Shared Stories

Gender-Based Violence, Disability, and Lived Experience in Nunavut

Nunavummi Disabilities Makinnasuaqtiit Society

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“I broke up the cycle.”

— Respondent

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Women and Gender Equality Canada

Femmes et Égalité des genres Canada

Introduction

Gender-based violence (GBV) in Nunavut must be understood through the lived realities of Inuit women and girls, particularly those living with disabilities, whose experiences have been largely absent from research, policy analysis, and program design. While national and territorial policy environments often rely on gender-based analytical tools developed in southern or urban contexts, this study centres Inuit women's and girls' own accounts of violence to better understand how harm is experienced, disclosed, and addressed in northern communities.

Women and Gender Equality Canada (WAGE) define GBV as "Violence based on gender norms and unequal power dynamics, perpetrated against someone based on their gender, gender expression, gender identity, or perceived gender" (Women and Gender Equality Canada, n.d.). GBV can occur in homes, public spaces, workplaces, and online. It is not limited to physical harm and may include economic, sexual, emotional, and psychological abuse, as well as harassment intended to degrade, control, humiliate, intimidate, threaten, or harm individuals.

Addressing GBV in Canada requires examining interventions at all levels (federal, territorial, and community), through a gender-based lens. Gender-Based Analysis Plus (GBA+) is the framework used in Canada to assess how policies and programs affect diverse populations (Women and Gender Equality Canada, n.d.). It recognizes that people's experiences are shaped by intersecting identities such as race, culture, age, disability, and socioeconomic status, which affect how initiatives are received and their outcomes. An effective gender-based analysis in Nunavut is supported by a nuanced understanding of the lived realities of women and girls, as well as men and

“There needs to be more awareness about violence. More posters in public places and more activities for everyone. Everyone has experienced pain.”

— Respondent

boys. In Nunavut, an effective GBA+ analysis includes a deep understanding of Inuit culture and worldview, language, and the ongoing impacts of the North’s colonial history, which continue to shape family structures, community relationships, and access to resources. It must also account for the unique context of remote communities, where geographic isolation, limited infrastructure, and constrained availability of services and supports influence how policies and programs are experienced. Without this localized and culturally informed approach, gender-based analysis risks overlooking critical barriers and strengths within Nunavut’s 25 remote communities.

As this project has uncovered, in practice the assumptions and priorities embedded within GBA+ frameworks may conflict with Inuit culture and worldviews. As an analytical tool that examines social experiences through distinct identity categories, GBA+ emphasizes classification (and by extension, intersectionality), as a way to understand impacts and outcomes. Despite the intended goal of GBA+ to offer analysis through an understanding of intersectionality, as an epistemology GBA+ can be at odds with Inuit values that centre holism and understand social life as a collective experience. As this project demonstrates, framing discussions around discrete categories such as “gender” or “disability” can alienate and may limit meaningful dialogue, particularly when it implies separation rather than interconnectedness.

This research draws on interviews with 126 participants across Nunavut's three regions and explores how Inuit women and girls experience violence within the realities of small, remote communities. Participants spoke about intimate partner violence, family violence, sexual violence, and coercive control, yet few used the term "gender-based violence" to describe these harms. Instead, violence was discussed through the language of family disruption, safety, shame, endurance, and responsibility to others. Many participants expressed confusion or discomfort with the term GBV itself, at times associating it with sexuality or identity rather than with power, harm, and control. This disconnect highlights a critical challenge for policy and service responses because when the language used to define violence does not align with lived experience, harm may remain unnamed, misunderstood, or unaddressed.

Rather than appearing as discrete or isolated incidents, violence was described by participants as relational, cumulative, and deeply embedded in family life, community dynamics, colonial history, and structural conditions such as housing shortages and access to services. Violence unfolded across time and relationships, often shaping daily life rather than appearing as a singular event. These experiences do not map neatly onto standardized policy categories or linear intervention pathways, particularly in communities where privacy is limited, services are scarce, and relationships are deeply interconnected.

