist services, and community-specific challenges into account during program development;
- Developing and applying Aboriginal criteria to evaluate child care and social emotional development programs;
- Supporting community-driven innovations;
- Promoting Indigenous languages, cultural learning and spirituality;
- Facilitating intergenerational relationships;
- Locating programs in accessible facilities chosen by community leaders in consultation with parents; and
- Investing in programs that prepare Aboriginal youth for parenthood and the workforce.

The literature specific to Inuit social emotional development is limited; however, there is a fairly significant body of literature that considers links between child and youth mental wellness, resilience, and suicide prevention in Inuit communities (Lehti et al. 2009; MacDonald et al. 2013; Allen et al. 2014). This literature goes into considerable detail about protective factors specific to Inuit youth. For example, MacDonald et al. (2013, 134) identify five key protective factors for enhancing youth mental health and wellbeing: “being on the land; connecting to Inuit culture; strong communities; relationships with family and friends; and staying busy.” Other scholars identify cultural activities, cultural continuity, and time spent on the land as being closely associated with positive mental health (Fraser et al. 2015). This information offers useful direction for social emotional development programming, as social emotional development and mental wellness are closely connected.
In terms of promising practices with respect to social emotional development, in their discussion of youth resilience in circumpolar communities, Allen et al. (2014) identify community programs that support the reinforcement of collective identity, family relationships, traditional healing practices, and cultural identity as promising interventions. Promising practices emphasized in Boksa et al. (2015) include wellness programming that focuses on community involvement, such as land-based programs and those integrating traditional knowledge and activities and western approaches to mental wellness. Finally, Qaujigiartiit Health Research Centre (2010) published a literature review of land-based wellness programs entitled Land-Based Youth Wellness Camps in the North. This report lists a summary of programs offered in the past; current programs at the time of publishing; and a summary of research findings for promising practices in wellness programming for youth. Promising characteristics summarized in this section include community involvement, time spent on the land, skill-building, and country food (Noah and Healey 2010).

**Gaps in the Literature**

There is a considerable body of literature on social emotional development, early childhood development, social emotional learning, and related concepts. However, very little of this work is focused on Inuit-specific conceptions of social emotional development and learning, and even less is focused on identifying evidence-based promising practices with respect to Inuit or even Indigenous-specific social emotional development programming.

Gaps also exist in the literature regarding challenges and best practices to social emotional development in rural versus urban settings. Particularly, as literature states connection to community and family networks, land-based programs, and enculturation as promising characteristics of approaches towards social emotional development and mental wellness, there is a gap in identifying and discussing challenges with respect to implementing effective social emotional development programming urban setting, where Inuit may be removed from these community networks.
4.4.2 Promising Actions and Interventions Identified by Key Informants

As Section 4.4.1 indicates, healthy social emotional development helps to increase the overall resilience of children and youth. During interviews, key informants identified a wide range of promising actions and interventions—primarily programs and related promising practices—that are focused on supporting the social emotional development of children and youth in Inuit Nunangat. Broadly speaking, these actions and interventions fall into three categories:

1. Early childhood development programs;
2. Land-based programs; and
3. Other wellness-focused programs.4

Below, each of these categories is explored in turn.

*Early Childhood Development Programs*

Early childhood education and early intervention programs are programs that are designed to support the health, wellbeing, and social emotional development of young children. Across Inuit Nunangat, support for early childhood education and social emotional development is a major priority for Inuit communities. Overall, two of the most important promising practices identified by key informants during interviews include providing more specialized training and support to early childhood educators and developing more culturally relevant programming for very young children.

In key informant interviews, the IRC’s Early (Childhood) Intervention Pilot Project was identified as an example of an intervention that is showing significant promise as an effective tool for supporting social emotional development in very young children. The program is aimed at improving the process and outcomes of early childhood education by (1) improving children’s attendance and readiness for school; (2) improving the delivery of quality service in Inuvialuit Child Development Centres; and (3) enhancing the understanding of interventions at different developmental stages specifically related to the social, emotional, physical and intellectual development of children aged zero to 12. Initiated in 2015, the program’s focus to date has been on training early childhood educators and caregivers to ensure that they have the strategies, skills and knowledge to support children in building language and social skills, regardless of their respective learning styles. To achieve this, IRC hired a language pathologist to deliver the Hanen Program® Learning Language and Loving It™ to early childhood educators and caregivers across Inuvialuit. They also hired an occupational therapist to support caregivers in encouraging peer-

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4 Note that parenting programs are addressed in Section 4.7.
to-peer interaction, cognitive development, and fine motor skills development. The idea is to help early childhood educators build happy, healthy relationships with the children in their care, and to ensure that they have the skills needed to support parents in doing the same. As one key informant put it, the experience has been transformative for both caregivers and children:

> And seeing the children respond to how caregivers are really in tune with what the children’s ideas or their experiences and giving them words to what they are feeling is like wow. So that next year I took the training myself so that I can deliver Learning Language and Loving It. And I can support my colleagues, my partners in doing this. So, my first year ... we had a new speech and language pathologist in our region, so I was able to work with her and we did this together too. And you know you walk down the streets two years later and they [children] are saying hi to you still. Because they recognize you. You made an impression in whatever it was, you know. I still remember, so this early intervention project really improved what was happening in our licensed facilities. (Maria Storr, Early Intervention Project Coordinator, Inuvialuit Regional Corporation)

Key informants also identified the need to create environments for early childhood education that reflect and uphold Inuit culture and language as a best practice in the context of social emotional development programming for young children. Specific promising practices include developing appropriate language materials for use in daycares and schools (e.g., booklets, labels, posters), and hiring staff who are fluent in regionally-appropriate Inuktut dialects whenever possible:

> Under Nunatsiavut Government we have another department called Tourism, Recreation and Culture. TRC. So, under Tourism, Recreation and Culture there is—they hired a couple of young girls, they’re up in Nain, and they’ve been doing a lot of really good work in doing—on language development. And sending things out to our childcare workers. You know, little booklets that they’re making, or labels they can put into childcare programs, you know, different things that they can think of. (Jenny Lyal, Regional Childcare Coordinator, Nunatsiavut Government)

It is understood that culturally relevant programming helps Inuit children become more grounded in their culture, which is identified in the suicide prevention literature as an important protective factor in relation to suicide prevention (see Sections 4.1.1 and 4.3.1 for more information). A related promising intervention described by key informants in the context of early childhood development is the development and implementation of Language Nest programs, which currently exist in Nain and
Hopedale in Nunatsiavut. Language Nests are Inuktitut immersion programs for very young children, where Inuktitut is spoken and taught daily.

Key informants also mentioned that Head Start programs in Nunavik and Nunatsiavut are good programs that work well. However, they identified community level training as being the key to delivering high quality early childhood programming and services in communities. In order to ensure that early childhood education takes place in culturally safe environments, educators and caregivers must have a strong understanding of the challenges in the North and the trauma that many Inuit families have experienced, in addition to having early childhood development training. As the IRC Early Intervention Pilot Program experience suggests, training and capacity building at the community level can help to bring these components together.

**Land-based Programs**

During interviews, many key informants characterized participation in land-based programming as one of the best ways to foster healthy social emotional development in Inuit children and youth. Specifically, they described land-based programs as being great for:

- Connecting youth to cultural values and beliefs;
- Breaking down intergenerational barriers and fostering stronger community connections;
- Supporting identity formation and moral development;
- Building confidence and leadership skills; and
- Strengthening mental health.

Some key informant perspectives on the connection between land-based programming and social emotional development are shared in the quotes below:

... those land programs, it sends you—it kind of sends you a wakeup call to inspire yourself as an Inuk, as a leader, it even makes you a leader, and it makes you think of yourself as this present generation, I am who I am right now, and I have all these ideas of how I can do better. (Mary Binkie Andersen, Nunatsiavut representative, National Inuit Youth Council)

So, all the things I’m talking about in the land programs, it instills ethics, your morals. And that will live with you for the rest of your life. And it governs the way you think, the way you behave, the way you act. Those land programs, they help you create yourself as a person. And as an Inuk. (Mary Binkie Andersen, Nunatsiavut representative, National Inuit Youth Council)
It’s the breakdown of relationships that has allowed suicide to become something in our minds. You know, if a child, if a young person feels connected in those healthy relationships and has those three things that I was talking about, you know the motivation, and the proper attitude and the determination, they’re never going to think of suicide. It’s when those protective factors are pulled away and they don’t have connections with people who can get them through something that kids fall apart. (Shirley Tagalik, Inukpaujaq Consulting)

Land-based youth programs are becoming increasingly popular across Inuit Nunangat. Some of the programs identified by key informants as best practice examples include Project Jewel, based in Inuvialuit; the Young Hunters Program, based in Arviat, Nunavut; the Makkuktut Sangiktilirput ("Youth Getting Stronger") program, based in Rankin Inlet, Nunavut; and the Going Off, Growing Strong program, based in Nain, Nunatsiavut. These programs have several elements in common, including a strong focus on mentorship, culture, and community. Through such programs, youth spend time together on the land, where they become immersed in their culture, acquire new skills, and build relationships with community mentors and role models. They also spend significant amounts of time participating in fun yet challenging activities, which is important given that in remote communities, there is often a dearth of culturally relevant, healthy activities for youth to participate in. Positive outcomes relevant to both social emotional development and suicide prevention include (but are not limited to): youth feeling more confident; youth feeling more connected to who they are as Inuit; youth feeling more supported by their community and culture; youth stepping into leadership roles; and youth learning how to communicate more effectively.

One of the biggest benefits to incorporating traditional activities and past times into these programs is that you kind of switch the power dynamic. [...] when you go out and set a gill net and now the participants are the teachers, you have that shift, right, where it’s now they’re the ones showing and developing skills with someone else, so that kind of reciprocal, complementary approach to teaching and learning is awesome! It’s borderline indescribable how beneficial that is, you know what I mean? (Jimmy Ruttan, Program Coordinator of Project Jewel, Inuvialuit Regional Corporation)

It is worth noting that there is considerable variation in how land-based programs are organized across Inuit Nunangat. For example, programs such as the Young Hunters Program are community-based, meaning that all of the participants are from one community and the focus is on providing consistent

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5 Not only a youth program, but has a significant youth focus.
land-based programming to these individuals. The Young Hunters Program was developed with considerable input from community Elders and is organized around Inunnnguiniq principles (Inuit principles for becoming capable). The program’s website states that youth participants gradually acquire skills and knowledge through time spent with experienced Elders and other community knowledge holders, which in turn supports their social emotional development as they work with mentors and gain confidence and perspective.

In contrast to community-specific programs, programs such as Project Jewel deliver land-based programming on a regional scale. What is notable about Project Jewel is that anyone in the Beaufort Delta region can apply to participate in the program’s land-based camps, regardless of where in the region they live or whether they are final agreement beneficiaries. Project Jewel’s retreat-like camps take place multiple times throughout the year. While the program works with several different groups, many of the camps are youth and/or family focused. These camps are typically organized around culturally-relevant activities such as hunting and trapping; however, they also focus on communication and healing by intentionally making space for youth to open up about their emotions and experiences in a supported environment (Elders and/or clinical counsellors are always present, along with program facilitators). In addition, the structure of Project Jewel is such that if you participate in a camp, you also receive aftercare support for 1-2 years following your initial camp experience. This set up enables Project Jewel to support the social emotional development of participating youth on a long-term basis.

During conversations about these programs, key informants identified several promising practices that apply broadly to land-based programs, regardless of how they are organized. These include:

- Working closely with community members to design the program;
- Involving Elders and local knowledge holders through all stages of program design and implementation as much as possible;
- Setting up the program in such a way that participating youth receive long-term support;
- Taking the time to create immersive experiences so youth have opportunities to “go deep”; and
- Making programming accessible to all (e.g., by taking care program-related costs such as travel and food).

Other Wellness-focused Programs

In addition to identifying promising actions and interventions related to early childhood development and land-based programming, key informants also identified a number of other wellness-focused programs that support the healthy social emotional development of children and youth in Inuit Nunangat. Two such examples include the Nunavut-based Creative Cultural Reflections program and
the Nunatsiavut-based Nain Community Shed program, both of which were identified during key informant interviews as promising interventions in the social emotional development sphere.

Creative Cultural Reflections is an arts-based afterschool program that focuses on providing youth with a much-needed creative outlet for exploring topics related to culture, family, community, and history. Through the program, youth have opportunities to participate in arts-driven projects that are designed to help them engage in healing and trauma recovery in a safe and supported environment. The program is broadly organized around the understanding that art therapy is a useful way for Inuit youth to identify and work through emotional and cultural “disconnects”, as described by the program’s founder:

... as part of our healing, we must include as much of our ancestral history as possible, because in that information is emotional intelligence. And so, we must draw from what our ancestors did and knew and taught as part of that culture bridge. But we must first peel back layers of cultural disconnect, before we can get to that emotional intelligence. So CCR, the Creative Cultural Reflections program, is creating emotional recovery bridges in the [...] contemporary Inuit culture crisis we are currently dealing with, as one of those layers. (Susan Aglukark, Founder, Arctic Rose Foundation)

The Nain Community Shed is another program that seeks to provide a safe environment for youth to participate in creative projects that support healthy social emotional development. The shed is operated as a drop-in centre that young people can visit to take part in woodworking and small mechanics activities. There is a program coordinator on site to coordinate workshops and projects and provide support to participants.

From a promising practices perspective, a common theme that runs through both the Creative Cultural Reflections program and the Nain Community Shed program is the importance of providing programming that facilitate opportunities for youth to participate in fun, engaging activities in safe environments. As one key informant noted, such programs are absolutely critical to the wellbeing of children and youth in Inuit Nunangat, because they give them something to hope for and be excited about:

I think it is incredibly valuable to have any programs that give the—that give kids an opportunity to connect with a passion, which absolutely can be a lifesaver and I just don’t think you can put a price on that. If a child finds something they’re passionate about, even one child out of a whole workshop, [...] that takes them from hopeless to having a ton of hope, so recreation programs are extremely valuable. I know a ton of youth that come to me, I see them all the time. They’re like, “Sarah when are we going to do another after school program, I’m bored, I need something to do.” We need to
had more things for kids to connect with and to do. (Sarah Clark, Executive Director, Arctic Children and Youth Foundation)

Key informants also identified another notable intervention with a social emotional development focus: the Peer Leader Mental Health Program, a youth program organized by the Arctic Children and Youth Foundation. This program is focused on working with young people to help them understand, contextualize, and address trauma and abuse, with the goal being to train youth to help one another. The program was developed to respond to a key challenge identified during community consultations, meetings with Elders and youth, and surveys, which is that youth often do not report suicide incidences to adults and authority figures. It is delivered as a three-day workshop, during which participating youth learn about the history of colonization; the relationship between colonialism, trauma, and abuse; and how colonialism continues to affect Inuit families today. Sarah Clark, the Executive Director of the Arctic Children and Youth Foundation, described the program as follows:

It goes through what trauma and abuse looks like and how it’s wrong to have anyone treat you that way, and then it teaches kids how to respond to their friends when their friends disclose to them. How to cope, what their boundaries are, so saying “look you don’t have to—look you’re not going to be able to save somebody, take that responsibility away from yourself”. It teaches them a little bit of—we wrap in some mindfulness, and coping with your emotions kind of thing, and at the end they meet people in their community that they can connect with for mental health, for programming, they meet with the RCMP, with the community justice workers and things like that, so people who can help them, either help them respond to a disclosure, or the effects of a disclosure or help them create programs that they want to see in their community. (Sarah Clark, Executive Director, Arctic Children and Youth Foundation)

In general, key informants stressed the relationship between healthy social emotional development and the availability of safe spaces for youth to come together, engage in peer-to-peer learning and sharing, and participate in healthy activities. They also noted that it is important to ensure that isolated youth have access to adequate support. For example, some of the most isolated youth in Inuit Nunangat are individuals who are dealing with significant trauma, and individuals who are dealing with gender identity/sexuality issues. Some promising practices related to supporting the social emotional development of these youth include:

- Providing LGBTQIA2S training to community health workers so that they are prepared to answer questions and provide the best possible support;
• Providing trauma-informed care training to caregivers and others who work with children and youth;
• Increasing the availability of mental health services for youth; and
• Establishing youth groups that support peer-to-peer interaction.

Finally, the National Inuit Youth Summit and other regional youth forums and symposiums were identified as positive examples of Inuit organizations making space for youth to come together to share their stories and connect with one another in culturally safe environments.

4.5 Promising Practices with Respect to Safe Shelters Focused on Children and Youth within Inuit Nunangat

4.5.1 Literature Review

The most common conception of a safe shelter in both academic and grey literature is a safe house or temporary emergency shelter. Safe houses provide safe shelter and support services to women and children escaping family violence. However, Pauktuutit Inuit Women of Canada (2019) notes that there are just fifteen existing safe shelters and transition homes in Inuit Nunangat, meaning that fewer than 30% of Inuit communities have access to safe shelters. As a result, “women and children who are experiencing violence and abuse in their homes often have no place in their community to seek safety” (Pauktuutit Inuit Women of Canada 2019).

In general, access to safe shelters can help to break the cycle of violence within Inuit families and communities by ensuring that women and children who are experiencing violence have the option to leave their situations. However, the literature suggests that to be effective, safe shelters must be embedded in a broader ecosystem of actions and interventions designed to address systemic violence and foster healthy family relationships (Lamontagne 2011). Lamontagne notes that shelter directors “believe that a holistic approach requires them to move beyond the mainstream model of short-term crisis intervention with women and their children” (2011, 12). This thinking has led many shelters to develop and expand prevention, outreach and specialized services to reach other groups within the community, such as men, Elders, child victims, pregnant women, and others. Some related promising practices identified by Lamontagne (2011) include:

• Shelters developing partnerships with other community programs and services (e.g., health centres, social services, treatment centres, policing services, youth programs) to “optimize limited resources and avoid duplication of services” while also ensuring that community members have access to a range of services and supports in addition to crisis services;
• Shelters establishing networks with other shelters to support information exchange, capacity development, and organizational learning;

• Shelters providing a variety of programs and services in addition to crisis shelter, including advocacy services, counselling services, healing programs, healthy relationship programs, and programs for men; and

• Shelters establishing working relationships with family and child services.

A summary of the most prevalent barriers to adequate shelter provision in Inuit communities appears in a 2008 National Aboriginal Health Organization workshop report entitled “Homelessness and Housing Realities for Inuit.” Among others, the barriers identified include a lack of secure funding, lack of consistent personnel, a need for training of shelter workers in different types of counselling, and innovative ways to ‘empower’ individuals accessing these safe spaces. The report also identifies a need for safe shelter services for children due to overcrowding issues in communities (Inuit Tuttarvingat 2008).

Additional studies regarding shelters in Aboriginal and Inuit communities note similar challenges (Moffitt et al. 2013; Pauktuutit Inuit Women of Canada 2019). Moffitt et al. (2013) emphasize the challenges of unsecure funding and staffing shortages, and the distance of these shelters from home communities. Pauktuutit Inuit Women of Canada (2019) attributes the lack of secure funding available to Inuit shelters to the structural challenges that Inuit communities face in accessing federal funding in particular.

The need for urban safe shelters is also noted in the safe shelter literature (Pauktuutit Inuit Women of Canada 2017; Morris 2016; Laneuville 2015). This issue is particularly pertinent to this research area, as it is stressed that oftentimes, individuals are relocating to urban areas in order to escape abuse in the home (Morris 2016, 16). Gaps and challenges identified with respect to urban shelters include a lack of culturally appropriate and accessible shelters, and housing or shelters appropriate for mothers with young children (Morris 2016; Moffitt et al. 2013; Tungasuvvingat Inuit and Well Living House Action Research Centre for Indigenous Infant Child and Family Health and Wellbeing 2017).

These themes are expanded on in Chapter 5 through a discussion of challenges, needs, and gaps within each region.

**Youth-specific Shelters**

Literature regarding both formal and informal youth-specific safe shelters is sparse; however, it is clear that increasing access to safe shelters and safe spaces for children and youth in Inuit communities is an important strategy for reducing intergenerational trauma and ensuring the safety of Inuit children.
and youth. Due to many of the issues outlined in other sections of this report, child maltreatment is an ongoing challenge in Inuit communities. When Inuit families do not have access to safe shelters in their communities, far too often the result is that Inuit children deemed in need of protection are removed from their communities and sent outside their territories for adoption and/or fostering (Lamontagne 2011). This removal tends to take place because there are too few community-based family support options in Inuit communities (Rae 2011). Yet, while child protection is important given that maltreatment can negatively impact child development and is a risk factor for suicide, there is also a considerable body of research that draws connections between alienation from family, culture and community and Inuit/Aboriginal suicide (Fraser et al. 2012; Morris 2007). This research highlights that when children are separated from their parents and placed in care in non-Aboriginal homes and communities, it becomes substantially more difficult for them to develop a healthy sense of personal and cultural identity. Coupled with the grief that accompanies the loss of family and community, this can put them at risk of depression, self-harm, and suicide (Morris 2007). In addition, Fraser notes that further issues emerge when youth transition out of care, as reintegration into communities can be a difficult process when community networks and relationships have been disrupted (Fraser et al. 2012).

Overall, there are far too few safe shelter services available to children and youth in Inuit communities, and far too many Inuit children under the care of child protection services (Rae 2011). In response to this issue, a community in Nunavik has developed a promising new approach by creating and establishing the Qarmaapik Family House. Qarmaapik Family House provides shelter and crisis support to children and youth, while also going further “to assist families in learning and improving their capacity to be responsible and capable parents” (Emudluk 2017, 39). This program is discussed further in Section 4.5.2; however, it is worth noting here that what makes this facility so innovative is that it functions as a community hub, offering a wide range of prevention-focused programs and services beyond safe shelter. In addition, Qarmaapik Family House also has a formal collaboration agreement with Youth Protection, which enables Qarmaapik to focus on preventing children from being placed in foster families and/or sent to another community (Emudluk 2017).

More holistic conceptualizations of safe shelter are also becoming common. For example, many communities are trying to address some of the issues outlined above by increasingly focusing on establishing informal programming and drop-in spaces for children and youth. These drop-in spaces typically do not have an overnight component; however, they offer children and youth safe spaces to go during afterschool and evening hours. Youth-specific spaces are often mentioned as a protective factor for suicide prevention within broad suicide prevention or wellness strategies or frameworks. One such example is found in Building on Our Strengths: Aboriginal Youth Wellness in Canada’s North. However, in summarizing factors that contribute to social emotional development and empowerment
in Aboriginal youth, they also state: “Aboriginal youth resilience in the North is so idiosyncratic, it’s hard to turn it into policy…. So you happened to have had a good grandmother who provided a safe place for you—how do you reproduce that?” (Pulla 2013, 29) This quote highlights the need for community-based safe shelter programming.

**Gaps in the Literature**

Despite the breadth of literature available regarding the need for adequate housing and shelters for Inuit populations, significant research gaps exist in regard to safe shelters and spaces with a focus on youth and children—primarily, research into promising practices, opportunities and benefits of informal safe spaces for Inuit children experiencing childhood adversity.

Additionally, research gaps exist in terms linkages between the child welfare system and safe shelters for youth and children, and particularly in terms of culturally appropriate and community-driven alternatives to child apprehension and displacement into the foster care system.

**4.5.2 Promising Actions and Interventions Identified by Key Informants**

Safe shelters are an important component of suicide prevention in Inuit communities. As Section 4.4.1 indicates, this is largely because people who are experiencing adversity at home and/or may be contemplating suicide need places to go where they can feel both physically safe and mentally/emotionally supported. In addition, in some situations, safe shelters may provide an alternative to the apprehension and removal of children and youth from their homes and communities. Given links between apprehension, foster care, acculturative stress, and suicide, such alternatives can be of vital importance in some circumstances.

In the North, there are several examples of promising projects and programs that have been implemented in recent years to ensure that safe spaces/shelters are available to those who need them. These projects and programs vary considerably both in terms of their purpose and the services they provide. For example, some programs are aimed at simply providing safe spaces where children and youth can go to spend time during the day (e.g., after school and on weekends). Such programs often have an emphasis on social and cultural connection, community, and participation in healthy activities (e.g., sports, woodworking, spending time on the land). In contrast, other programs are more focused on providing emergency (i.e., temporary) shelter and related support services to individuals and families in crisis, while still others are focused on providing long-term accommodation and support. Most Northern communities require a mix of services along this spectrum; though few are able to provide them comprehensively (see Chapter 5 for information on challenges and barriers).
During interviews, key informants identified several promising actions and interventions in the area of promising practices with respect to safe shelters for children and youth in Inuit Nunangat. One example is the Qarmaapik Family House Project (mentioned above), based in Kangiqsualujjuaq, Nunavik. The concept for Qarmaapik House was developed through community discussions, wherein child protection was identified as a key priority. At the same time, it was also recognized that there was a related need to address the apprehension and removal of Inuit children from Kangiqsualujjuaq. The community decided to tackle this issue by providing more culturally appropriate, community-based support services to families and youth (Emudluk 2017). In this spirit, Qarmaapik pursues three main objectives:

1. Providing room and board for children and parents in emergency situations;
2. Supporting parents in need by providing counselling on parenting; and
3. Providing counselling services to improve or build child-parent relationships.

While Qarmaapik House was initially created to put a stop to child apprehension and removal, the mandate of the project has since expanded to include the provision of a wide variety of services and programs for both parents and children. Today, the program functions as both a safe house and a community resource for children and families in need:

*When I was working as a community leader, we came up with the Qarmaapik Family House, which is a safe house for children, and from what we have seen throughout the years a lot of the suicides that have occurred are mostly coming from sexual abuse, negligence or [family issues] so [...] the first thing was to prevent children [from being] taken, apprehended through the Youth Protection Services in our community. That was one of the main focus that we came up with, but throughout the years, two or three years afterwards, we kind of see that the Family House that we provide as a community resource needed to provide more services to the children as well as families, whether it be for sexual abuse, negligence, or for anything that is related to family issues, so we came up with that project. [...] And the objectives were to provide services for the parents as well, before Youth Protection Services apprehends the child.* (Hilda Snowball, Vice Chair, Kativik Regional Government)

Qarmaapik House operates out of a former bed and breakfast in Kangiqsualujjuaq, and all community members are welcome to use the facility’s services. It provides a range of services, including 24-hour support, one-on-one and family counselling, a community kitchen, workshops and programming designed to help foster healthy relationships, and a space for both individuals and families to spend time working through their challenges in a safe environment. Qarmaapik House has a negotiated agreement with the Nunavik Regional Board of Health and Social Services to ensure that the House is
the first point of contact for families in crisis. Family members can go to Qarmaapik House to receive safe shelter, counselling and other forms of support. Clients either reach out to Qarmaapik House directly or are referred to the facility by Youth Protection Services.

Inuit communities are also addressing the issue of child apprehension and removal by establishing local group homes that have the capacity to support children and youth who have been impacted by trauma and abuse and who may be at a higher risk for suicide. This practice enables communities to support children and youth in their home communities, or at least in communities that are somewhat similar to their own (as opposed to sending youth to group and/or foster homes in the South). One such example is the Iqaluit-based Illagiitugut Group Home for girls, which reopened in 2017 with a mandate to provide a safe haven for young women. This particular group home has several innovative components, including a guest suite for visiting family members and a strong emphasis on providing culturally-safe clinical care that is facilitated by having both an elder and a clinical therapist available on site.

Stepping back, key informants identified several overarching promising practices relating to safe shelter provision for children and youth. These include:

- Staffing shelters with local Inuit people where possible to help mitigate trust issues, as parents and youth tend to mistrust outsiders and may be less willing to use safe shelters and related services if they are worried that if they bring attention to family issues it may lead to apprehension or other measures;

- Staffing shelters with people who speak the regionally-appropriate local dialect whenever possible to promote cultural safety and ensure equitable access to services;

- Taking a more holistic approach to safe shelter provision and child protection by offering a variety of culturally appropriate programs and services in addition to safe shelter, such as counselling services, healthy parenting and functional family life programs, drop-in activities, and so on; and

- Taking a community-led approach to child protection by establishing formal arrangements and/or collaborative working relationships with child and family services (as appropriate) to ensure that youth are supported to stay in their home communities whenever possible (rather than being apprehended and fostered in non-Inuit communities/regions).

Finally, it is also worth noting that communities across Inuit Nunangat are increasingly focused on creating safe spaces where youth can go to spend time, take part in healthy activities, and freely express themselves. While these spaces may not provide overnight or long-term shelter and so cannot be
considered to be safe shelters in a conventional sense, promising practices in this vein include establishing land-based programs and other wellness-focused programs that provide opportunities for youth to connect with one another as well as with community mentors and role models. Due to their role in social emotional development, these programs are covered in more detail in Section 2.3.2.

4.6 Promising Practices with Respect to Current Supports for Inuit Within the Justice System with a Specific Focus on Addressing Child Sexual Abuse

Literature Review

Much of the literature regarding Inuit involved in the justice system centres around statistical analysis and comparison (Moore 2003; Rastin and Johnson 2002; Alain et al. 2016), or an exploration of risk factors and characteristics associated with the over-representation of Indigenous or Inuit populations within the justice system. For example, research published through Correctional Services of Canada (CSC) presents comparative statistics regarding representation within the justice system, stating that Inuit offenders are over-represented in sex-related crimes, and under-represented in other offences such as homicide, robbery, and drug offences (Moore 2003, 5). The same report states that 62% of Inuit offenders are incarcerated for a crime of a sexual nature (Moore 2003, 17).

Research surrounding factors associated with Inuit involvement in the criminal justice system centres largely around colonial influences, displacement, and the breakdown of community and kinship relationships (LaPrairie 1997; Martel et al. 2011). Various studies have identified a link between cultural dislocation and involvement in the justice system (Ellerby and MacPherson 2002). Prominent research on such risk factors, however, is largely applied to Indigenous populations in general, without emphasizing the contextual factors impacting Inuit populations specifically.

The Inuit Qaujimajatuqangit website offers a learning resource relating to traditional Inuit justice, wherein the features of traditional Inuit justice and healing is summarized (Inuit Qaujimajatuqangit Adventure Website 2007).

Supports for Offenders Within the Justice System

Increasingly, research has been done into supports and rehabilitative programming for offenders involved in the justice system. A search of the literature pertaining to rehabilitation programs in the justice system identifies resources that both detail and evaluate options for rehabilitation, reintegration, and restorative justice. The literature also suggests that restorative justice approaches are gaining ground in both the Canadian and international contexts.

In this vein, Martel et al. discuss recent trends towards what they call “Aboriginaliz[ing]” Canadian prisons through culturally-safe correctional programming (2011, 237). Similarly, Correctional Services
Canada (CSC) provides resources relating to Aboriginal Offenders within the justice system, including
the Commissioner’s Directive, which is intended to “respond to specific needs of Aboriginal offenders
by providing effective interventions, through a Continuum of Care model” (Government of Canada
2013b). This Continuum of Care model, introduced in 2003, draws on research conducted into the
success of Indigenous individuals upon release, and states that the major contributing factors are their
“participation in spiritual and cultural activities, as well as programs (preferably delivered by Aboriginal
people) and the support they received from family and community” (Government of Canada 2013b).

Under the Continuum of Care model, CSC also outlines guidelines on the establishment and operation
of initiatives known as “Pathways Initiatives.” The Pathways concept is defined as follows:

[The] Pathways Initiative provides a path of healing within institutions for offenders who
demonstrate a commitment to follow traditional healing as a way of life, 24 hours a day.
Pathways is first and foremost an Elder-driven intensive healing initiative, that reinforces
a traditional Aboriginal way of life through more intensive one-to-one counselling,
increased ceremonial access, and an increased ability to follow a more traditional
Aboriginal healing path consistent with Aboriginal traditional values and beliefs. Only
offenders who have already made a serious commitment to pursue their healing journey,
and who have worked significantly with Elders to address areas of healing, are to be
placed on a Pathways Initiative. The Elder services, programming and interventions
provided in this environment are intensive and directed to individuals’ personal healing.
(Government of Canada 2013c)

A related federal resource exists in CSC’s Strategic Plan for Aboriginal Corrections. The key objectives
of this strategic plan include:

1. Implementing appropriate interventions that address the specific criminogenic needs of First
   Nations, Métis, and Inuit men and women offenders;

2. Enhancing collaboration, including internal collaboration, horizontal collaboration, and
   Aboriginal community engagement; and

3. Addressing systematic barriers internally and increasing CSC cultural competence
   (Government of Canada 2013a).

An evaluation of the CSC strategic plan was conducted in 2012, however it is noted in this evaluation
that Inuit offenders represent a comparatively low member of participants in the Continuum of Care
initiatives, thus preventing further analysis of Inuit-specific interventions (Evaluation Division: Policy
Sector 2012, vii). The evaluation also offers a list of seven correctional programs implemented under the Strategic Plan, including one program catered towards the Inuit population – Tupiq Program for Inuit Offenders. This program is intended for male offenders “who have past records of sexual offences and Inuit offenders who have past records of family violence (Evaluation Division: Policy Sector 2012, 8). It is most prominently cited in literature regarding Inuit correctional programming, evaluated through multiple sources including Stewart et al. (2015), and Trevethan et al. (2004). These evaluations note that one of the key promising characteristics of the program is its social learning model, which portrays violence against women and children as “a learned pattern of behaviour that can be modified” (Trevethan et al. 2004, 6). Additionally, this program is targeted towards early intervention with male offenders, and is developed through culturally-appropriate programming including intervention aimed at three poles: self, responsibility, and community.

A widely cited resource pertaining to the criminal justice system in the context of Inuit populations in Nunavut exits in Landau (2006), which touches on the challenges of overcoming institutionalized colonial practices, and underlines the absence of self-determination and cultural relevance of social institutions within the territory despite its emergent self-determination.

**Restorative Justice**

The topic of restorative justice has been heavily researched by academics and professionals, particularly in the sphere of domestic and family violence. Restorative justice is a paradigm often evaluated in comparison to the mainstream justice system, wherein avenues towards response to crime stems from a discursive space that takes into account the relationships and customs between offender, victim, and community. As stated by Morris et al., “restorative justice focuses on the violation of people and relationships,” whereas retributive justice, as commonly utilized in the justice system, looks at the violation of the law (2001, 3). Susan Sharpe, as cited in Morris et al. (2001) offers five principles of restorative justice: restorative justice invites full participation and consensus, seeks to heal what is broken, seeks full and direct accountability, seeks to reunite what has been divided, and seeks to strengthen the community in order to prevent further harms. Restorative justice thus seeks reconciliation and restoration of community reintegration.

Restorative justice is used through varying approaches across Canadian provinces and territories (Cameron 2006, 49). In her analysis of research into restorative justice approaches in the Canadian context, Cameron (2006) emphasizes the need to differentiate between general theories of restorative justice and restorative justice in an Indigenous lens. Mainly, Indigenous restorative justice can be linked to a larger movement of self-determination and self-governance, and is situated within specific social
and colonial contexts of each community. In this sense, Indigenous restorative justice is a promising approach to go beyond the abstracted “accuser” and “offender” in the justice system.

Research into restorative justice approaches in the Canadian context focuses mainly upon intimate partner violence and family violence (Cameron 2006). Approaches to dealing with intimate violence include “sentencing circles, family group conferencing, victim-offender mediation and alternative measures” (Cameron 2006, 51). Family conferencing is often the most prominent form of restorative justice present in the literature in both Canadian and International contexts. This practice, first introduced in Canada through a pilot program delivered to both Indigenous and non-Indigenous communities in Newfoundland, involves the wider family group, affirmation of cultural contexts, and partnerships between communities and governmental systems (Strang and Braithwaite 2002). Pennel and Burford have conducted extensive research on family conferencing in Canadian contexts, and herald this approach as a component in ongoing collaboration between communities and the justice system (2000, 152), and a counter to the “isolation, fear, and entrapment” involved in intra-familial violence (Strang and Braithwaite 2002, 108).

Additionally, and crucial to the understanding of restorative justice in the context of child sexual abuse, is the promising approach of restorative justice techniques in linking child welfare and justice to larger domestic and community contexts of abuse. The following statement by a resident of Nain in reflection of family conferencing in their community illustrates the positive response to an integrated approach to family justice.

*There are a lot of problems with families. Deep problems. How do you deal with them? I am learning that the best way is to bring it out in the open. I don’t know of many other things that provide this. Usually we deal with specifics like alcoholism, parenting, anger management. Good to have these, but with family group the persons can all get together and try to find solutions to all of their problems. First of all they need to get it all out and then go for specifics.* (Pennel and Burford 2000, 153)

Gaps in the Literature

Literature pertaining to supports within the justice system with a specific focus on victims of child sexual abuse is sparse. In addition, there is little analysis regarding best or promising practices related to programming for Inuit in the justice system.

4.6.1 Promising Actions and Interventions Identified by Key Informants

When asked to identify promising actions and interventions that relate to current supports for Inuit within the justice system, key informants primarily mentioned wellness-focused programs that seek to
reduce recidivism by providing holistic and culturally relevant support to offenders. Among others, these include the Saqijuq Project in Nunavik, Project Jewel in Inuvialuit, and the Nunavut Justice Department’s Therapeutic Justice Program, launched as a pilot project in 2019. These programs do not have an explicit focus on addressing child sexual abuse; however, they do have a focus on supporting Inuit within the justice system by addressing underlying issues such as mental health and substance abuse. Given the connections between mental health, substance misuse, and experiences of violence such as child sexual abuse, these programs are each explored in the description of promising actions and interventions below.

The Saqijuq Project is a Nunavik-based regional social regulation initiative that has several interrelated objectives. These include curbing excessive alcohol and drug use, reducing high rates of detention, and bringing an end to the criminalization and overincarceration of Inuit in Nunavik. To do so, Saqijuq works closely with community partners and regional and provincial partners (the Kativik Regional Government, Makivik Corporation, the Nunavik Regional Board of Health and Social Services, the Kativik Regional Police Force, and several provincial ministries) to develop and deliver supportive programming to individuals who are in and out of the justice system and deemed to be “at risk”. The project has a number of different components, including land-based programming; a workshop that functions as a safe space for clients; a partnership with ACCESS Open Minds; and several full-time staff who are dedicated to providing a continuum of care by working closely with each client on an individual basis to help them access community services and supports, including treatment. Clients are primarily referred to Saqijuq through the justice system; however, community members can also reach out to Saqijuq directly if they are interested in receiving support and/or participating in programming. Currently, the communities served include Puvurnituq and Kangirsuk, though the program is only just getting underway in Kangirsuk.

What is notable about Saqijuq is the project’s emphasis on working across silos. For example, Saqijuq recently facilitated the launch of a joint intervention team. This initiative is a partnership between the Kativik Regional Police Force and Social Services that will see a police officer and a social worker responding to calls for assistance together, with the goal being to prevent criminalization where possible. Key informants noted that in general, Saqijuq’s primary role is to build partnerships, break down silos, and strengthen community supports and programs, all with the goal of addressing the underlying causes of crimes. A key informant identified Saqijuq’s emphasis on collaboration and taking

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6 ACCESS Open Minds is a pan-Canadian research and evaluation network that aims to provide timely access to evidence-informed, youth-friendly, and situation-appropriate mental health care across the entire spectrum of mental health concerns.
direction from the community as key promising practices for increasing protective factors in Inuit communities through wellness programming. This individual also highlighted the importance of providing ongoing, personalized care to each client:

*Let’s just say it is someone who needs to get treatment, you need all of these partners working together to help this one person, because often this person, [...] you know, they find out they have to go to court, they get a lawyer, and that’s their only support and they may not be used to this, so one of our goals is to try and—it’s the client that’s the important person, so to make sure that they have their support all along, whether it be going through the court system, going through treatment, anything like that, they have their support system in place.* (Aileen Mackinnon, Program Coordinator, Saqijuq Project)

A more detailed overview of Project Jewel is provided in Section 4.4.2 (page 49), but in short, Project Jewel is a land-based program that is similarly focused on providing a continuum of support to clients. Project Jewel serves several different groups, including low risk offenders. Offenders begin the program by spending time on the land in small groups during land-based culture camps, where they have opportunities to explore sensitive topics and past experiences of trauma in a supported setting. Project Jewel provides Elder support and clinical care, along with opportunities for offenders to connect to their culture and to the land. After their first camp experience, Project Jewel connects participants with aftercare support that is tailored to each person’s needs. Aftercare support is provided on a continuous basis for one to two years, and program participants always have an opportunity to participate in a second land-based camp within that time frame. In the context of supports for Inuit within the justice system, the overarching purpose of the program is to provide sustained, holistic, and culturally relevant support to clients who are working to heal themselves by addressing issues related to stress, grief, and trauma. As one key informant noted, these issues may include experiences of child sexual abuse, though child sexual abuse is not an explicit focus of the program.