Inuit women and girls described violence as shaped by overlapping and inseparable factors. Disability and mental health barriers were frequently both a risk factor for violence and a consequence of it, particularly in cases involving head trauma, strangulation, and long-term psychological harm. Structural pressures such as overcrowded housing, food insecurity, limited local services, and the need to travel for safety or care constrained options for leaving violent situations and often forced survivors to remain in unsafe environments or to leave their home communities entirely. Fear of stigma, gossip, and retaliation in tightly knit communities further limited disclosure, while expectations of strength and endurance, which are shaped by Inuit cultural values and compounded by colonial disruption, often led women and girls to carry harm quietly rather than seek formal support.

Inuit Qaujimajatuqangit (IQ), often translated as “what Inuit have always known to be true,” refers to a broad system of Inuit knowledge, values, and social norms (Tagalik, 2010). It is deeply embedded in the lived experiences of Inuit individuals and communities and does not lend itself easily to rigid categorization. Throughout this study, participants frequently alluded to the ways Inuit societal values shape their understandings of violence, relationships, and healing. Participants did not frame violence as an individual failure or isolated event. Instead, they described it as something that reverberates across families, kinship networks, and generations. Many connected present-day experiences of violence to the ongoing impacts of colonization, including residential schools, family separation, and the erosion of traditional systems of care, accountability, and conflict resolution. At the same time, participants emphasized the continued importance of IQ values such as collective responsibility, relational accountability, and caring for one another as essential foundations for prevention, protection, and healing.

By centering Inuit voices and lived experiences, this report demonstrates that understanding GBV in Nunavut requires approaches that are culturally grounded, disability-informed, trauma-aware, and attentive to the structural realities of northern life. While analytical frameworks such as GBA+ are intended to consider intersecting identities and vulnerabilities, participants’ accounts show that without meaningful adaptation to Inuit contexts, such frameworks risk overlooking how violence is actually lived, endured, and navigated, especially by disabled Inuit women and girls. Approaches that begin with gender segregation can be seen as counter to Inuit societal values which foreground collectivity and focus on community and family systems. A failure to consider how Inuit culture views violence as a holistic cultural experience also risks alienating women and girls in Nunavut from potential solutions to violence. Traditional modes of addressing violence were overwhelmingly described by respondents as the preferred approach for addressing violence in the community.

The sections that follow examine how violence is understood and experienced in Inuit communities, beginning with language, stigma, and disclosure, and moving through the impacts of violence on women, girls, men, boys, Elders, and people with

disabilities. The report then explores barriers to safety, help-seeking, and service access, including housing, substance use, and geographic isolation, before examining community, family, and institutional responses to violence. Throughout, Inuit Qaujimajatuqangit provides a guiding framework for understanding harm, responsibility, and healing. Together, these sections demonstrate the need for Inuit-led, context-specific responses to GBV that reflect lived experience rather than imposed categories.

About NDMS

Nunavummi Disabilities Makinnasuaqtiit Society (NDMS) is a not-for-profit organization based in Iqaluit that serves communities across Nunavut and across disability types. NDMS works to raise awareness, improve accessibility, and promote the full participation of people with disabilities in all aspects of society.

Grounded in the belief that disability rights are human rights, NDMS supports individuals in breaking down barriers, accessing opportunities, and building independence. Its goal is to ensure that all Nunavummiut with disabilities can live, work, and actively participate in their communities (Nunavummi Disabilities Makinnasuaqtiit Society, n.d.).

Definitions

For a comprehensive glossary of definitions and terminology, see Appendix 1.

Abuse
The intentional mistreatment of another person. It can take the form of physical, sexual, emotional, or economic violence.

Accessibility
The design of products, services, or environments that are usable by people with various disabilities.

Advocacy
The act of supporting or speaking up for individuals or groups, particularly in areas like disability rights or GBV prevention.

Barriers
Obstacles that prevent individuals from fully participating in society, such as inaccessible buildings, negative societal attitudes, or discriminatory practices.

Beating

A form of physical abuse involving hitting or striking a person, often repeatedly.

Capability
A person's ability to perform tasks or activities, shaped by their skills, supports, environment, and context rather than by individual traits alone.

Caregiver
A person who assists someone with a disability, usually with daily tasks such as eating, bathing, dressing, or mobility.

Chronic Condition
A long-term health condition that may require ongoing care and understanding, often managed within the family and community

over time.