The Therapeutic Justice Program is a new project that aims to support the long-term rehabilitation and reintegration of individuals caught up in the criminal justice system by addressing underlying mental health, trauma and addictions issues through community-based programming that offers an alternative to incarceration. Clients are referred to the program by RCMP officers, prosecutors and defence lawyers. They work with a mental health counsellor, a community counsellor (e.g., an Elder), and a therapeutic justice specialist to create a wellness plan that—if followed successfully—may help them to avoid criminal charges or receive reduced sentences. As with Saqijuq, the program’s overall goal is to stop criminalizing Inuit people and instead work to address underlying challenges related to intergenerational trauma and mental health.
Some of the promising practices that cut across these three programs include:

- Developing partnerships and working across silos to develop programs and other interventions that are both culturally relevant and culturally safe;
- Developing therapeutic/restorative justice approaches that support rehabilitation and reintegration rather than criminalization; and
- Working with community representatives to strengthen existing programming, identify gaps, and develop new programs and supports as appropriate.

In addition to these three programs, one or two key informants also highlighted promising interventions that are focused specifically on working with offenders in sexual abuse cases. For example, one person mentioned that the Nunatsiavut Department of Health and Social Development has a sexual violence prevention outreach counsellor. Among other tasks primarily related to community outreach and training vis-à-vis preventing child sexual abuse, this individual is responsible for providing one-on-one counselling support (in person and by phone) to individuals who have either been convicted of a sexual offence or have self-referred themselves.

Finally, the actions and interventions described in this section were identified by key informants as promising and/or effective because they focus on rehabilitation and addressing root issues rather than on criminalizing Inuit. Key informants noted that more therapeutic approaches to justice may also help to address issues surrounding child sexual abuse disclosure:

> [T]here are programs that could be offered I think to offenders within our communities. I think the whole criminal approach—and I don't know what the solution to this is—but I think the criminal approach probably acts as a deterrent to disclosure [of child sexual abuse]. There's no question I've seen that in my practice. And most of the offenders are known to the victim. And the victim is aware of what some of the consequences are for the family and when the communities are so small the families are so connected. This criminal approach, I mean the RCMP are sometimes very aggressive and I think that in itself is preventing a lot of people from coming forward. (Charles Feltham, Family Connections Coordinator, Nunatsiavut Government)

They also mentioned that there is a dearth of programs that offenders can access, which they described as problematic given that child sexual abuse is a major risk factor for suicide.
4.7 Promising Practices with Respect to Parenting and Family Support Programs

4.7.1 Literature Review

Parenting and family support programs are those interventions designed to foster the healthy development of children at all stages of growth, and to support family networks to build strong and nurturing environments for children and youth, and in summary, to nurture healthy Inuit children. The ITK NISPS (2016, 28) notes that nurturing healthy Inuit children includes the creation of non-violent spaces for children, supports programs that build resilience and coping skills, and ultimately aims to "reduce the number of Inuit children in care and avoid cultural loss."

There is significant overlap between these support programs and social emotional development, as traditional parenting programs and frameworks, child development supports, and promising family-based programming are among the protective factors in nurturing healthy social emotional development in individuals. Additionally, much of this literature includes frameworks and guidelines for programming that is currently being implemented within the four regions of Inuit Nunangat. These frameworks will be summarized in terms of their contribution to identifying the need, intention and goals of the research area and will be further expanded upon through a survey of current actions and interventions.

*Parenting and Family Support Programming as a Protective Factor*

The strength of parenting and family support programming as an upstream approach to fostering well-being and resilience among youth, and as a means of suicide prevention is noted in both the academic and grey literature (Kirmayer et al. 1996; Kirmayer et al. 1999; Hicks 2007; White and Jodoin 2004). Research conducted by Kirmayer et al. (1999) on mental health and suicide prevention in First Nation and Inuit communities note that life skills education in schools and parenting programs exist as facets of primary prevention of suicide risk. Research shows that individuals who are raised in homes where emotional and other forms of support are lacking or inconsistent are at a higher risk for mental illness and death by suicide (White and Jodoin 2004). Parenting and family support programs can target these risk factors by offering information, education, support, and networks that help parents and family units create environments that are conducive to healthy social emotional development. This programming is often targeted directly towards parents or caregivers to improve parenting capabilities, or targeted towards the parent-child relationship, or targeted at the healthy development of children (White and Jodoin 2004).

Aboriginal Youth: A Manual of Promising Suicide Prevention Strategies (White and Jodoin 2004) provides an in-depth summary of the strengths of parenting and family support programming as an
upstream protective factor against suicide risk. This resource presents these programs and interventions through the lens of the “Family Support Strategy” (White and Jodoin 2004, 223). Key goals of this strategy are: enhance parental knowledge, self-esteem, and problem-solving capabilities; enhance parenting skills; improve family functioning including family cohesion, communication, and joint problem-solving ability; prevent various child and family dysfunction such as abuse and neglect; strengthen family and community support networks; and facilitate access to community resources (White and Jodoin 2004, 223).

This manual provides a summary of common services provided under the area of the Family Support Strategy, including parent education classes, life skills training, support groups, parent-child groups and activities, drop in centres, educational day care or preschool, advocacy and referral services for parents, and critical support for parents of youth who have been impacted by trauma and abuse and who may be at a higher risk for suicide, substance abuse, and other behaviours commonly described as “risky” (White and Jodoin 2004, 224). Caldwell (2010) suggests that this programming is best implemented in a way that is receptive to community practices, and can range from informal settings such as talking circles and participation in recreational or cultural activities, to structured classes.

Aboriginal Youth: A Manual of Promising Suicide Prevention Strategies (2004) lists a summary of positive results collected through a review of evaluations of existing family programs. Among positive results for programming aimed at the healthy development of children includes “positive cognitive outcomes, increased social competence, and reduced delinquent behaviour in later years (White and Jodoin 2004, 226). Programming aimed at parental education and support has produced positive outcomes in individual coping skills, self-esteem, competency, and problem-solving, and better caregiving and communication skills (White and Jodoin 2004, 226). Caldwell notes that programming that supports parent-child communication skills allows for parents to be “more accessible to their children,” and thus better situated to provide emotional support (2010, 3).

**Inuit Parenting and Inunnguiniq**

Research notes that colonialism and the residential school system have greatly impacted family relationships within Inuit communities, leading to strained parent-child relationships and a diminution in family-centred life. To revitalize Inuit parenting practices and family life, the Qaujigiartiit Health Research Centre developed the Inunnguiniq Parenting Program, which introduces the concept of Inunnguiniq, translating literally to “the making of a human being” (2014, 5). Inunnguiniq includes the process of socialization and education for an Inuit child, including culturally-specific ethical, social, and behavioural expectations.
According to the Qaujigiartiit Health Research Centre, the six key principles of Inunnguiniq are to:

- Develop habits for living a good life;
- Rise above hardship through continual solution seeking;
- Build a strong moral character, being heart-centered;
- Show compassion, serve others and pay attention to relationship-building;
- Recognize the uniqueness of each individual; and
- Continually make improvements (until one becomes able). (Healey and Qaujigiartiit Health Research Centre 2014, 14)

Additionally, the process includes role expectations for those involved in the life of the child, and the obligation to nurture and support the child. Inuit Elders have expressed a need to revitalize Inunnguiniq as a form of cultural revitalization and continuity among the Inuit population (National Collaborating Centre for Aboriginal Health 2010). The publication ‘Interviewing Inuit Elders: Childrearing Practices’ exists as a resource containing stories, traditions and lessons from Inuit elders in regards to parenting, including topics such as upbringing, socialization, and childhood emotions (Ekho and Ottokie 2000).

The most prominent research centred around current parenting practices in an Inuit context has been done by the Qaujigiartiit Health Research Centre. Prior to the establishment of the Inunnguiniq Parenting Program, discussed below as an example of best practices, the Centre undertook vigorous research into best practices and needs for the reinvigoration of Inuit-led parenting initiatives in Nunavut. This research included public engagement sessions in communities, a review of existing parenting and family support programs, literature review of best practices, and collaboration with the Nunavut Department of Education’s Elders Advisory Committee (Qaujigiartiit Health Research Centre 2010).

From this research and consultation, the content emphasized as central to the design of the program is as follows: healthy eating and nutrition, roles of parents in raising and guiding children; roles of extended family in child-rearing; Inuit perspectives on child-rearing; practical life skills grounded in Inuit Quajimajatuaqangit; interpersonal communication skills (for partners and children); importance of the land; wellness counselling and healing from trauma; stages of child development; positive discipline methods; and exploration of ourselves and our actions through reflection (Healey and Qaujigiartiit Health Research Centre 2014).

**Gaps in the Literature**

Despite the breadth of literature and resources available regarding Inuit parenting practices and family support systems, there is a gap in the literature pertaining to evaluations of Inuit-specific programming and implementations strategies.
4.7.2 Promising Actions and Interventions Identified by Key Informants

As is noted in the literature review (Section 4.6.1), there is considerable overlap between parenting and family support programs and programs that support the social emotional development of children and youth. In this scan, actions and interventions targeted towards the latter (e.g., early childhood education programs, early intervention programs) are addressed under social emotional development in Section 2.3.2. Programs targeted towards supporting and educating caregivers and fostering healthy family relationships are discussed below.

Programs Targeted Towards Supporting and Educating Caregivers

Key informants identified several effective and/or promising programs that are focused on supporting and educating parents and other caregivers. Some of the programs mentioned include regional parenting programs such as Nunavut’s Inunnguiniq Parenting Program, Inuvialuit’s Regional Prenatal Pilot Program, Nunatsiavut’s Family Connections Program, and Nunavik’s Ilagiilluta Program. These programs seek to support Inuit parents and other caregivers by providing culturally relevant education and training in a range of areas; for example, caregiver roles and responsibilities, healthy eating and nutrition, stages of child development, Inuit perspectives on parenting, interpersonal communication, and positive discipline methods.

The Inunnguiniq Parenting Program in particular is a best practice example that is offered as a drop-in program in many Nunavut communities and in two high schools. It is delivered by community-based facilitators (two trained instructors and one Elder). Anyone interested in promoting and revitalizing the strengths of Inuit parenting practices can be trained to deliver the program in their community. The program is evidenced based, and typically delivered either as a 19-week program with participants meeting once a week, or as a ten-week program with participants meeting twice a week. Over the past two years, a shorter version has also been piloted in correctional facilities in Iqaluit. A key informant described the value of the program in the following terms:

*I think the Inunnguiniq parenting training is crucial. Because it really returns that connection between parents, it returns that really healthy kinship and I think—I think there’s two things that we always want to restore, and the first thing we want to restore is hope, and the second thing we want to restore is a connection to other individuals. To family, to friends, to a larger community. So any programming that gets us both of those—one and/or both of those—is incredibly important and helpful.* (Kim Masson, Associate Deputy Minister of Quality Life Secretariat, Government of Nunavut)
Though newer, Nunatsiavut’s Family Connections Program was also characterized by key informants as a parenting and family support program that is showing significant promise. Family Connections is a voluntary program that primarily works with families that have a connection to child welfare. The program aims to enhance the well-being of Nunatsiavut families by providing them with specialized support on an as-needed basis. Through Family Connections, families set their own goals and receive coordinated support from “family visitors”. Family visitors support families (and in particular, parents and caregivers) by:

- Connecting them to relevant programs and services (e.g., counselling services, addictions treatment);
- Helping them navigate administrative systems (e.g., to ensure that they are receiving the financial supports and benefits they are entitled to);
- Coaching them in areas such as communication, discipline, and household management;
- Getting them more engaged in community activities and supporting the enhancement of their social networks; and
- Advocating on their behalf (e.g., by representing their interests to the Department of Children, Seniors and Social Development, or CSSD).

Family Connections has also established a good working relationship with CSSD, and more recently has taken on the role of providing supervised access services in Nain and Hopedale. During key informant interviews, the program coordinator indicated that their goal in doing so is to increase parent-child access and visitation and take a more therapeutic approach to these visits to ensure that parents and children have opportunities to interact in meaningful ways:

*The supervised access component that we're just adding, we're hoping we're going to get good feedback on that as well. I was hoping through that program that we could sort of take a little more of a therapeutic approach. I guess, what we were seeing with child access was that parents were visiting with their children and it was supervised by a staff person within CSSD, but they viewed the staff person in child welfare to be more like the police or the monitor with a notebook and taking notes. And there was not always a lot of interaction and the visits were occurring in child welfare boardrooms or—so we do the visits now in the family home, if it’s safe, or some other relatives’ home, or we use the family resource center.* (Charles Feltham, Family Connections Coordinator, Nunatsiavut Government)

Some promising practices that the program coordinator identified in relation to providing this more comprehensive style of family support programming include working at the pace of the families in
question; tailoring supports to each family’s unique needs; taking a strengths-based approach; and supporting families to identify their own goals. The voluntary nature of the program was also recognized as being critical to the success of the program.

Key informants also identified several local (i.e., community-based) pre- and post-natal programs as examples of effective programs targeted towards supporting and educating caregivers. Among others, these include the nutrition-focused Piruqsaqtigktuut program organized by the Pulaarvik Kablu Friendship Centre in Rankin Inlet, Nunavut, and several programs run by the Cambridge Bay Wellness Centre (also located in Nunavut), including a weekly prenatal/postnatal cooking class and a support group circle for new parents. In describing what makes these and other parenting programs effective, key informants identified the following promising practices:

- Providing ongoing, sustained support to new parents (this includes providing them with resources and training, and helping them connect to relevant programs and services);
- Ensuring that programs are available to parents in all communities in a given region;
- Training community-based facilitators as much as possible so that communities can run their own training;
- Involving Elders; and
- Providing opportunities for new parents and families to participate in land-based activities.

**Programs Targeted Towards Fostering Healthier Family Relationships**

In identifying examples of effective parenting and family support programs, key informants also mentioned several programs oriented towards fostering healthy family relationships. As one key informant pointed out, such programs are important because many Inuit families are in need of support in areas related to healing and connection:

*And we believe everybody in Nunavut needs healing, they’ve all gone through some kind of horrific trauma or just colonization, and the impacts of colonization, or the intergenerational impacts of colonization. So, in our wellness centre, our programs focus heavily on healing or we use healing strategies. I mean we don’t necessarily call them healing, but we use healing strategies with families and youth.* (Kim Masson, Associate Deputy Minister of Quality Life Secretariat, Government of Nunavut)

Programs focused on healthy family relationships tend to have significant education, outreach and counselling components. For example, organizations such as the Pulaarvik Kablu Friendship Centre, the Aqquimavvik Society and the Cambridge Bay Wellness Centre (all of which are located in Nunavut) offer workshops and programs (e.g., the Kivalliq Outreach Program) on how to build healthy
relationships. These programs typically include components that are oriented towards helping people understand how historical events in their lives (e.g., past experiences of trauma) may be affecting how they act today, and in many cases also include one-on-one counselling and/or group therapy components to support participants in working through their feelings and increasing their personal awareness.

Overall, key informants identified a promising increase in trauma-informed practice in parenting and family support programs in general, and specifically with respect to those targeted towards fostering healthier family relationships. As is described in the quote below, the need for more trauma-informed approaches is obvious when considered in light of the lasting legacy of residential schools and other colonial abuses:

> [W]ithin my parenting classes one thing that has come up just about every time I start a new group [is] how residential school has affected the way we, as young adults, parent our own children. [...] So when I do my parenting class with the girls I ask them, “do you hug your kid?” and some of them will say “yeah” and some of them will say “not really” and I’m like “okay, was your mum or dad, were they in residential school?” And right away one of them is going to say “oh yeah, my dad”, or “oh yeah my mum”, and right away I’m going to say, “then let me say that might be a big part of why you don’t do that,” and I try and help them recognize that it’s okay to hug your child, nothing wrong with it, just because our parents didn’t do that to us doesn’t mean we can’t do that to our own children, [...] and I think we need to understand that residential school plays a big role in [the lives of] our children today and I think the sooner we recognize that the sooner we can start making changes to better the way we parent our kids.

(Ruth Goose, Elder’s Advocate, Inuvialuit Regional Corporation)

Key informants also identified integrating land-based components into relationship-focused programming as a promising practice, though we were only told about one program that is explicitly focused on bringing trauma-informed counselling and land-based programming together: Project Jewel. Project Jewel has already been described in some detail elsewhere in this report (see Sections 2.3.2 and 2.4.2); however, it is worth touching on the program again here as working on family relationships (e.g., mother-daughter, mother-son) is a big part of Project Jewel's focus. Project Jewel is an Inuvialuit-based wellness program that works with many groups, including parents and families. Project Jewel’s mission is to assist participants in beginning or continuing their healing journeys, which it does by immersing them in a cultural setting and relying on the natural healing that takes place through connection to the land. Family members take part in land-based camps that last anywhere from three to fourteen days. During this time, participants have regular opportunities to engage with
one another in a supported, healing-focused environment. Improving communication is often a focus of these camps, as is working with clinical counsellors and Elders. The program coordinator described this mix of components as follows:

So, for instance, doing a whaling trip, like going down for beluga, you know, we’re trying to incorporate history and culture, as well as like mother-son, mother-daughter bonding. So, we had three families that we were able to take down and do that with for fourteen days. Well, the focus was yes, trying to get a whale or two, but we also did team building exercises, we practiced effective communication, we did journaling, you know, alternative forms of expression through art, and at the time we’re also living with a [host] family ... (Jimmy Ruttan, Program Coordinator of Project Jewel, Inuvialuit Regional Corporation)

The explicit incorporation of program components that support the development of skills related to building and maintaining healthy relationships was noted by the program coordinator as an important aspect of Project Jewel’s success:

And what we also like to do is promote connection and reconnection to culture, so every single camp that we have, say if it was the trauma informed camp for women—victimized women—then we don’t just focus on that for four days. [...] We don’t heavily program, because there’s a lot going on as it is, but we went muskrat trapping, because that’s what you do from March 1st to June 15th, here, right? So, we’re going to do that, and we’re going to find lessons learned and lessons to be taught through that entire process. And because we’re working with Elders, and because everyone has something to offer, that’s where some of the real learning goes on, and that’s where you’re creating some of the most meaningful relationships. (Jimmy Ruttan, Program Coordinator of Project Jewel, Inuvialuit Regional Corporation)

Overall, key informants described land-based programs as being great for building community, strengthening kinship, and overcoming trauma. They also identified spending time on the land participating in cultural activities as being important to “being Inuk”.

I guess in getting back to that land-based programming, there’s a real identification that builds community and that builds kinship, and then if you add healing to it, that really helps that second generation and third generation to heal from, right, any sort of trauma that they might have experienced, so anything. (Kim Masson, Associate Deputy Minister of Quality of Life Secretariat, Government of Nunavut)[A] lot of families, they’re stuck at home. But if you give them the opportunity to go out onto the land, they will take it.
It’s just, going out on the land really help us. It frees your mind. You’re not worried about what’s going on at home. You don’t have the same feelings you would feel at home. It sets you free when you are out on the land. It’s just—it really helps the mind ease and not stress. (Lavinia Flaherty, Education Consultant, Kativik Ilisarniliriniq)

When you go out on the land more, you get to your living your lifestyle your tradition, it’s who you are as an Inuk. So it has a lot to do with identity too. (Lavinia Flaherty, Education Consultant, Kativik Ilisarniliriniq)

Finally, one key informant noted that community members regularly connect land-based programming with healing and wellness:

And our communities all overwhelmingly and repetitively identify, like whenever we go in, what do you want for programs, [it’s] almost always land-based. [...] I don’t know that there’s a lot of quantitative data to support that work, but I know qualitatively, and anecdotally, our communities consistently identify land-based healing work with wellness. (Kim Masson, Associate Deputy Minister of Quality of Life Secretariat, Government of Nunavut)

4.8 Summary of Promising Practices Identified by Key Informants

During interviews, key informants identified a number of lessons learned regarding how best to do wellness and suicide prevention programming in Inuit Nunangat. These lessons learned are presented below as overarching promising practices that cross-cut the topic areas presented in Sections 4.1 to 4.6:

- Ensure that programs and services are culturally relevant;
- Take a client-centred, community-driven, and community-paced approach to program planning and development;
- Move slowly in the early stages of program development;
- Make space for relationship building with community members and program partners early on in program development (requires allocating resources to ongoing community engagement, and investing time in getting out in the community to build relationships);
- Be responsive and flexible when it comes to incorporating program changes and additions suggested by community members;
- Prioritize addressing the gaps and needs identified in community wellness and/or community suicide prevention plans when planning new programs/programming;
• Encourage voluntary participation in programming rather than forcing people to participate (this is most relevant in the context of working with past and current offenders);
• Deliver programming on an ongoing, consistent basis and creating a "continuum of care" that moves away from the "one and done" approach that is more common;
• Build a team that reflects the complexity of the issue that the program is seeking to address;
• Get Elders involved in programming as much as possible;
• Integrate clinical, trauma-informed care into programming as much as possible;
• Make programming accessible to all (e.g., by taking care of all program-related costs for participants, door-to-door);
• Take time to develop appropriate, relevant, and culturally-safe evaluation tools;
• Put time and resources into building self-care supports for staff into program operations;
• Take an opportunities-focused approach to program delivery by working with a wide variety of partners and funders (this can allow you to reach more people/target programming to different groups);
• Work across silos as much as possible;
• Find opportunities to show funders what your program is doing and the impact it is having (this is typically much more powerful than telling people what you're doing and why it's important, and it can help you get consistent funding);
• Hire and train local people to deliver programming whenever possible;
• Build in more awareness of trauma and mental health issues;
• Focus on building culturally-safe program environments;
• Set up program funding in such a way that Inuit people are in a decision-making position with respect to determining how best to use funds; and
• Take a capacity-based approach to program development and implementation that is focused on creating strong community and organizational partnerships and having trained staff that have a deep understanding of the issues (even if this means starting small and growing slowly).
5 What we Heard: Challenges, Gaps and Opportunities

Key informants from the four regions of Inuit Nunangat identified various challenges and barriers experienced in the process of implementing effective suicide prevention programming. Many of these challenges are interconnected and reflect the complex reality of implementing sustainable programs and services in remote and northern areas. Despite the unique contexts present across Inuit Nunangat, the four regions of Inuvialuit, Nunavut, Nunavik and Nunatsiavut experience similar challenges and barriers, particularly in their more remote and isolated communities.

In this chapter, we first summarize these challenges and barriers, and then provide an overview of gaps and opportunities for action. These sections are organized by region. Following these regional overviews, we provide a summary of challenges, opportunities and gaps across all regions, followed by an analysis of opportunities for mobilizing knowledge.

Note that the following summary of challenges, barriers and opportunities is not exhaustive, but rather reflects the ideas and experiences of the key informants who were interviewed for this project. Given the complex cultural, historical, political and geographical nature of Inuit Nunangat, it is recognized that challenges exist that are unique to certain communities and areas of practices that are not listed below.

5.1 Inuvialuit

5.1.1 Challenges and Barriers to Implementing Effective Programming

Infrastructure

Challenges relating to infrastructure emerged as a key barrier to implementing effective programming in the Inuvialuit region. Key informants noted that there is a lack of space dedicated exclusively to specific programs, which comes down to simply a lack of available buildings in communities. One key informant noted that community or friendship centres are often home to multiple services and activities, creating both challenges in scheduling as well as challenges in establishing welcoming and sustainable spaces for specific populations. As highlighted by one key informant, these community halls can be lacking in cultural decoration, such as wall hangings, harpoons, and drums, that have the potential to create a welcoming environment for program participants.
This lack of dedicated spaces is leading to gaps in services for specific populations; for example, it was noted that the region is lacking space to establish safe houses due to the fact that there are no available buildings to house this service. This lack of dedicated spaces, specifically for youth in need, is highlighted below in the quote below:

*A place where teenagers can actually come and say “hey this is kind of our domain, this is where we hang, this is what we do, we hang here,” you know, [...] I think what I see the most of in the community is just we’re not—we don’t have that space for our youth to put their coffee cup down today and it’ll be there tomorrow when they come in. You know what I mean?* (Ruth Goose, Elder’s Advocate, Inuvialuit Regional Corporation)

**Funding**

Challenges related to infrastructure in Inuvialuit are closely linked to barriers in accessing appropriate, sustainable and sufficient funding for programs and services. Restrictions associated with certain funding arrangements have prevented actors in the regions from dedicating the funds towards unique community-specific needs. For example, one key informant noted that some received funding is restricted in that it cannot be used on capital expenses. Therefore, although funding may be accessible to support the operational costs of a much-needed service, it cannot be used to build spaces for this service.

Funding was identified as a barrier to implementing fixed programming in the region due to the complex process of establishing funding from multiple, and at times unstable, funding sources. One key informant noted that funding may be coming from “six, seven different sources, all with a different need and want and intent” (Jimmy Ruttan, Program Coordinator of Project Jewel, Inuvialuit Regional Corporation). Additionally, there exists a lack of continuity due to a high turnover rate of funding officers, with some funding officers changing as often as three to four times in a three-year period.

**Cultural and Community Context**

Key informant interviews confirmed that barriers to implementing effective programming oftentimes involve the challenges associated with establishing services and programs that are culturally compatible within the context of Inuit communities. Barriers associated with this issue can at times stem from funding challenges. As stated above, funding received is often associated with specific intents as laid out by larger funding bodies, which at times privilege a “southern” mindset that is disconnected from region-specific realities, leading to culturally incompatible programs or curriculum designed at the national level. Key informants identified that these cultural incompatibilities can manifest at different levels of program design and delivery, and at times appear in details such as imagery and colours used.
Similarly, there is an identified challenge associated with the ways in which programs and services are evaluated in the region, as evaluation processes or surveys developed by funding bodies were described as at times being too research focused or driven by an academic rather than incorporating the input and evaluative indicators of those in the community.

Further challenges to implementing effective programming stem from the difficulties of targeting emotional, personal and traumatic topics related to suicide prevention, particularly in small and tight-knit communities. It was noted that the discussion of personal experiences or community issues often involves speaking openly with family members or known community members, which can be a challenging experience for those who do not feel comfortable doing so. This process of establishing open dialogue is particularly challenging when the topic is prevention and awareness, as certain topics may be seen as taboo to discuss in certain contexts.

Additionally, given the tight-knit nature of small communities, specific programs and interventions that target trauma may lead to a ripple effect throughout the community. This gives context to the challenges of having non-fixed services available in smaller communities, as it prevents the ability for service providers to provide follow up and further support for community members.

**Human Resource Capacity**

Identified challenges and barriers associated with human capacity and personnel in the region of Inuvialuit largely centred around the specialized knowledge and experience needed by staff members to implement and facilitate effective programming in the region. One aspect of this is the need for staff members to have more experience and training in providing trauma-informed care, both at the government and local community level. Given the diverse factors involved in implementing effective trauma-informed and culturally appropriate services, a wide range of expertise and staff members from various fields are needed. For example, land-based programs targeted towards addictions treatment require specialized and contextual knowledge relating to both land-based activities, cultural and traditional knowledge, as well as the involvement of medical staff and addictions counsellors. This complexity of program staffing needs creates a barrier to implementing programs in regions that are already lacking in personnel availability.

High staff turnover and a lack of staff integration in the communities that programs serve were identified as additional barriers to implementing effective programming in the Inuvialuit region, particularly in cases where program facilitators or service providers are coming from outside of the community. One key informant suggested that strong relationships between program staff and community members are key to overcoming these issues:
You’re not going to get very far if you don’t know the community. To hold a program in any community you need to be able to put in the time and legwork and be able to deal with a little bit of disappointment. And then eventually, after the relationships are formed, you’ll get better at delivering some more intense programming. Hold a luncheon. Go visit around, you know? Don’t just stay in a hotel room and only—like, if you’re invited to supper, go. There’s all these little things that mean so much, you know? If there’s a good fishing hole, rent a skidoo and go fishing with some people, you know what I mean? (Jimmy Ruttan, Program Coordinator of Project Jewel, Inuvialuit Regional Corporation)

5.1.2 Gaps and Opportunities for Action

Services for Youth

Multiple key informants in Inuvialuit reported significant gaps in services for youth. Mainly, although some communities have youth-dedicated spaces in communities (e.g., the youth centre and recreation complex in Inuvik), there are gaps in programs that are actively targeting youth that may be distant and difficult to engage. One key informant suggested that more programs that seek to engage youth in positive activities are needed, as participation in positive activities can help to boost self-esteem and build relationships. This person also suggested that youth program spaces must be free from judgement.

In terms of services and programs directly targeting suicide prevention, one key informant noted that age-specific programming may leave certain age brackets without services, and that steps are being made in the region to communicate that suicide is not restricted to a certain age group, and can affect all members of the community. For example, feedback from communities has highlighted a gap in services for men and middle-aged adults, as most programming is designed for youth, young mothers, and families. Another key informant noted that this gap in services for men is in part due to difficulties in engaging this population, as men are often busy and less likely to engage in programs that have an explicit emotional focus, such as healing or grieving programs.

An opportunity exists to engage more men through programming that integrates both cultural/land-based elements and program elements that delve more deeply into trauma and healing. For example, one key informant suggested that men may be more likely to participate in programs when there is a land-based focus, meaning that there may be a corresponding opportunity to get more men involved in healing work through engaging them in cultural and land-based activities while simultaneously creating space within such settings to dig into some deeper underlying issues:
So, that’s what we’re hoping to do in the coming fiscal—three fiscal years, is develop a series of programs where we focus on men and their needs and use the—I guess the bait of seasonally, culturally-relevant practices and activities to get them out there. (Jimmy Ruttan, Program Coordinator of Project Jewel, Inuvialuit Regional Corporation)

One key informant described using this approach to engage male medium- and low-risk offenders in rehabilitative justice programming. This proposed program will consist of voluntary, seasonal activities such as hunting, trapping, and whaling, and include culmination camps where participants are given space to share experiences and celebrate achievements.

**Justice System**

Key informants also reported significant gaps in services and supports for families interacting with the justice system, particularly in regard to addressing child sexual abuse. For example, one key informant noted that in all the communities outside of Inuvik, there are currently no safe spaces or shelters to house children who are victims of child sexual abuse during disclosure and judicial processes. Although a safe house does exist in Inuvik, many families and youth do not have the ability to travel from remote communities, particularly given the long and complicated nature of justice system processes. There is a lack of streamlined processes for dealing with child sexual abuse in these communities, meaning engaging in the legislative process includes the involvement of multiple actors and extended waiting periods.

One key informant identified the example of the Child Advocacy Centre, currently being implemented in Iqaluit and discussed in Section 4.2.2 as an effective approach to addressing the above gaps in services and supports relating to child sexual abuse and the justice system.

**Child Sexual Abuse**

Additionally, there are identified gaps in services relating to preventative services and programming for child sexual abuse. One key informant reported that most child sexual abuse services function in a reactive capacity—for example, there are high rates of child apprehension as a response to child abuse in the home, yet this has not yet been sufficiently targeted through the development of upstream prevention and education programs for parents and families. Parental education focusing on safe care for children in the home was thus identified as a significant opportunity for addressing high rates of child sexual abuse and child apprehension in Inuvialuit communities.

**Education**

Another key informant identified similar gaps in preventative education regarding youth trauma and support, noting that parents may not be able to recognize trauma in their children or do not have the
tools or resources to support their children’s healing. One key informant stated that caregivers rely heavily on the intervention of the Department of Health and Social Services. Thus, opportunities exist to establish education and prevention tools and training in the home through the involvement of parents, caregivers, and families. One key informant who works in the early intervention field detailed an opportunity to engage parents through the establishment of liaison roles between early childhood programs and parents. The role of this liaison would be to engage with parents to communicate positive accomplishments, lessons, and offer encouragements based on their child’s experience in the early childhood education system.

**Funding**

Finally, opportunities in funding and partnerships were identified, particular in regard to the potential of collaborations between regional governments and other organizations. For example, a partnership between the Government of Northwest Territories and the IRC offers an opportunity to reach a broader audience and collaborate to complement each other in terms of strengths, funding pots, and ability to offer culturally-grounded programming.

### 5.2 Nunavut

#### 5.2.1 Challenges and Barriers to Implementing Effective Programming

**Infrastructure**

Similar to Inuvialuit, key informants from Nunavut identified challenges associated with a lack of dedicated spaces for specific programs. This challenge was contextualized by key informants who highlighted the difference between available spaces and safe spaces. Mainly, although many communities do have community spaces available for rotating and visiting services or programs, these spaces do not always provide a secure or comfortable atmosphere for participants to discuss or otherwise engage with sensitive and highly personal topics such as trauma and suicide. A key informant describes this barrier in more detail in the quote below:

> You may be able to find a space, but it’s very different between a space and a safe space, especially when you have to talk about these sensitive topics. So I mean sometimes you know they tell you “Oh, we have a Community Hall,” and you’re like, “that’s great, it’s a big space,” but in the Community Hall you’re probably going to have 50 people walking in and out during the day when you deliver this course. There’s a lot of distractions, and because of the nature of this topic it’s kind of hard sometimes. A few times we had to cancel or say no we cannot do this [program] in this space.

(Cecile Guerin, Project Coordinator, Embrace Life Council)
Challenges associated with inadequate infrastructure in communities extend beyond solely a lack of available spaces in communities. One key informant noted that even with adequate funding available to build more additional dedicated program or service spaces, there are a number of crucial infrastructure limitations in small and remote communities that must be considered, including limitations in access to water, electricity, and the strain on community resources in supporting additional buildings in the community. Additionally, in larger centres such as Iqaluit, key informants discussed the challenges of implementing new and unfamiliar services in communities when faced with resistance or zoning restrictions.

Funding

Identified challenges relating to funding in Nunavut resonate with those identified in other regions. Mainly, as many organizations and charities receive their funding through various grants, there is an uncertainty and lack of secure backing from funding bodies. Additionally, pilot funding for certain programs are often provided solely to one community in the region, such as the Creative Cultural Reflections pilot program that is currently only offered in Rankin Inlet. One key informant noted that as other communities throughout the region become aware of services or programs and their positive effects, their ability to access these programs beyond the pilot site is left to community fundraising.

Additionally, the amount of funding allocated to programs and services with traveling facilitators often does not reflect the geographical remoteness and associated costs of traveling to remote communities, with key informants stating that a large portion of program costs are allocated to travel from central locations.

A unique barrier in accessing funding in Nunavut was identified by one key informant in regard to Quality of Life “flex funding” available through Nunavut’s Department of Health. This funding accepts proposals from non-profit organizations and community governments in the territory in order to fund community-led projects relating to suicide prevention, intervention, and post-intervention. Although this funding provides a valuable opportunity to assist communities in providing needed services, stipulations concerning who is able to administer the funding create barriers for some communities. For example, some communities may not have non-profit organizations or governments with the capacity to take on the role of administering funding, which in turn means that these communities cannot access the funding.

Cultural and community context

Key informants from Nunavut gave powerful examples of the ways in which certain programs and services lack cultural grounding in Inuit contexts, creating a fundamental barrier to the delivery of effective programming in the region. One example comes from a key informant discussing the
challenges of collaborating with large-scale organizations located outside of the region. LivingWorks, the organization responsible for ASIST, safeTALK, and other training programs related to suicide prevention, was offered as an example of this challenge. Although these programs are recognized as valuable resources available to community members by multiple key informants, requests for cultural adaptation of these curricula through collaboration with regional representatives have gone unanswered. Beyond the lack of cultural grounding of certain programs and services is the challenge of incorporating Inuit values into a fundamentally non-Inuit system, as stated by one key informant. Mainly, there is uncertainty surrounding realistic action-oriented steps on how to incorporate IQ principles into existing structures of service delivery such as safe shelters, particularly in interaction with justice and youth protection processes. Often, small steps can be made, such as the incorporation of traditional foods and language to make programs and services more accessible to Inuit populations. However, this does not address fundamental structural barriers to cultural accessibility of these programs.

The inaccessibility of services and programs for Inuit populations was also highlighted by key informants in discussions regarding the difficulty of navigating different service options, particularly treatment services for addictions, trauma, and abuse. Thus, despite the existence of services that may be helpful to those seeking treatment, these services may be underused due to non-navigable networks.

Additionally, as identified in other regions, there are significant challenges in identifying effective ways to discuss potentially triggering topics related to trauma, specifically in small, tight-knit communities, and with youth populations. It was noted that oftentimes, sensitive topics related to suicide are avoided due to a reluctance to cause harm to fragile populations.

**Human Resource Capacity**

Adequate staffing in the Nunavut region was identified as a fundamental challenge in effective program delivery, in terms of both the lack of consistency and availability of personnel to fill positions, as well as the lack of appropriate experience and positionality of those in facilitator roles. One key informant noted a lack of funding in securing full-time employment for facilitators of certain programs, for example those delivering three-day workshops or traveling, short-term programs. Those taking on these roles are often working in multiple positions and forced to balance various responsibilities and schedules, which was linked by one key informant to high rates of staff turnover and a lack of consistency in program and service delivery.

A further challenge related to a lack of consistency in personnel and program delivery in communities was identified by another key informant, who noted that non-fixed and visiting programs often leave
a wake of excitement and enthusiasm among the target population that at times fades when facilitators and supports leave the community and there is no ongoing reflection or conversation on the topic.

Key informants placed particular emphasis on the challenges of finding facilitators who are well-positioned to provide services that are culturally-appropriate for Inuit community members. Particularly, there is a lack of local facilitators with knowledge of Inuit cultural and historical contexts who have the availability or training necessary to act as facilitators. As was noted by one participant, this challenge is particularly relevant to land-based or traditional knowledge-focused programs, as those who are typically identified as potential program facilitators are often already spending their time on the land pursuing their own activities, meaning they do not have the availability to take on these roles, particularly when these positions are unpaid. Thus, ensuring that there is funding for full-time, paid positions for on-the-land and traditional knowledge teaching is crucial. This point is highlighted in the quote below:

_Elders need to be paid for their expertise, and there needs to be a real recognition for those elements, it’s so important. Busy people are busy people. So, it is difficult sometimes to have enough capacity to run the kind of programming that you want to do, for sure, human-wise ..._ (Kim Masson, Associate Deputy Minister of Quality of Life Secretariat, Government of Nunavut)

Multiple key informants reported a significant challenge in finding both staff and volunteers in the region who have overcome their own personal trauma enough to take on the responsibility of facilitating trauma-focused sessions or assuming roles of support for others, as stated below:

_We do organize training for trainers, and we have people that are passionate, and they want to help, but at the end we cannot send them to communities to train because they haven’t healed and it’s obvious they’re really—they’re still struggling with the trauma. So that’s probably the biggest barrier [that explains] why we don’t have a lot of trainers._ (Cecile Guerin, Project Coordinator, Embrace Life Council)

5.2.2 Gaps and Opportunities for Action

Youth Support

Key informants in Nunavut identified gaps in services for specific age groups in the region. Key informants noted that youth are particularly underserved in terms of effective programs and services, ranging from a lack of safe shelters, mentorship programs, cultural activities, and mental health and trauma services. In terms of safe shelters for youth, key informants identified a lack of dedicated living shelters for youth seeking long-term or temporary homes due to homelessness or experiences of abuse.
in the home. In addition, key informants identified a lack of safe informal spaces where youth can spend time with peers and mentors. A dearth of mentorship and support services for youth is a clear gap in many Nunavut communities, with key informants noting that funding for people to coordinate programs such as Big Brothers, Big Sisters and other mentorship programs has been discontinued despite an identified need in communities. This gap in dedicated mentorship and support programs places a significant burden on youth who are acting as support systems for their fellow peers.

An opportunity exists in fostering youth support networks through the creation of informal activities and youth groups that help youth find hobbies that they are passionate about. For example, multiple key informants noted the value of having recreation programs that allow youth to discover new passions, such as photography, music, sewing, cooking, and tool making, among others.

Additionally, there is a significant opportunity in addressing gaps surrounding both a lack of mentorship and a lack of recreation programming for youth, with one key informant highlighting the demand in the region coming from youth and young adults who wish to fill that coaching and mentorship role. Training youth to assume coaching or mentorship roles for sports and recreational programs provides an opportunity to support the development of stronger community networks, the creation of new programming, and capacity building in youth who will be able to carry those skills into adulthood.

Although youth were identified as the target population with the most significant gaps in services, key informants also noted that there is a lack of support for those who have “phased out” of youth programming. This includes young adults and those nearing the end of high school. By combining mentorship and recreation activities across age groups and allowing young adults to extend participation in recreational programming as coaches and facilitators, there is an opportunity to engage this target population as they phase out of regular school-age programming.

As mentioned previously, a key challenge in implementing effective programming in the region is the lack of ongoing facilitation and support following workshops and events in communities, with one key informant highlighting the challenge of waning enthusiasm among participants due to a lack of ongoing dialogue and discussion. This key informant emphasized an opportunity related to local populations and facilitation, noting that training local facilitators and mentors in communities to oversee a continuation of what is learned in programming and workshops offers a promising approach to both capacity building and maintaining community interest and engagement.

**Safe Shelters**

As mentioned at the beginning of this section, there are far too few safe shelters and for youth in the region. In particular, one key informant noted a significant gap in shelters for those who have been
phased out of youth homes or women’s shelters and housing. For example, one key informant noted that women’s shelters in the region offer a safe temporary or long-term space for women and their children until male children reach their teenage years. As these male youth are forced to leave the women’s shelter, there is a lack of continuity in terms of support for youth as they become independent. An opportunity exists to establish transition homes for these youth that offer temporary or long-term housing that can support youth as they transition into adulthood.

Child Sexual Abuse

Gaps have been identified in regard to the region’s current practice of addressing cases of child sexual abuse. In particular, key informants identified a lack of safe spaces for disclosure of sexual abuse and/or child abuse. Key informants highlighted the inadequacies of the current system, which involves a lengthy process of disclosure that often requires children who have been abused to tell the story of their experience to service providers and criminal justice workers an average of seven to fifteen times, with a lack of child-friendly spaces and consistent support for children, youth and families during the process. One key informant noted that the process of disclosure, the involvement of multiple advocacy workers, and the lengthy and complex judicial process can retraumatize children and families. A noteworthy opportunity exists in the forthcoming Child Advocacy Centre, set to open its doors in Iqaluit in the near future. The Child Advocacy Centre will offer a space where this process is restructured to offer continuous and holistic support to children and families in cases of child sexual abuse.

Post-vention

One key informant noted a significant gap in post-vention services for those individuals and families who are healing from either a loved one’s attempted suicide or death by suicide. One key informant suggested that there is an opportunity to offer improved continuity of care for those healing in postvention phase through a public health intervention position. This position would be dedicated to providing continuous support for individuals and families who are healing from suicide attempts. The role would involve regular visiting, follow-up, and guidance from a public health professional that supports the family unit in accessing appropriate services and resources over a long-term period.

Funding and Partnerships

Finally, Nunavut key informants identified opportunities to maintain and forge stronger partnerships between Inuit organizations, regional Inuit associations, the territorial government, and smaller non-profits such as Qaujigiartiit and Embrace Life Council. They noted that this network of partnerships offers a space for each organization to offer their expertise and resources in a collaborative effort to improve services throughout the territory. One aspect of this partnership opportunity exists in
opportunities for securing funding arrangements among organizations, with one key informant noting the integration of NGOs into the territorial business plan in order to secure core funding.

5.3 Nunavik

5.3.1 Challenges and Barriers to Implementing Effective Programming

**Infrastructure**

Key informants from Nunavik identified challenges in infrastructure similar to those identified in other regions. Nunavik key informants emphasized the challenges of varying resources available between communities—in particular, the availability of services and infrastructure varies greatly between remote communities and larger centres such as Kuujjuaq. Additionally, a key informant from Nunavik detailed a particular challenge intersecting both infrastructure and human capacity, noting that a lack of staffing in communities is associated with a lack of available housing for staff members who may be hired to relocate to remote communities. Additionally, key informants described the ways in which interconnected issues of funding and infrastructure affect remote communities in Nunavik. As noted in other regions, despite the availability of operational funding for particular programs (e.g., women’s shelters), there are no available spaces to house them. The key informant noted that this at times leads staff to stop applying for funding, as what is needed to implement programming extends beyond straightforward funding needs.

**Funding**

Reported challenges associated with funding in the region largely centre around a simple lack of available funds to implement special events, activities, and programs in communities across the region. An associated challenge exists in the nature of available funding for communities, as with some of the funding opportunities that do exist (e.g., Health Board funding for on-the-land programming), the funding must be specifically requested by individual communities, meaning that communities must be well organized and prepared to enter into the process of applying for and administering funds.

**Cultural and community context**

Key informants reported multiple challenges in implementing effective programs relating to the unique needs of Nunavik communities due to their specific cultural and community contexts, including certain barriers to implementing comfortable, culturally safe and trustworthy social services. For example, the concept of therapy was noted as being culturally foreign to Inuit populations. As this service was traditionally provided by Elders, the Western system of therapy and treatment is unfamiliar and may be intimidating to those in need of such services.
Similarly, many Nunavik Inuit mistrust Youth Protection Services, as this service is viewed as a colonial service that was implemented in Nunavik communities without their consent. One key informant noted that Youth Protection was never explained or introduced to communities, and that rates of child apprehension have led to discord between the communities and department staff. Another key informant describes this mistrust below:

*The employees that are working for the youth protection, they don’t know enough about why things are the way they are, so what the history is or the background is or where the families come from or the children. There’s just so much misunderstanding between the families and the youth protection workers.* (Lavinia Flaherty, Education Consultant, Kativik Ilisarniliriniq)

Others noted that there is a stigma associated with mental health issues, family issues, and accessing related services. Due to the small populations and tight-knit nature of many Nunavik communities, one key informant noted that families often fear involving social workers in family matters due to this stigma and/or their distrust of case workers. There is a fear that service providers and other community figures such as social workers, RCMP officers, court workers, and youth protection workers may breach confidentiality, leading to town gossip and ultimately a biased perception of the individual/family.

Finally, key informants from Nunavik identified interconnecting challenges of language barriers and insufficient staffing capacity as barriers to implementing effective programming in the region. Inuktitut continues to be the principal language used in many Nunavik communities, so it is problematic when service providers and program staff cannot speak it, or when key resources are not available in Inuktitut:

*ASIST training is in English, mental health first aid training is in English, they need to be in Inuktitut. There are some Inuit, like in Inuit Nunangat that they only speak in English, but Nunavik speaks Inuktitut, pure Inuktitut. Like we have like 18, 19 year-olds that barely speak English.* (Mina Beaulne, Advisor of Integrated Services for Nunavik Youth and Families, Nunavik Regional Board of Health and Social Services)

**Human Resource Capacity**

Reported challenges related to human capacity in Nunavik relate predominantly to a lack of cultural resources and training for those working in Inuit communities. As stated above, Inuktitut remains central to both Inuit identity and daily life in Nunavik. Significant barriers exist for non-Inuit workers who do not speak the language, with one key informant noting that it is essential for many non-Inuit staff to have an Inuktitut speaker present:
The majority of the non-Inuit workers that we interview mention that they need more training on the culture. They want to be working with Inuit, they know they can’t do it without the Inuit, because the main language is Inuktitut in Nunavik. So it’s—it makes it very hard for them to work to their full capacity when they cannot speak the language. So they need someone to work with them. (Mina Beaulne, Advisor of Integrated Services for Nunavik Youth and Families, Nunavik Regional Board of Health and Social Services)

Beyond language barriers, providing culturally-safe services has been a challenge for non-Inuit workers in the region, as non-Inuit staff have reported the need for cultural safety training. There was an expressed need for more local staff who are well positioned to deliver culturally-grounded programming. However, one key informant noted that liability issues have prevented the hiring of local staff who are lacking adequate certification for certain positions, particularly in diagnosis and reporting. This, coupled with a lack of opportunities and training for local populations, creates a barrier for local Inuit wishing to enter into these roles.

This shortage of local staff has led to high staff turnover rates in certain services, particularly when staff members have relocated to smaller communities to fill positions. One key informant noted that healthcare providers at hospitals stay for an average of 18 months, with social workers experiencing similar challenges of staff turnover in communities. This issue has been highlighted by community members as a barrier to continuity of care, particularly in instances to do with trauma, as relationships and progress must be re-established with each new individual.

5.3.2 Gaps and Opportunities for Action

Youth Protection and Child Apprehension

As discussed in the previous section in reference to challenges associated with cultural and community contexts, Nunavik communities mistrust youth protection services and have concerns regarding the process of child apprehension in Inuit communities. According to key informants in the Nunavik region, these challenges are associated with a gap in services designed to support families who have gone or are going through the process of child apprehension. A lack of familiarity with this department and its associated processes has created a need for advocacy positions to support parents who are under threat of losing their child to apprehension, particularly to educate the parents or guardians on their rights in the process and to guide them as they navigate investigations and court proceedings. In addition to a lack of advocacy and support services for families involved in family court, there is also an identified gap in upstream services or programs that target child apprehension and the involvement of Youth Protection Services. One key informant noted that upstream programs and frontline services
such as family counselling need to be strengthened in order to bring an end to child apprehension and removal.

Multiple key informants identified opportunities in response to the identified gaps and challenges associated with child apprehension services in Nunavik. Primarily, a reformulation of child apprehension and Youth Protection Services was proposed, with a focus on integrating culturally-relevant decision making and family interventions. We were informed that there currently exists a working group responsible for reviewing the Youth Protection Act with the intention of making it more culturally compatible for Inuit communities and to give Inuit communities a role in decision making concerning whether or not Inuit children should be placed in care. Another key informant discussed the potential of transferring the responsibility of youth protection to local Inuit authorities, thus assigning all decision-making authority in cases of child apprehension to community-based social services. However, in recognition of the complexities and prolonged timelines involved in the devolution of child and family services in the region, one key informant noted that there is an opportunity to train local staff in social service roles to provide more culturally safe and relevant services to families. An additional opportunity was identified in establishing a more collaborative relationship between family health services and Youth Protection Services, with family health service providers acting as the primary resource for families who are of interest to Youth Protection Services.

Justice

An additional opportunity relating to justice services exists in the proposed implementation of a mobile intervention pilot project in the region. One key informant described this opportunity in some detail, noting that the initiative has secured funding and will be the first of its kind in the region. The mobile intervention team will be managed under the Saqujik program umbrella and will involve a social worker and an RCMP officer working together to respond to police calls that are of a more social (as opposed to criminal) nature. This mobile intervention team will provide a collaborative and deescalated mode of response in situations requiring police intervention. One key informant noted that this provides a significant opportunity for improved responses in situations involving the intoxication of individuals, as this can at times escalate into more severe situations when there is regular police intervention.

Family and Parenting Programs

As mentioned previously, there is a gap in family and parenting programs aimed at preventing the involvement of Youth Protection Services. One key informant stated that local parenting programs sometimes fail to take into account the cultural and historical contexts of Inuit family needs. In addition, participation in current parenting and family programming may not be a priority for many Inuit families, as it was noted that there are competing priorities for many households and individuals. For example,
key informants noted before parenting techniques and family wellbeing can be addressed, parents and caregivers often need to engage in healing and therapy for past experiences of trauma. An opportunity was identified in establishing holistic programming that aims to connect Inuit parenting approaches to healing activities, or workshops that aim to provide holistic programming that works to improve basic family relationships through skills such as communication and listening. One key informant suggested that simply offering a supportive space where parents and families can share their history and experiences with other family members can offer a path to healing and provide context for family challenges.

**Specialized Medical Care**

Key informants identified a gap in specialized medical services in the region, particularly those addressing youth mental health and psychiatric care. One key informant noted the significant disparity in services between Nunavik communities and Southern cities, stating that Inuit children in need of mental health care are required to move out of their communities if they want to receive treatment. In particular, there are far too few resident psychiatrists and psychologists in Nunavik, even in the larger communities.

**Youth Support**

In addition to a lack of specialized medical care for youth in Nunavik, one key informant described a lack of supports for youth in addressing various risk factors for suicide. Particularly, there is an identified gap in interventions that focus on youth who are experiencing less severe risk factors such as school non-attendance, acting out, or vandalism. It was noted that intervention occurs mainly in severe cases pertaining to child abuse; however, youth often act out because they are in need of support:

> Their only way of communicating is by—say, causing trouble or vandalizing, stuff like that. That’s their way of communicating. And I feel like the community doesn’t take it as their way of voicing themselves. That’s when you know a child needs help, when this keeps going on, when that keeps going on. That’s when we have to step in and do something about it. But you don’t see it often here. (Lavinia Flaherty, Education Consultant, Kativik Ilisarniliriniq)

Key informants identified various opportunities to support youth through adversity, including the potential of having Elders provide workshops for youth to foster that collaboration and relationship building between generations. Additionally, one key informant noted the promise of hosting youth-specific forums or events that work to build the confidence of young Inuit while also providing them with opportunities to speak openly about their personal experiences of adversity and trauma.
Support for Workers

Finally, key informants detailed the importance of supporting those individuals in the region who are working in the field of suicide prevention. According to key informants, there may be a lack of self-care, recognition, or healing supports for those who provide these programs and services:

*We don’t give each other enough credit and as Inuit we’re very humble and we don’t like to say you know, “I did this, or I did that, I made a difference.” But I think Inuit are very—I mean I know Inuit are very strong and very humble and we need—as much as Inuit help each other in different ways, we need to start practicing self-care, because if we don’t practice self-care we aren’t able to help another person if we need help ourselves. We need to make sure that we don’t drain ourselves when we are in the works of helping other. We need to take care of ourselves, so I just want to point that out that Inuit are very strong, and they like to help each other in many different ways, but sometimes we forget to help ourselves. (Lavinia Flaherty, Education Consultant, Kativik Ilisarniliriniq)*

As the quote below demonstrates, a related opportunity exists to host regular programs or events that are designed to show support and gratitude for these individuals:

*I just want to mention that as Inuit, in different—like in Inuit regions, so many of us are working so hard to do what’s best for the children of Inuit regions, and I don’t think we give each other applause or tell each other enough that you are doing enough.*

(Lavinia Flaherty, Education Consultant, Kativik Ilisarniliriniq)

5.4 Nunatsiavut

5.4.1 Challenges and Barriers to Implementing Effective Programming

Infrastructure

As identified in other regions, there is a lack of dedicated spaces for programs, services, and events in Nunatsiavut. One key informant highlighted that although funding exists for program fees and staffing needs across communities, only certain communities have the available space to operate these programs. Additionally, key informants attributed this lack of infrastructure in part to the high costs and challenges of developing infrastructure along the coast of Nunatsiavut.
Funding

Reported funding issues in the Nunatsiavut region stem largely from the inflexibility of funding agreements. Key informants noted the challenges of long-term funding agreements that do not take changes in operating costs and cost of living into account:

... and the other funding thing is the ability to meet the operating costs, so I guess [...] cost of living, or whatever, I don't know what to call it, maybe just call it this, so increase in funding per year to meet your operating cost. 'Cause every year we recognize the—of all the costs going up, in—travel’s a big one, and heating your building, and food. [...] If you get x amount of funding in your first year and then down the road 15 years later you’re still getting that same amount of funding, something gives. You lose staff, you're not heating, having the ability to buy gas, so you know, [you] might even have to cut back on some things. (Jenny Lyal, Regional Childcare Coordinator, Nunatsiavut Government)

Additionally, one key informant noted that it is challenging to implement effective programming in Nunatsiavut given inadequate funding that is administered based on calculations for program costs in Southern areas. These calculations do not take into account the higher costs of implementing programs in the North, as well as the additional costs of adapting programs to be culturally grounded and comfortable for Inuit populations. Additionally, an interconnecting challenge of funding and human capacity was identified by one key informant who noted that roll-over funding over the years is impacted by a lack of personnel in the region, as funding may be adjusted when there is an appearance of surplus funds, despite the fact that this surplus may not reflect a lack of need but rather a lack of available staff.

Cultural and Community Context

Key informants noted a lack of culturally relevant spaces and services for their communities, including a lack of cultural resources and materials. For example, one key informant described the strengths of having Inuit resources and decorations, noting, “if you walk into one of our Inuit daycares, we’re hoping that you will be able to see that it is an Inuit specific daycare, so that it’s really grounded in Inuit culture. So there’s—there’s Inuit resources that the staff can use...” (Jenny Lyall, Regional Childcare Coordinator, Nunatsiavut Government). However, this goal is hampered by a lack of available Inuit resources and a lack of funding to have these resources developed.

Additionally, there is a reported lack of community representation, and in particular the voices of Inuit youth, at the government level. One key informant noted that legitimate representation is lost when those representing Inuit voices in these contexts are non-Inuit government voices. This key informant
emphasized that this leads to two competing agendas—one centred around a government vision, and another emerging from the grassroots that emphasizes traditional values and goals. This challenge is highlighted below by Mary Binkie Andersen of the National Inuit Youth Council:

And the consequence is, we get further from our success the more material things become important, meeting the standard of material standards of life that come about ... we will get to the root of the problem. It’s psychological. Anger is pain, which comes from losing our culture. And it’s like a permanent state of alienation. You convince the government to give you money and whenever you ask for resources, but you’ll never get to the root of the problem, which is anger. And frustrating I’m not seeing the culture ... (Mary Binkie Andersen, Nunatsiavut representative, National Inuit Youth Council)

A lack of cultural revitalization and connection for Inuit in Nunatsiavut has caused a breakdown, particularly for Inuit youth, in the ways in which individuals negotiate between two worlds described by Mary Binkie Andersen. Particularly, youth have a “divided identity” in constant negotiation between assimilation in non-Inuit society and the local world of Inuit culture.

**Human Resource Capacity**

As identified in other regions, a lack of cultural safety and awareness among services providers and program staff is a significant barrier in implementing effective programming in the region. This was identified particular in regards to practices of child apprehension and the Department of Children, Seniors, and Social Development (CSSD). There are significant challenges associated with encounters with the department due to a lack of understanding of colonial history, including histories of residential schools, relocation, and how these processes have affected familial structures and relationships in Inuit communities. One key informant noted that this lack of safety extends beyond CSSD, and can apply to relationships between community members and RCMP officers, and the sometimes aggressive nature of intervention can act as a deterrent to disclosure of violence or abuse.

Finally, challenges in human capacity were identified in the lack of local facilitators available for community programming, particularly in regards to early childhood education. As language remains such a strong cultural practice in Nunatsiavut, facilitators or teachers who are not fluent in Inuktitut exist as a barrier to implementing programming to the extent desired by both leadership and families.
5.4.2 Gaps and Opportunities for Action

Youth Support

There are opportunities to create additional programming for youth and children in Nunatsiavut, particularly those geared towards specific age groups, and offered at specific times of day to fill in gaps where those populations may be otherwise unattended. For example, after school programs were identified as a significant gap in certain communities for children ranging from day care to high school ages, as one key informant noted that there is a lack of safe spaces or childcare for children in the hours between the end of the school day and the time at which parents can return home. Providing structured and supervised activities provides an opportunity to support both parents and children.

Additionally, a lack of programming exists for young adults who have phased out of the youth-specific target population – particularly, those between the ages of 25-30 years old. An identified opportunity exists in working with this population to hear what programming is needed or desired, and engaging them in the design and implementation of activities.

One key informant offered insight on significant opportunities in implementing meaningful and powerful youth programming. This involves expanding youth programming beyond solely meeting the basic needs of youth and focusing on the empowerment of Inuit youth in embracing their collective identity and culture. Currently, there is no organization or service that unifies youth in the region that is able to put their voice or concerns forward. There is an opportunity to provide this through the scheduling of youth summits or other special events to bring together youth in the region. This is explained by Mary Binkie Andersen below:

"... we hold a National Inuit Youth Summit and bring together all youth from across Canada, in the region, and bring them all together, and we talk about this stuff. And that’s – that is very – the power there is very, very strong. We meet youth from all – and it makes us very good about ourselves, like we belong to this bigger story and we’re not alone in this kind of very desperate challenging crisis. And there needs to be done more. I don’t see that happening. Except for the National Inuit Youth Council doing this. (Mary Binkie Andersen, Nunatsiavut representative, National Inuit Youth Council)"

Mental Health Programs and Services

Gaps exist in trauma informed mental health and counselling services in Nunatsiavut, with a particular gap in services targeting both victims of violence and offenders. Key informants identified a lack of mental health services for youth or children who have been exposed to violence in the home. Such
services should ideally provide support for children to overcome trauma and regain a feeling of safety, and they should be provided by skilled professionals. However, they are currently lacking as social workers and available mental health staff in communities are already overburdened, which—in combination with high staff turnover—leads to inconsistent and fragmented support for children and youth.

Additionally, one key informant identified a lack of mental health supports for Inuit youth struggling specifically with their sexual or gender identity, leading to feelings of isolation among these youth in communities.

Rehabilitative Justice/Safe Shelters

Key informants in Nunatsiavut identified a gap in rehabilitative justice supports for Inuit involved in the justice system in the region. One key informant noted the shortcomings of current correction centres in addressing the root causes of criminal offenses; for example, trauma and colonialism. This key informant highlighted that many offenders are not serving life sentences, meaning they will be released into communities having had little to no rehabilitative support to prevent recidivism, but rather a “Band-Aid on a bullet wound” (Laura Moores, Sexual Violence Coordinator, Nunatsiavut Government). There exists a significant opportunity to implement rehabilitative programming (e.g., counselling and therapy) in correctional centres. One key informant noted the importance of providing such services to sexual offenders specifically.

Additionally, there is an accompanying lack of transitional supports for those released from correctional facilities. For example, a lack of transitional housing for released offenders means that individuals may be returning to their previous home, which can affect women, children, and other family members living in the space. Particularly in cases of past abuse, the return of released offenders may force women and children to seek safe shelter elsewhere, or children may be apprehended if the individual is a cause for concern in the home. The opportunity thus exists to create transitional homes that offer a temporary living space for released offenders as they transition back into the community.

Multiple opportunities for additional shelters and housing facilities were identified by key informants in Nunatsiavut. A gap exists in shelters for men, as safehouses in the region primarily provide spaces for women and children. Additionally, one key informant highlighted a gap in shelters or safe spaces for women who may be intoxicated or under the influence of drugs. Currently, women who are experiencing abuse and in need of safe shelter are not permitted in safe houses while under the influence of drugs and alcohol, meaning that they are typically taken to holding cells and subject to police intervention. The key informant suggested that this acts to criminalize a victim of violence rather than provide safety.
A corresponding opportunity therefore exists to develop safe shelter options for intoxicated women as an alternative to police holding cells.

**Parenting and Family Programs**

As identified in other regions, there is a gap in programming targeting Inuit parents and families. In particular, there is a lack of parenting education programs that give parents the tools and techniques to build healthy relationships and bonds with their children, and to create a safe environment in the home for children. One key informant noted that this gap includes a lack of family or parent-focused programming that focuses on addressing the effects of intergenerational trauma and related impacts on current parenting practices and family relationships.

**Children in Care**

A gap in services was identified in regard to child protection and apprehension in the region. Particularly, key informants identified the heightened rates at which Inuit children are being removed from their communities, while noting that there is a lack of programming or services in place designed to prevent child apprehension. One key informant noted that a redirection or repurposing of the significant funds currently being directed towards the relocation of Inuit children into non-Inuit regions could provide an opportunity to fund preventative programming in Inuit communities.

**Support for Workers**

Finally, as identified in other regions, there is a lack of support services in Nunatsiavut for those working in facilitation or staff roles in the realm of suicide prevention. Multiple key informants identified burnout as a major issue, along with a lack of accessible support services.

### 5.5 Summary of Challenges, Opportunities and Gaps Across Regions

**Challenges and Barriers to Implementing Effective Programming**

- Infrastructure issues (lack of dedicated spaces for specific programs, services and events; lack of available housing for program staff; lack of community resources to support additional infrastructure);

- Funding issues (lack of long-term funding; lack of flexibility in funding criteria; and lack of consistent funding across communities);

- Human capacity issues (high rates of staff turnover; shortages of local Inuit staff, and/or staff who speak Inuktitut and are appropriately familiar with the cultural and historical context; insufficient cultural safety training for non-Inuit staff); and
• Cultural compatibility and community issues (cultural incompatibly of community programs and services; challenges associated with targeting traumatic and personal topics in tight-knit communities; and inaccessibility of resources due to cultural and language barriers).

Gaps in Services

• Recreational and self-development programs for certain populations, including youth, young adults, men, mothers, and families;
• Specialized mental health services, trauma-informed services;
• Family support programs;
• Restorative justice programs;
• Culturally-safe youth protection services (e.g., holistic and integrated child advocacy services);
• Various forms of safe shelters for youth, women, families, and past offenders; and
• Support for suicide prevention staff and volunteers.

Opportunities for Action

• More emphasis on program development for certain populations (e.g., men, youth);
• Training for local staff (e.g., in trauma-informed care, cultural safety);
• Improved partnerships between government and organizations at both regional and community levels; and
• More emphasis on cultural relevance and cultural safety in program design and implementation.

5.6 Opportunities for Mobilizing Knowledge

5.6.1 Potential Tools for Knowledge Mobilization

Key informants emphasized the importance of sharing knowledge, best practices, and examples of current programming both within their own regions and across Inuit Nunangat. Based on feedback from key informants participating in this project, knowledge mobilization holds the potential to eliminate the “duplication of effort” and tendency of “remaking the wheel” opening lines of communication and supporting collaboration between those involved at community, regional, and national levels to prevent information silos. A call for a networking and collaboration tool was echoed by various key informants, underlying this identified gap in communication and sharing between regions. In order to create an easily accessible and sustainable platform for cross-regional collaboration, the challenges of remoteness, budget, and availability of staff members working in suicide prevention were highlighted and considered by participants. Key informants noted that traveling to national meetings, forums, or conferences, although a helpful and powerful opportunity, is not always feasible given the barriers previously listed. Opportunities for accessible knowledge mobilization was thus
predominantly considered in terms of virtual communication technology, including databases, forums, and online networks.

Suggestions for the exact nature and goal of these networking tool were multifaceted. For example, various key informants requested the development of a database detailing all current programs and services across regions of Inuit Nunangat, including national, regional, and smaller scale initiatives. A national database has potential to both inform regional and community actors of current programs, services, or practices that may hold potential in their own communities, and can effectively identify potential partnerships, gaps, and opportunities.

The incorporation of a more interactive approach to knowledge mobilization emerged as a dominant opportunity to support collaboration and peer-to-peer problem solving between regions. This proposed interactive tool expands on an online database by introducing opportunities for those working in each region can share their best practices, lessons learned, and current campaigns and initiatives, as well as provide an opportunity for service providers and frontline workers to ask for advice and suggestions from those who may be in a position to provide help.

Additional opportunities exist in identifying community contacts and champions who are willing to provide support and guidance to those working in similar fields of practices. For example, one key informant suggested that a forum or database detailing promising practices or programs include contact information for involved staff members who are willing to go into more detail and provide additional information on particular topics.

In addition to virtual communication and information sharing tools, key informants noted the potential of face-to-face collaboration and partnership building. One key informant came forward with the example of “all-organization meetings” currently occurring quarterly in their community. These meetings involve the attendance of all stakeholders and organizations in the community and establishes a space for community issues are raised and potential solutions are discussed. Additionally, requesting the presence of regional organizations in these meetings ensures that the role and potential of involving regional stakeholders is factored into solutions and action plans. This example reflects the sentiment among other key informants that there is potential in establishing a practice of face-to-face meetings between smaller organizations able to provide on the ground services and programs, and larger organizations and funding bodies to understand the ways in which they may collaborate and complement each other through their varying roles and responsibilities.

Finally, a powerful tool in knowledge mobilization exists in the identified promising practice of cross-program site visits, stated as a motivating practice for those working towards program design, implementation or delivery.
5.6.2 Identification of the role of ITK and NISPS Working Group

Key informants participating in this study identified ITK as a crucial actor and advocate at the national level. Key informants predominantly identified the role of ITK as that of a liaison between communities and larger governing and funding bodies. Many key informants noted the value of ITK consistently supporting and reinforcing the identified needs and priorities of each region to provincial, territorial and federal governments. They suggested that this advocacy stance provides powerful backing to the voice of regional and community actors.

In regard to ITK’s future role in knowledge mobilization moving forward, opportunities exist to refine the relationship and target audiences currently engaging with ITK beyond the current position of ITK as a liaison between local actors and larger governing bodies. In particular, key informants identified the potential for ITK to fulfil the needed role of liaison between community level actors across all regions within Inuit Nunangat in order to facilitate collaboration and peer-to-peer knowledge sharing. ITK was identified as a key potential lead on establishing the proposed tools for knowledge mobilization discussed above, including a database or online forum for community and regional level actors to discuss best practices, lessons learned, and current initiatives. Key informants noted that they are hearing of innovative practices or programs in other regions through informal or limited networks, and identified the strength in establishing a formal and facilitated system to keep the lines of communication open between those involved with program delivery and suicide prevention activities within Inuit Nunangat. In addition to providing the platform for virtual interaction and collaboration, there is an identified potential for ITK to take on a proactive role in evaluating best or emerging promising practices, and communicating these examples to relevant audiences across all regions. This includes the championing of new programs, resources, funding opportunities, collaborative partnerships, and frameworks that have the potential to be implemented in varying contexts. Crucial to this approach to knowledge mobilization is the need for guidance from ITK on action-oriented steps towards operationalization of these best or promising practices at the ground level.

Multiple key informants noted the opportunity for ITK to fulfil the role of mobilizing strengths-based knowledge through the communication and celebration of positive accomplishments, role models, and leaders in each region, including highlighting the positive steps Inuit can take to support and improve their own communities.

In addition to providing virtual platforms of knowledge mobilization within Inuit Nunangat, key informants identified further opportunities for ITK’s role in facilitating open and consistent dialogue between those working in suicide prevention. One identified opportunity was that of ongoing review of ITK and territory-supported initiatives and funding for community-level programs, and ongoing
communication with involved stakeholders. This includes initial needs assessments at the regional level to determine what individual communities require prior to large-scale program development and roll-out, and consistent progress updates for those working at the territorial or regional level.

A potential role of ITK in knowledge mobilization within and between regions is envisioned by some key informants as an extension of staffing into regional hubs. One key informant identified the benefits of having ITK satellite sites or liaison workers in each region, acting as members of region-specific working groups and networks. Similarly, other key informants identified the potential of having representatives from ITK or the NISPS Working Group attend regional meetings or host regional forums to provide briefings on what is currently occurring in the regions, what ITK has been working on, and the ways in which ITK can support region-specific opportunities.

Further opportunities identified by key informants regarding the role of ITK, although extending beyond the scope of knowledge mobilization, reflect the potential for ITK to empower and support actors at the regional and community level through funding, training, and capacity building in order to ensure that local actors are able to effectively provide culturally-grounded services and programs to Inuit communities.
6 Conclusion

In the NISPS, a new approach to suicide prevention in Inuit Nunangat that emphasizes “supporting families and nurturing healthy Inuit children” through upstream interventions is outlined (Inuit Tapiriit Kanatami 2016, 9). This framing recognizes that while more conventional approaches such as anti-suicide campaigns and suicide intervention training are helpful, a more comprehensive, holistic and Inuit-specific approach is needed to “ensure that people never reach the point where they consider suicide” (Inuit Tapiriit Kanatami 2016, 9).

With this in mind, the goal of this scan has been to provide an overview of promising practices with respect to (primarily) upstream interventions across six key topic areas: links between childhood adversity and suicide; child sexual abuse; social emotional development; safe shelters; current supports for Inuit within the justice system; and parenting and family support programs. While this overview is by no means comprehensive, it paints a clear picture of the suicide prevention landscape in Inuit Nunangat. This picture suggests that there are many standout programs and interventions in Inuit communities, many of which are developing and applying promising and innovative practices with respect to addressing childhood adversity and supporting Inuit children and families. However, it also reveals the many challenges facing Inuit organizations and communities as they work to develop and implement more holistic and comprehensive suicide prevention measures.

In sharing the findings from the literature review and key informant interviews, this scan contributes to Priority Area 6 of the NISPS: Mobilize Inuit Knowledge for Resilience and Suicide Prevention. More specifically, it contributes to ITK’s stated goal of developing a more fulsome understanding of best and promising practices with respect to upstream interventions across Inuit Nunangat regions. Next steps include advancing the promising practices identified in this scan through further evaluation and enabling communities and regions to learn from each other by sharing this information.
Citations

Alain, Marc, Raymond R. Corrado, and Susan Reid. 2016. Implementing and Working with the Youth Criminal Justice Act across Canada. University of Toronto Press.


Community Health 63 (Suppl 1): i37–52.


Korhonen, Marja, and Caroline Anawak. 2006. Suicide Prevention: Inuit Traditional Practices That


Appendix A:
Map of Promising Actions and Interventions
Appendix B:
Table of Promising Actions and Interventions

The following is a table of Inuit-specific programs, actions and interventions related to the six focus areas identified by the NISPS working group. The table below (which include programs, workshops, associations, councils, safe shelters, help lines, and more) were identified through discussions with the NISPS working group, key informant interviews, and literature and web-based searches. This list is not intended to be comprehensive; rather, its purpose is to highlight some of the promising programs, actions and interventions related to suicide prevention across the four regions of Inuit Nunangat.

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<tr>
<th>Action / Intervention</th>
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<th>Communities Served</th>
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<tr>
<td>Applied Suicide</td>
<td>A two-day workshop that equips participants with the skills to recognize suicidal thoughts / behaviours, and work with that individual to support their immediate safety.</td>
<td>Adults 16 years and older</td>
<td>Communities across Inuit Nunangat</td>
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<tr>
<td>Tupiq Program for Inuit Offenders</td>
<td>Culturally appropriate treatment for male Inuit sexual offenders who are incarcerated in federal facilities. It is a 16-week program with the aim of to reduce recidivism rates among offenders.</td>
<td>Inuit male offenders with histories of sexual violence</td>
<td>Communities across Inuit Nunangat</td>
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<td>Pauktuutit Inuit Women’s Association of Canada</td>
<td>The national representative of Inuit women in Canada. The role of Pauktuutit is to promote awareness about the lives and conditions of Inuit women in Canada, while advocating for equality, social improvements, participation in their communities, and in the greater regional and national life of Canada.</td>
<td>Inuit women across Canada</td>
<td>Communities across Inuit Nunangat</td>
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<tr>
<td>National Inuit Youth Council</td>
<td>The NIYC are an organization that provide Inuit youth with a voice</td>
<td>Youth</td>
<td>Communities across Inuit Nunangat</td>
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<td>Alianait Inuit Mental Wellness Action Plan</td>
<td>A national Inuit-specific strategy for addressing mental health priorities and circumstances.</td>
<td>All Inuit</td>
<td>Communities across Inuit Nunangat</td>
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<tr>
<td>National Inuit Suicide Prevention Strategy</td>
<td>An Inuit-specific suicide prevention plan for addressing the high rates of suicide in Inuit Nunangat.</td>
<td>All Inuit</td>
<td>Communities across Inuit Nunangat</td>
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<tr>
<td>Strategic Plan for Inuit Violence Prevention and Healing</td>
<td>A strategic plan developed by Pauktuutit Inuit Women of Canada for approached to eliminating violence in Inuit communities. This</td>
<td>All Inuit</td>
<td>Communities across Inuit Nunangat</td>
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<td>plan was developed from more than 20 years of Inuit-centred approaches to responding to, healing from, and addressing violence.</td>
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<tr>
<td>Aboriginal Youth: A Manual of Promising Suicide Prevention Strategies</td>
<td>A manual that summarizes strategies for working with Aboriginal youth on suicide risk, prevention, and family support, and strategies for partners to support youth.</td>
<td>All Inuit</td>
<td>Communities across Inuit Nunangat</td>
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<td>Kamatsiaqtut Help Line</td>
<td>A northern help line for anyone who needs support for any type of issue. All volunteers who work the phones speak English, French and Inuktitut.</td>
<td>All Inuit</td>
<td>Communities across Inuit Nunangat</td>
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<td>Hope for Wellness Help Line</td>
<td>A 24/7 help line for Indigenous peoples across Canada.</td>
<td>All Inuit</td>
<td>Communities across Inuit Nunangat</td>
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<tr>
<td>safeTALK Training program</td>
<td>Half-day training program for adults 15 years and older to become a suicide-alert helper. This training is intended to provide trainees with the skills and abilities to identify suicidal behaviours or tendencies, and take appropriate action by connecting at-risk individuals with the necessary supports and resources.</td>
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<td>Project Jewel program</td>
<td>An on-the-land wellness program that includes after-care supports. The program is intended to provide support to its participants who are experiencing any form of stress, grief, trauma, and difficult emotions. The program is Elder-driven</td>
<td>Youth and adults</td>
<td>Communities in the Beaufort Delta Region</td>
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<td>Brighter Futures program</td>
<td>A community-based program that aims to support families by providing a complete range of care related to the physical, mental, and social well-being of Indigenous children, families and communities. The intent is to provide programs that foster mental health, child development, parenting, healthy babies, and injury prevention.</td>
<td>Children, families and communities</td>
<td>Communities in Inuvialuit</td>
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<td>Inuvialuit Child Development Program</td>
<td>A program that works with Child Development Centres and Aboriginal Head Start initiatives to provide childhood development</td>
<td>Children and youth</td>
<td>Communities in Inuvialuit</td>
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<td>Early (Childhood) Intervention Pilot Project</td>
<td>A program aimed at improving programs and outcomes for childhood education through focusing on school attendance and readiness, quality of service in the Childhood Development centres, and enhancing the support and understanding of interventions at different developmental stages as it relates to the social, emotional, physical and intellectual development of children aged zero to 12.</td>
<td>Children ages 0 to 12</td>
<td>Communities in Inuvialuit</td>
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<td>Regional Prenatal Pilot Program</td>
<td>A pre-natal program for expecting mothers, with a focus on physical activity, nutrition programming, and skills for promoting healthy</td>
<td>Youth and adults</td>
<td>Communities in Inuvialuit</td>
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<td>living with newborns. Elders are also involved in supporting the project through sharing their knowledge, teaching skills such as sewing and cooking, and supporting the well-being of expectant mothers.</td>
<td>Newborn babies, pregnant women, and new mothers</td>
<td>Communities in Inuvialuit</td>
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<td>Canada Prenatal Nutrition Program</td>
<td>A program aimed at improving the health of pregnant women, newborn babies and new mothers through the promotion of breastfeeding, healthy parenting practices, and collaborations among pregnant women, families, community groups, nutritionists, health professionals and governments.</td>
<td>Newborn babies, pregnant women, and new mothers</td>
<td>Communities in Inuvialuit</td>
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<td>NWT Help Line</td>
<td>A 24/7 help line for residents of the Northwest Territories. Trained counsellors provide services for anyone dealing with issues of stress management; suicidal thoughts; abuse; sexual assault; and depression.</td>
<td>Community members</td>
<td>Communities in Inuvialuit</td>
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<td>GNWT Community Counsellors</td>
<td>Each region of the NWT has community counsellors available for community members to access.</td>
<td>Community members</td>
<td>Communities in the GNWT</td>
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<td>Nunavut Suicide Prevention Strategy</td>
<td>An evidence-based suicide prevention strategy that was developed in partnership by the Government of Nunavut, Nunavut Tunngavik Inc., Embrace Life Council, and the Royal Canadian Mounted Police. The</td>
<td>Community members</td>
<td>Communities in Nunavut</td>
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<td>Half-day training program for adults 15 years and older to become a suicide-alert helper. This training is intended to provide trainees with the skills and abilities to identify suicidal behaviours or tendencies, and take appropriate action by connecting at-risk individuals with the necessary supports and resources.</td>
<td>Adults 15 years and older</td>
<td>Communities in Nunavut</td>
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<tr>
<td>Creative Cultural Reflections program</td>
<td>An art-based therapy program for children; program is designed to create safe-spaces for children through a variety of art mediums that allow children to design and</td>
<td>School-aged children</td>
<td>Rankin Inlet</td>
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<tr>
<td>Makkuktut Sangiktilirput (&quot;Youth Getting Stronger&quot;) program</td>
<td>A program wherein Elders work with youth to connect them to their Inuit culture. Facilitated through land-based learning, elders and youth will participate in activities together such as camping, igloo-building, fishing, hunting, dog races, drumming, and throat-singing.</td>
<td>Youth</td>
<td>Rankin Inlet</td>
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<td>Timiga Ikumajuq, My Body the Light Within workshop</td>
<td>An Inuit-led visual performing arts workshop that focuses on sexual health and healthy relationships for youth. The workshop is for students in grades 9 to 11, wherein youth are encouraged to express themselves on these subjects through</td>
<td>Students in grades 9-11</td>
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<td>performance arts, storytelling, and theatre.</td>
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<td>Youth Self Injury workshop</td>
<td>Half-day training that provides an overview in the meaning and reasons behind why youth might self-injure, as well as practical strategies and guidance for working with youth who self-injure. This training is provided by the Embrace Life Council.</td>
<td>Service providers</td>
<td>Communities in Nunavut</td>
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<tr>
<td>Peer Leader Mental Health Program</td>
<td>Mental health training program for youth, so that they are better equipped to identify trauma and abuse, as well education on Inuit culture (post contact) and how colonialism has contributed to these issues.</td>
<td>Youth</td>
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<td>“Our Children, Our Responsibility” workshop</td>
<td>A half-day workshop on child sexual abuse and its prevention. This workshop</td>
<td>Adults and youth</td>
<td>Communities in Nunavut</td>
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<td>provides strategies surrounding the issue of disclosure and support for children once abuse has been disclosed.</td>
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<td>&quot;The Hidden Face&quot;: Child Sexual Abuse workshop guide</td>
<td>This is a facilitator’s guide to conducting a four-day workshop on childhood sexual abuse. This is the first phase of a project geared towards childhood sexual abuse prevention, and was originally adapted from Greenlandic to Inuktitut in 2007/08.</td>
<td>Service providers, front-line workers and professionals</td>
<td>Communities in Nunavut</td>
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<tr>
<td>Young Hunters program</td>
<td>A program that teaches young Inuit boys and girls about traditional, sustainable Inuit hunting practices. Elders work with the youth to teach them hunting skills, and to spend</td>
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<tr>
<td>Youth Drop-in Centre</td>
<td>A daytime drop-in centre for youth. The centre offers classes on cooing, drum making, sewing, movie nights, craft, and time with Elders.</td>
<td>Youth</td>
<td>Arviat</td>
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<tr>
<td>Illagiiutugut Group Home</td>
<td>A group home for high-risk young women. The facility can house up to eight female clients at a time, and will provide clinical care to its clients aged 12 to 19.</td>
<td>High-risk young women</td>
<td>Iqaluit</td>
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<td>Isaksimagit Inuusirmi Katujiqaatigiit (Embrace Life Council)</td>
<td>A non-profit suicide prevention organization based in Iqaluit, Nunavut. The organization takes a coordinated approach to addressing the high suicide rates in Nunavut, including developing and delivering</td>
<td>Inuit of Nunavut</td>
<td>Iqaluit</td>
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<td>Inuusiq Pimmariujuq workshop</td>
<td>community programming, community assessments, and partnering with the NISPS working group, RCMP, Government of Nunavut and NTI.</td>
<td>Community members and service providers</td>
<td>Communities in Nunavut</td>
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<td>Trauma Informed Practice program</td>
<td>A two-day training workshop for community to develop their own suicide-prevention action plan. It is a strategic planning tool what combines Inuit history (post-contact) and a workshop on suicide prevention. This training is provided by the Embrace Life Council.</td>
<td>Service providers</td>
<td>Communities in Nunavut</td>
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<td>help service providers work from a trauma-informed perspective, developing relationships that cultivate safety, trust and compassion. The training incorporated a strategic planning session that aim to develop an organizational culture of trauma-informed practice. This training is provided by the Embrace Life Council.</td>
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<td>Resolution Health Support Program</td>
<td>This program provides professional mental, cultural, emotional support to former residential school survivors and their families.</td>
<td>Community members</td>
<td>Cambridge Bay</td>
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<td>Kivalliq Outreach Program</td>
<td>A program that is geared towards building healthy relationships, particularly within the context of understanding historical</td>
<td>Adults</td>
<td>Rankin Inlet</td>
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<tr>
<td>Ilisaqsivik society</td>
<td>A non-profit society that promotes community development and healing initiatives for families and residents of Clyde River.</td>
<td>Community members</td>
<td>Clyde River</td>
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<td>Pulaarvik Kablu Friendship Centre</td>
<td>The only friendship centre in Nunavut, the Pulaarvik Kablu Friendship Centre offers a variety of community programming designed to promote its residents well-being. Program include, but are not limited to, counselling services, traditional teachings, bus services, and other community services.</td>
<td>Community Members</td>
<td>Rankin Inlet</td>
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<td>Cambridge Bay Wellness Centre</td>
<td>A wellness centre that delivers educational services and counselling programs to community members. Programs typically focus on addiction and violence prevention, while encouraging positive lifestyle choices.</td>
<td>Community members</td>
<td>Cambridge Bay</td>
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<td>Therapeutic Justice Program</td>
<td>A community-based program aimed at addressing causes of criminal behaviour. This includes trauma, mental health, and addiction. The program aligns with Inuit Qaujimajatuqangit principles, and takes a holistic approach to program delivery.</td>
<td>Adults convicted of criminal offences</td>
<td>Cambridge Bay</td>
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<td>Family Violence Prevention Program</td>
<td>A violence-prevention and reduction program that utilizes counselling,</td>
<td>Community members</td>
<td>Cambridge Bay</td>
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<td>education, and community outreach to achieve its aims. The program also provides supports to victims of family violence and abuse.</td>
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<tr>
<td><strong>Umingmak Child and Youth Support Centre</strong></td>
<td>The first Child Advocacy Centre in Nunavut, which will support children who are victims of, or have witnessed a crime. It is intended to be a culturally-focused one-stop-shop for children who require the support and services.</td>
<td>Children</td>
<td>Iqaluit</td>
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<td><strong>Healthy Relationship Workshop</strong></td>
<td>Run by the Arviat Childhood and Youth outreach worker, the workshop explores how to build healthy relationship with our friends, community members, and family members.</td>
<td>Community members</td>
<td>Arviat</td>
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<td>Spousal Abuse Counselling Program</td>
<td>A community-based counselling program for both victims of abuse and perpetrators of abuse. The program was designed by the community members of Rankin Inlet.</td>
<td>Victims and perpetrators of abuse</td>
<td>Rankin Inlet</td>
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<td>Inunnguiniq Parenting Program</td>
<td>A program that aims to build healthy, positive, and culturally-grounded parenting practices for families in Nunavut. A key component of the program focuses on bringing Inuit perspectives into child-rearing practices and family relationships, while providing participants with practical skills for parenting, communication, healthy relationships, and role modelling.</td>
<td>Parents</td>
<td>Arviat</td>
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<td>Piruqsaqtiguiktuut</td>
<td>A hands-on program where expectant mothers learn about prenatal nutrition, and how to prepare healthy meals. The program emphasizes the use of traditional foods, and provides education on the Nunavut Food Guide.</td>
<td>Expectant mothers</td>
<td>Rankin Inlet</td>
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<td>InunnguinngTraditionalParentingProgram</td>
<td>A 20-week parenting support program that is based on Inuit Qaujimajatuqangit (“that which we have always known”). The intent of the program is to promote and revitalize the strengths of Inuit parenting practices in communities.</td>
<td>Parents, grandparents, caregivers, daycare staff, teachers, foster parents, social workers</td>
<td>Communities in Nunavut</td>
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<td>Canada Prenatal Nutrition Program (CPNP)</td>
<td>The goal of the program is to improve the health of expectant mothers, newborns and new mothers.</td>
<td>Expectant and new mothers</td>
<td>Cambridge Bay</td>
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<td>through nutritional programming.</td>
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<td>Qajuqturvik Society</td>
<td>A community alliance that focuses on programming related to public, mental and community health. The society relies on evidence-based research to develop community-specific programming, with the focus of building capacity and wellness within communities.</td>
<td>Elders, children, youth, men, women and couples</td>
<td>Arviat</td>
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<td>Aqqiumavvik Society</td>
<td>An art-based therapy program for children; program is designed to create safe-spaces for children through a variety of art mediums that allow children to design and establish their own trauma recovery process.</td>
<td>School-aged children.</td>
<td>Rankin Inlet</td>
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<td>Qaujigiartiit Health Research Centre</td>
<td>A Nunaviammiut research centre where health and research priority issues are community-defined, with a focus on building strength and knowledge among the residents.</td>
<td>Community members</td>
<td>Iqaluit</td>
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<td>Iqaluit Mental Health</td>
<td>Mental health and addictions support services.</td>
<td>Community members</td>
<td>Iqaluit</td>
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<td>Qikiqtani General Hospital</td>
<td>Emergency health services, as well as mental health and addictions support.</td>
<td>Community members</td>
<td>Iqaluit</td>
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<td>Nunavuat Kamatsiaqtut Help Line</td>
<td>Part of the National Crisis Line, this service is a crisis line for anyone experiencing suicidal thoughts and are seeking help. This is a Canada-wide service with phones based in Nunavut and Nunavik.</td>
<td>Community members</td>
<td>Communities in Nunavut</td>
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<td>Ilisaqsivik toll-free counselling line</td>
<td>A toll-free counselling line for anyone seeking mental health and emotional care.</td>
<td>Community members</td>
<td>Communities in Nunavut</td>
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<td>support. The service is available in Inuktitut and English.</td>
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<td>Government of Nunavut Employee and Family Assistance Program</td>
<td>A program for the employees and family members of the Government of Nunavut to maintain and improve their well-being. This is a toll-free counselling number for personal counselling.</td>
<td>Employees and family members of the Government of Nunavut</td>
<td>Communities in Nunavut</td>
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<td>Qarjuit Youth Council</td>
<td>Youth council for the regions of Nunavik and Chisasibi. The aim of the QYC is to provide information, support, and programs to the youth and provide them with a voice.</td>
<td>Youth ages 15 to 35</td>
<td>Youth ages 15 to 35</td>
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<tr>
<td>ACCESS Project</td>
<td>Services for youth (adolescents and young adults) to develop strengths-based and</td>
<td>Adolescents and young adults</td>
<td>Communities in Nunavik</td>
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<td>community-driven services that are free of stigma.</td>
<td>Expectant and new mothers</td>
<td>Cambridge Bay</td>
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<td>Good Touch / Bad Touch program</td>
<td>A program that visits students from Grades 1 to 6 to talk about “itsiguurnilunniq” — sexual abuse in Inuktitut. Students are taught about personal body-safety, and who they can reach out to if they experience or witness harm. Lessons are delivered in a manner that encourage respect, compassion, humour, honesty, self-care, and responsibility.</td>
<td>Youth ages 6 to 19</td>
<td>Communities in Nunavik</td>
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<td>Brighter Futures program</td>
<td>A community-driven program that focuses on the promotion of mental health, child development, parenting, healthy babies and injury prevention. The programs are intended to raise awareness on these issues, while also building skills.</td>
<td>Community members</td>
<td>Communities in Nunavik</td>
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<td>Ilagiilluta (Integrated Services in Perinatality and Early Childhood)</td>
<td>This program is adapting the program for Integrated Services in Perinatality and Early Childhood (ISPEC) of the Ministère de la Santé et des Services Sociaux (MSSS) for the 14 Nunavik communities. The program focuses on language skills. The organization is responsible for coordinating the Nunavik Youth Centres Program</td>
<td>Students grade 1-6</td>
<td>Communities in Nunavik</td>
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<td>On-the-land Program</td>
<td>The Nunavik Regional Board of Health and Social Services just launched their On-the-Land program. The aim of the program is to create opportunities for community members who want to spend more time on the land and learning about traditional activities.</td>
<td>Community members</td>
<td>Kuujjuaq</td>
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<tr>
<td>Suicide-Prevention Liaison Workers (SPLWs)</td>
<td>The Ungava Tulattavik Health Centre and the Inuulitsivik Health Centre have each hired a suicide-prevention liaison worker. The mandate of these workers is to support</td>
<td>Community members</td>
<td>Kuujjuaq and Puvirnituq</td>
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<td>Community Liaison Wellness Workers (CLWWs)</td>
<td>Each of the 14 Nunavik communities has a CLWW whose focus is on mental wellness programs and prevention initiatives. The CLWW’s work closely with community wellness committees and other partners to deliver effective programming.</td>
<td>All community members</td>
<td>Communities in Nunavik</td>
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<tr>
<td>Puttautiit Conference: Nunavik Regional Healing Conference</td>
<td>A conference designed to increase public awareness about suicide-prevention, as well as to promote community and individual well-being and provide support and training to intervenors.</td>
<td>Parents</td>
<td>Communities in Nunavik</td>
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<tr>
<td>Suicide-Mortality and Suicide-</td>
<td>A tool that will gather data and provide support to service providers.</td>
<td>Service providers</td>
<td>Communities in Nunavik</td>
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<tr>
<td>Attempt Monitoring System</td>
<td>service providers, as well as enhance future suicide-prevention strategies. The cool is currently being developed.</td>
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<tr>
<td>Saqijuk Project</td>
<td>The Saqijuk Project is a &quot;social regulation&quot; program aimed at curbing abusive alcohol and drug use and reducing high rates of detention and over-judicialization. Saqijuk means &quot;the change in one direction&quot;.</td>
<td>Youth and adults seeking treatment</td>
<td>Kangirsuk</td>
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<td>Saturviit Inuit Women's Association of Nunavik</td>
<td>The organization represents all women of Nunavik who are over the age of 16 and are beneficiaries of the James Bay Northern Quebec Agreement. The women’s association of Nunavik, which represents the 14 communities in the Nunavik.</td>
<td>Inuit women in Nunavik, ages 16 and up</td>
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<td>Unaaq Men's Association of Inukjuak</td>
<td>Unaaq is a land-based program wherein Elders work with men and male youth through the promotion of Inuit culture. Elders and men work together to participate in Inuit cultural activities, which foster self-esteem, leadership, and pride, as well as promoting bonds between the community members.</td>
<td>Young and adult men</td>
<td>Inukjuak</td>
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<tr>
<td>Qajaq Network program</td>
<td>A program for men who need support through difficult experiences. The program is designed to facilitate gender equality, while promoting safer communities through</td>
<td>Men</td>
<td>Communities in Nunavik</td>
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<tr>
<td>Qarmaapik Family House Project</td>
<td>focusing on men's collective health and well-being.</td>
<td>Adults and youth</td>
<td>Kangiqsualujjuaq</td>
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<tr>
<td>Tungasuvvik Women's Shelter</td>
<td>A shelter for women and shelter for those who are victims of domestic violence, or are experiencing difficulties. He shelter ensures women and children have a safe place to stay, provides supports for mental health and counselling, offers educational information on domestic violence, and</td>
<td>Women and children</td>
<td>Kuujjuaq and Kuujjuaapik</td>
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<tr>
<td>Ajapirvik Women’s Shelter</td>
<td>connects women to services outside of the community if needed.</td>
<td>Women, children and Elders</td>
<td>Inukjuak</td>
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<tr>
<td>Ajapirvik Women’s Shelter</td>
<td>Provides accommodation for women and their children at the shelter. When needed, the shelter also offers respite accommodation for elderly women who need a safe place away from difficult living situations or are experiencing abuse.</td>
<td>Women, children and Elders</td>
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<tr>
<td>Initsiaq Women’s Shelter</td>
<td>Provide shelter and support to Inuit women and their children who are victims of violence or at risk of becoming victims of violence in Nunavik. Provide a place that responds to their needs for comfort and counselling.</td>
<td>Women and children</td>
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<tr>
<td>Initsiaq Women’s Shelter</td>
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<tr>
<td>Ungava Supervised Apartments</td>
<td>A supportive housing organization serving Inuit people who are suffering from mental health issues and intellectual disabilities. The organization takes a holistic approach to providing the necessary skills to its residents so that they can eventually reintegrate into the community.</td>
<td>Community members</td>
<td>Kuujjuaq</td>
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<tr>
<td>Uvattinut Supervised Apartments</td>
<td>Supervised housing for low-income individuals who also have mental health issues, and are at risk of homelessness. Staff at the apartments assist residents with their medication, recreational activities, money management, and other personal issues.</td>
<td>Low-income individuals with mental health issues</td>
<td>Kuujjuaq</td>
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<tr>
<td>Qilangnguannaq Assisted Living Centre</td>
<td>A shelter for handicapped individuals who require support and assistance with living and daily life.</td>
<td>Handicapped individuals</td>
<td>Kangiqsujuaq</td>
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<tr>
<td>Ungava Tulattavik Health Centre</td>
<td>A health centre located in Kuujjuaq, offering health and social services to Kuutiuq community members.</td>
<td>Community members</td>
<td>Kuujjuaq</td>
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<tr>
<td>Illusiliriniqmi Pigutjiutini Qimirruniq (IPQ) Act</td>
<td>An Inuit-focused reform to Quebec's provincial Act Regarding Health and Social Services (ARHSS). This process is Nunavik focused and looks at how health and social services are delivered in the region.</td>
<td>Community Members</td>
<td>Communities in Nunavik</td>
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<tr>
<td>Nunavuat Kamatsiaqtut Help Line</td>
<td>Part of the National Crisis Line, this service is a crisis line for anyone experiencing suicidal thoughts and are seeking help. This is a Canada-wide</td>
<td>Community members</td>
<td>Communities in Nunavut</td>
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<td>NUNATSIAVUT</td>
<td>service with phones based in Nunavut and Nunavik.</td>
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<tr>
<td>LGBTQIA2S Training program</td>
<td>Webinar Training provided to staff in each community on LGBTQIA2S in advance of organizing a pride event in each community. Training is intended to educate adult staff on terminology and information regarding LGBTQIA2S issues so that they are more comfortable with the topics, and have basic information to answer other people’s questions. This way when a community member approaches them with questions on a family member who may be coming out, or is out, they</td>
<td>Nunatsiavut Government community health workers and the mental health addiction staff</td>
<td>Communities in Nunatsiavut and Happy Valley-Goose Bay</td>
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<tr>
<td>Going Off, Going Strong program</td>
<td>On-the-land healing program for Inuit youth and young adults. The program is designed for youth and harvesters to build up a community freezer in Nain, while building resiliency among Nunatsiavut youth. The program aims to enhance the mental, cultural, physical, and spiritual health of youth through land-based activities.</td>
<td>Youth</td>
<td>Nain and Hopedale</td>
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<tr>
<td>Nain Youth Centre</td>
<td>A 24-hour youth centre that focuses on harm reduction. The centre functions as a safe shelter, as well.</td>
<td>Youth age 12 to 30</td>
<td>Nain</td>
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<td>Rising Youth Council</td>
<td>A regional youth group with members from the</td>
<td>Youth</td>
<td>Communities in Nunatsiavut</td>
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<tr>
<td>Language and Culture Camps</td>
<td>Upper Lake Melville Region and Nunatsiavut communities. The RYC carries out the Annual Youth Symposium, leadership training, and the Celebrating Life program.</td>
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<tr>
<td>Nain Community Shed program</td>
<td>A camp for Labrador-Inuit youth, where they live and work in a traditional camp, along with Elders, language specialists, and supervisors. The aim of the camp is for youth to learn from their Elders, and participate in culturally-based activities such as Inuktitut lessons, Inuit games, throat singing, sewing, traditional cooking, and hunting.</td>
<td>Youth</td>
<td>Communities in Nunatsiavut</td>
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<td></td>
<td>A woodworking shop for residents of Nain to learn about woodworking. The</td>
<td>Community members</td>
<td>Nain</td>
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<td>aim of the program is to foster community participation in local programming, as well as provide a healthy and safe space for people to socialize while building technical and personal skills.</td>
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<tr>
<td>Sexual Violence Prevention Outreach Counsellor</td>
<td>Councillor in the Nunavik Government that provides: 1) community outreach and training and education based on issues of sexual violence, consent, how to talk about consent with children, healthy relationships with adults and youth; 2) training opportunities to Nunatsiavut staff as well as some of our partner organizations, the local</td>
<td>Adult offenders, service providers, and front-line staff</td>
<td>Communities in Nunatsiavut and Happy Valley-Goose Bay</td>
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<td>health authorities, and the schools on responding to disclosures of sexual violence; and 3) one-on-one counselling support (in person and by phone) to individuals who have been convicted of a sexual offence, or have self-identified that they have some areas in their life that are not necessarily healthy.</td>
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<td>Family Connections Program</td>
<td>The objective of this program is to foster positive parent-child relationships, enhance parenting knowledge and skills, connect families to necessary services, promote family wellness, and build strong communities. Programs are based on the individual needs of each</td>
<td>Families in Nunatsiavut</td>
<td>Communities in Nunatsiavut</td>
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<td>family and are provided at no cost.</td>
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# Appendix C:
List of Interviewed NISPS Working Group Members

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<tr>
<th>Working Group Member</th>
<th>Region</th>
<th>Role, Organization</th>
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<tbody>
<tr>
<td>Meghan Etter</td>
<td>Inuvialuit</td>
<td>Manager, Counselling Services, IRC</td>
</tr>
<tr>
<td>Melody Teddy</td>
<td>Inuvialuit</td>
<td>NIYC</td>
</tr>
<tr>
<td>Britney Selina</td>
<td>Inuvialuit</td>
<td>Regional Youth Outreach Worker, IRC</td>
</tr>
<tr>
<td>Kylie Aglukark</td>
<td>Nunavut</td>
<td>Policy Analyst – Health, NTI</td>
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<tr>
<td>Anna Ziegler*</td>
<td></td>
<td>Arctic Willow Consulting</td>
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<tr>
<td>Genviève Pellerin</td>
<td>Nunavik</td>
<td>Coordinator, Adult and Community Programs, NRBHSS</td>
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<tr>
<td>Kaila de Boer</td>
<td>Nunatsiavut</td>
<td>Director of Mental Wellness and Healing, Nunatsiavut Government</td>
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<tr>
<td>Selma Ford</td>
<td>International</td>
<td>Health Coordinator, Inuit Circumpolar Council (Canada)</td>
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<tr>
<td>Tracy Sarazin</td>
<td>National</td>
<td>Senior Policy Advisor, ITK</td>
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<tr>
<td>Jenny Tierney</td>
<td>National</td>
<td>Manager, Health and Social Development, ITK</td>
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</table>

*Note that Anna Ziegler is an evaluation consultant working for ITK on NISPS and is not technically a NISPS working group member.*
Appendix D: List of Key Informants

<table>
<thead>
<tr>
<th>Key Informant</th>
<th>Region</th>
<th>Role, Organization</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ruth Goose</td>
<td>Inuvialuit</td>
<td>Elder’s Advocate, IRC</td>
</tr>
<tr>
<td>Jimmy Ruttan</td>
<td>Inuvialuit</td>
<td>On-the-Land and Support Services Coordinator – Project Jewel, IRC</td>
</tr>
<tr>
<td>Evelyn Storr</td>
<td>Inuvialuit</td>
<td>Director, Community Development, IRC</td>
</tr>
<tr>
<td>Maria Storr</td>
<td>Inuvialuit</td>
<td>Early Childhood Intervention Coordinator, IRC</td>
</tr>
<tr>
<td>Susan Aglukark</td>
<td>Nunavut</td>
<td>Founder, Arctic Rose Foundation</td>
</tr>
<tr>
<td>Sarah Clark</td>
<td>Nunavut</td>
<td>Executive Director, Arctic Children and Youth Foundation</td>
</tr>
<tr>
<td>Cecile Guerin</td>
<td>Nunavut</td>
<td>Project Coordinator, Embrace Life Council</td>
</tr>
<tr>
<td>Kim Masson</td>
<td>Nunavut</td>
<td>Associate Deputy Minister, Quality of Life Secretariat, Government of Nunavut</td>
</tr>
<tr>
<td>Amber Miners</td>
<td>Nunavut</td>
<td>Umingmak Child and Youth Protection Child and Youth Protection Center Advisory Committee</td>
</tr>
<tr>
<td>Shirley Tagalik</td>
<td>Nunavut</td>
<td>Inukpaujaq Consulting</td>
</tr>
<tr>
<td>Mina Beaulne</td>
<td>Nunavik</td>
<td>Advisor of Integrated Services for Nunavik Youth and Families, NRBHSS</td>
</tr>
<tr>
<td>Héloïse Chartrand</td>
<td>Nunavik</td>
<td>NRBHSS</td>
</tr>
<tr>
<td>Melinda Comtois</td>
<td>Nunavik</td>
<td>NRBHSS</td>
</tr>
<tr>
<td>Lavinia Flaherty</td>
<td>Nunavik</td>
<td>Education Consultant, Kativik Ilisarnilirinik</td>
</tr>
<tr>
<td>Key Informant</td>
<td>Region</td>
<td>Role, Organization</td>
</tr>
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<td>---------------------------------------------------------</td>
</tr>
<tr>
<td>Aileen Mackinnon</td>
<td>Nunavik</td>
<td>Program Coordinator, Saqijuk Project</td>
</tr>
<tr>
<td>Hilda Snowball</td>
<td>Nunavik</td>
<td>Vice Chair, KRG</td>
</tr>
<tr>
<td>Mary Binkie Andersen</td>
<td>Nunatsiavut</td>
<td>Nunatsiavut representative, NIYC</td>
</tr>
<tr>
<td>Charles Feltham</td>
<td>Nunatsiavut</td>
<td>Family Connections Coordinator, Nunatsiavut Government</td>
</tr>
<tr>
<td>Jenny Lyall</td>
<td>Nunatsiavut</td>
<td>Regional Childcare Coordinator, Nunatsiavut Government</td>
</tr>
<tr>
<td>Laura Moores</td>
<td>Nunatsiavut</td>
<td>Sexual Violence Coordinator, Nunatsiavut Government</td>
</tr>
</tbody>
</table>
Appendix E: Interview Guide

Interview Guide for the Inuit Tatarit Kanatami National Inuit Suicide Prevention Strategy: Research and Data Collection Project

1. PRE-INTERVIEW

Before formally beginning the interview, ensure the following steps have been completed:

1. Introductions
   - Introduce yourself and the research team, who you work for, who you were hired by and who you report to.

2. Give the participant an overview of the project

3. Explain the interview process and goals of the research. Read the following:
   - The purpose of this research is to support ITK and the NISPS Working Group in their ongoing work and research in the following six areas:
     1. Links between childhood adversity and suicide;
     2. Promising practices with respect to addressing child sexual abuse across Inuit Nunangat;
     3. Promising practices with respect to social emotional development in Inuit Nunangat;
     4. Promising practices with respect to safe shelters focused on children and youth within Inuit Nunangat;
     5. Promising practices with respect to current supports for Inuit within the justice system with a specific focus on addressing child sexual abuse; and
     6. Promising practices with respect to parenting and family support programs.

   - From this, we will be preparing a report for the NISPS Working Group that provides an environmental scan of emerging trends and promising practices with respect to different interventions, programs, services, and so on in these six areas. This report will support and guide future implementation of the NISPS.
2. INTRODUCTION

[Read the text below with AUDIO RECORDERS ON at the start of each interview.]

Today is [date]. We are interviewing [participant name] for the ITK National Inuit Suicide Prevention Strategy: Research and Data Collection Project. Thank you for your time today.

My name is [name] and my co-researcher(s) is/are [name]. This interview is being conducted over the telephone. [Participant name] has provided verbal consent, and we have explained the purpose of the study and interview plan.

3. BACKGROUND AND EXPERIENCE

- What organization do you currently work for (including position title, affiliations, etc.)?
- What Inuit Nunangat region(s) do you work in?
  a. Where within the region are you located?
  b. How many individual communities are served by your organization/role?
- Are you familiar with the NISPS?
- Do you interact with the NISPS Working Group?
- Can you describe your experience with the subject matter?
- Of the six focus areas, which are most relevant to your work?
4. CURRENT PROGRAMS AND INTERVENTIONS

For each of the focus areas you work within, can you tell us:

1. What programs, services and/or other actions and interventions are you aware of and/or working on within your region?
   a. What is the name of the [program/service]?
   b. What is the focus/goal of this [program/service]?
   c. How is the [program/service] expected to accomplish this goal?
   d. Where is it located?
   e. Are people having to travel to other communities to access this [program/service/other]?
   f. How long has this [program/service] been running for?
   g. Where does the [program/service] get its funding? Is the funding long term/sustainable?
   h. What is the population served (youth, parents, incarcerated adults, girls, boys)?
   i. Is this [program/service] available to all communities within your region?

2. Are there positive outcomes from these programs, services, etc. that you can share with us?
   a. Please describe.

3. Have you ever done an evaluation of these programs?
   a. If so, can you share the results with us?

4. Can you share any lessons learned concerning best/promising practices to carry forward into future work in this area?

5. Do you know of any similar programs, services, etc.?
   a. In your region?
   b. In other regions of Inuit Nunangat?
   c. In other Circumpolar regions (i.e. Alaska, Greenland)?
   d. Other Indigenous contexts (nationally or globally)?

5. KEY GAPS AND CHALLENGES IN PROGRAMS AND INTERVENTIONS

In your region, can you tell us:

1. If there are any key gaps or needs in terms of programs or services in your region?
   a. Are there specific communities within your region that are currently lacking programs or services available in larger centers?
   b. Are there specific populations (youth, parents, incarcerated adults, girls, boys) that are currently underserved in terms of programs and services?
2. What are the main barriers to implementing effective programs and services in your region (e.g., funding, personnel, infrastructure)?

5. OPPORTUNITIES

For each of the focus areas that your work concerns, can you tell us:

1. Are there opportunities to improve outcomes with respect to the elevated rate of suicide among Inuit across Inuit Nunangat?
   a. What are the opportunities within your region?
   b. Are there opportunities for targeting specific populations (youth, parents, incarcerated adults, girls, boys)?
   c. How do you think these opportunities could be acted upon?

2. Are there any individuals, groups or stakeholders who are well positioned to advance these opportunities?
   a. If no, who do you think could fulfill this role?

3. In what ways can ITK effectively support these opportunities in your region?

4. In what ways can ITK effectively support opportunities for peer-to-peer sharing and partnership improvement?

7. CONCLUSION

Today is [date]. We have just finished interviewing [participant name] for the ITK National Inuit Suicide Prevention Strategy: Research and Data Collection Project. Thank you for your time and participation today.

My name is [name], my co-researcher is [name]. Notes are recorded in/on [notebook/computer]. This interview has taken approximately [#] hours [#] minutes.
Appendix F: Consent Form

Inuit Tapariit Kanatami National Inuit Suicide Prevention Strategy:
Research and Data Collection Project Declaration of Informed
Consent and Permission to Use Information

I (name) ________________________________ on this day (complete date)
__________________________________________________________________________, give permission for Firelight Group Research Inc. to interview me
for the Inuit Tapariit Kanatami (ITK) National Inuit Suicide Prevention Strategy: Research and Data
Collection Project.

I understand that this study is being conducted by ITK in collaboration with the National Inuit Suicide
Prevention Strategy Working Group. The purpose of the study is to conduct an environmental scan to
better understand the current state of knowledge and activities relating to suicide prevention in Inuit
Nunangat.

By agreeing to participate, I indicate my understanding that:

I consent to have my words and responses recorded in notes, and using audio recording equipment.

I am free to not respond to questions that may be asked and I am free to end the interview at any
time I wish.

ITK will maintain intellectual property rights over information and recordings collected through my
participation.

I consent to have my name included in the report.

For more information, please contact Jenny Tierney at tierney@itk.ca or Tracy Sarazin at sarazin@itk.ca
Appendix G: Circumpolar Context

Overview

Today there are around 167,000 Inuit worldwide, distributed in Greenland (50,000), Denmark (8,000), Alaska (44,000), other parts of the USA (13,000), Canada (50,000), and Russia (1,700). There are two main linguistic branches: the Inuit/Inupiaq which extends from northern Alaska, across Canada, to Greenland; and the Yup’ik in central and south-western Alaska and the Chukotka peninsula in Russia. (Bjerregaard et al. 2004, 390)

In an overview of the circumpolar health of Inuit across all global regions, Bjerrgaard et al. review the substantial changes that have affected Inuit people’s lives in the last five centuries (2004). Primarily, interactions with European settlers and colonizers have had the most significant effect on Inuit health, and typically in a negative way. While the article examines the introduction of infectious diseases that severely impacted Inuit communities, such as tuberculosis, the authors also reveal the rise of injuries and social pathologies as a result of social, political, and economic changes, including rising incidence of suicide:

While suicides were not common among the Inuit before the 1950s, they were not unknown. Traditionally, suicide was practised mainly by the elderly and the infirm. This pattern is in sharp contrast with the now prevalent pattern of adolescent suicide, which often occurs in clusters. This is not peculiar to the Inuit, as a similar development has taken place in many other aboriginal communities in North America and elsewhere. While among the national populations suicide rates tend to increase with age, in indigenous populations the peak rates occur at age 15 – 24, with males outnumbering females. For every [death by] suicide, there are several suicide attempts, and perhaps an even broader pool of individuals who have entertained suicidal thoughts. Many causes or risk factors of suicide have been postulated, and these can be sought at the individual, family, and community levels, from mental illness such as depression to peer pressure to social disintegration resulting from historical injustice. Unfortunately there appears to be no simple answer, nor have intervention and prevention programmes that have been attempted been successful in stemming this overwhelming health problem. (Bjerregaard et al. 2004, 393)
Circumpolar Context – Greenland

In Greenland, suicide rates among Inuit spiked between 1950 and 1980, which is characterized as a period of rapid development, industrialization and influx of newcomers (Bjerregaard and Larsen 2015). Central risk factors to suicide during this period were cited as alcohol abuse and child sexual abuse. More recently, the suicide rate in Greenland has remained relatively stable, with moderate fluctuations occurring in each of its four regions. That being said, suicide rates remain high in East and North Greenland, which are some of the more remote parts of the country.

In the last 50 years, many Inuit in Greenland have been exposed to Danish values and practices through the colonization and industrialization of their lands. Evidence shows that Inuit who have become bilingual in Danish and have relocated away from more remote areas report lower levels of suicide (Bjerregaard and Curtis 2002). The highest incidence of suicide among young men in Greenland occurred in the 1970s, a period of rapid social change and modernization (Sargeant et al. 2018).

Similar to Inuit Nunangat, Greenland reports the highest suicide rates amongst young men, specifically within the age range of 20-24. However, research has also found that more young women aged 20-24 think about suicide, and young women in this age cohort also experience the highest rates of attempted suicide. Research suggests a similar pattern among Inuit in Nunavik (Bjerregaard and Larsen 2015; Fraser et al. 2015; Bjerregaard and Curtis 2002). As Bjerregaard and Larsen (2015) note, the pattern difference in death by suicide versus attempted suicide between men and women raises unanswered questions about the gendered difference in mental wellness amongst young Inuit.

In a study that examined links between suicide and seasonality, Björkstén et al. (2005) found that suicide rates amongst adolescents in Western Greenland are typically highest in mid-summer. This is especially true for young males. Circumpolar seasonal changes are drastic, with extended periods of daylight in the summers and reduced sleeping hours among youth. Lack of sleep, particularly for youth, increases the potential for depression, mania, delirium and psychosis from “serotonergic imbalance[s] related to seasonal changes in light” (Björkstén et al. 2005, 211). While the authors are unable to definitively establish seasonality as a cause of suicide, there are nonetheless clear links between death by suicide and seasonal behaviour patterns among circumpolar youth.

In sum, there are links between childhood adversity and suicide within Greenland, which are comparative to experiences in Inuit Nunangat. This includes early exposure to alcohol abuse, childhood sexual abuse, and intergenerational trauma. Imbalanced sleep patterns among youth were also linked to increased incidents of violence and suicide. There are also proximal similarities between age and gender-related suicides, with more younger males dying by suicide and a high rate of females thinking about or attempting suicide.
**Circumpolar Context – Alaska**

Suicide rates in Alaska are highest amongst people aged 20-24 years old, with men being four times more likely to die by suicide than women (Alaska Statewide Suicide Prevention Council 2005). While there are numerous factors that contribute to suicide risk, the Alaska Suicide Prevention Plan reports that the generational gap between children and Elders is a primary concern. The disconnect between children and their culture, Elders, and place of origin is identified as a primary suicide risk for young Alaskan Inuit (Alaska Statewide Suicide Prevention Council 2005).

In a review of protective factors specific to Inuit Alaskan youth, Allen et al. (2014) identify direct links between childhood stability and family functioning, particularly with respect to influences of alcohol. Factors such as childhood safety and exposure to trauma were identified as risk factors for Inuit Alaskan youth with respect to suicide vulnerability. Other evidence points to the cyclical nature of depressive behaviours and suicide contemplation among Inupiaq Alaskan youth.

**Circumpolar Context – Sámi**

There is little known about suicide among the Sámi, as ethnicity is not registered in Norway, Finland and Sweden. Among the sparse information available, evidence does reveal that among suicide rates for Sámi, young men have the highest reports of death by suicide (Sámi Norwegian National Advisory Unit on Mental Health and Substance Use 2017). In response to the high number of young Sami men who died by suicide in the 1980s, the Sámi Psychiatric Youth Team (PUT-SANKS) was developed.

*In addition to clinical psychiatric work, SANKS, and in particular PUT-SANKS, has worked with suicide prevention by educating especially important occupational groups as well as the general public through the program “Suicide intervention” in Sámi areas on the Norwegian side of Sápmi. They’ve also attempted to mobilise local communities to work actively with suicide prevention through various projects such as “Suicide prevention in different Sámi areas”, “Transparency and closeness” (in collaboration with Tana Municipality), “Finnmark, a suicide-safe community” (in collaboration with RVTS Nord - Regional resource centre on violence, traumatic stress, and suicide prevention, and Finnmark County Governor), as well as the international Arctic projects “Hope and Resilience” and “RISING SUN” (a workshop collaborator of this plan). (Sámi Norwegian National Advisory Unit on Mental Health and Substance Use 2017, 13-14)*

Similar to other circumpolar regions, childhood exposure to violence and sexual violence, family separation and intergenerational trauma are linked to suicide amongst Sámi youth. Over the past several decades, weakened family ties and loss of language have contributed to multi-generational impacts on Sámi people and suicide risks (Sámi Norwegian National Advisory Unit on Mental Health and Substance Use 2017).
Circumpolar Context – Chukotka, Russia

Suicide rates are also high for Indigenous populations in northern Russia. The Okrug of Chukotka in Russia, which shares an oceanic border with Alaska, is home to two Indigenous groups: the Chukchi and Inuit, totalling approximately 14,500 people (Dudarev et al. 2013). Since the 1950s, a period characterized by intense industrialization and resource extraction in northern Russian territories, approximately 70% of Inuit have been forcefully relocated to other regions. Forced resettlement, rapid industrialization and changing political landscapes led to austere socio-economic conditions for the Indigenous populations of Chukotka, which have reportedly been improving since the 2000s.

Since the 1990s Chukotka’s population has shrunk to a third of its former size due to emigration of nonindigenous and mostly younger people, with a corresponding increase in the mortality rate due to aging of the population. However, the indigenous population has remained stable. Among the most important causes of mortality are injuries. The living conditions of the indigenous people continue to be a cause of concern, beset by high rates of poverty, unemployment, alcoholism, suicide and a variety of infectious diseases, such as tuberculosis and sexually transmitted infections. The economy, general infrastructure and healthcare system of Chukotka have been considerably improved by the Abramovich administration in the 2000s. (Dudarev et al. 2013, 9)

Literature shows that the Indigenous populations of Chukota experience higher rates of suicide than people in other parts of the country. While the links between high suicide rates and childhood adversity are not discernible from the available literature, there is a patterned similarity between the scaled pace of forced resettlement and industrialization with other circumpolar areas, such as in Norway (Sámi Norwegian National Advisory Unit on Mental Health and Substance Use 2017) and Greenland (Bjerregaard and Larsen 2015).