Coercion
Forcing someone to act in a certain way through threats, pressure, or manipulation, often used in sexual violence or economic abuse.

Coercive Control
A pattern of behavior in relationships where one person seeks to dominate, intimidate, or manipulate another through threats, isolation, or controlling actions, often without physical violence.

Cognitive Disability
A condition that affects learning, memory, or decision-making, supported through patience, cultural strengths, and relational care.

Colonization
The imposition of settler laws, policies, economies, cultures, and institutions that uphold the occupation of Indigenous territories, the oppression of Indigenous nations, and the beliefs that normalize and maintain these systems.

Consent
Voluntary agreement given by an individual to allow something to happen, particularly regarding sexual activity or medical treatment.

Crisis Support
Immediate help provided to survivors of GBV or people in urgent need due to abuse or violence.

Cultural Safety
An approach that centers respect and freedom from discrimination by recognizing and addressing power imbalances and colonial impacts, as defined by service users.

Cycle of Violence
A repeating pattern in abusive relationships that typically includes three phases: tension building, an abusive incident, and a calm or “honeymoon” period, which can trap victims in ongoing abuse.

Disability
Any long-term physical, mental, intellectual or sensory impairment which, in interaction with various barriers, may hinder the full and effective participation of disabled people in society on an equal basis with others (United Nations Convention on the Rights of Persons with Disabilities, 2006).

Disability Rights
The human rights of people with disabilities, including the right to accessibility, freedom from discrimination, and the ability to participate fully in society.

Discrimination
An action, behaviour, decision, or omission that treats a person or a group of people unfairly and badly for reasons linked to personal traits, such as their race, age or disability (Canadian Human Rights Commission, n.d.).

Discriminatory Abuse
Abuse based on the victim's disability, gender, sexuality, or other characteristics, where violence is inflicted because of these aspects.

Displacement
The forced movement of individuals or communities due to conflict or violence, which may increase vulnerability to GBV.

Domestic Violence
Violence or abuse that occurs within a domestic setting, often in intimate relationships, which can include physical, sexual, emotional, and economic abuse.

Economic Abuse
Controlling or exploiting someone's finances, preventing them from making decisions about money, or limiting access to financial resources.

Elder
A respected knowledge keeper who may provide guidance, caregiving, cultural teachings, and emotional support.

Elder Abuse
Any act, pattern of behaviour, or failure to act within a

relationship of trust that causes harm or distress to an Elder, including physical, emotional, sexual, financial, spiritual, cultural abuse, or neglect.

Emotional Abuse

A form of abuse that involves manipulation, humiliation, threats, or isolation, often to control or damage the emotional well-being of the victim.

Emotional and Spiritual Support

Support that nurtures emotional wellbeing and spiritual balance, including connection to culture, language, ceremony, and land.

Equality

The principle of treating everyone the same by providing the same rights, opportunities, and resources, regardless of differing needs or circumstances.

Equity

The principle of recognizing and addressing unequal starting points by allocating resources and supports according to need to achieve fair and just outcomes.

Family Violence

Any form of abuse (physical, sexual, emotional, etc.) occurring between family members, often involving intimate partners or caregivers.

Food Insecurity

The condition in which individuals or households lack consistent access to enough safe, nutritious, and culturally appropriate food to meet their dietary needs and maintain an active, healthy life.

Gender-Based Analysis Plus (GBA+)

"Analytical process used to assess how diverse groups of women, men and gender-diverse people may experience policies, programs and initiatives. The “plus” in GBA+ means that GBA goes beyond biological (sex) and socio-cultural (gender) differences and includes the multiple identity factors that intersect to make a person who they are, including race,

ethnicity, religion, age, and mental or physical disability." (Women and Gender Equality Canada, n.d.)

Gender-Based Violence (GBV)

"Violence based on gender norms and unequal power dynamics, perpetuated against someone based on their gender, gender expression, gender identity, or perceived gender. It takes many forms, including physical, economic, sexual, as well as emotional (psychological) abuse."(Women and Gender Equality Canada, n.d.)

Gender Equality

The state in which people of all genders have equal rights, responsibilities, and opportunities. Gender equality is a core principle in addressing GBV.

Housing Insecurity

The condition of lacking stable, safe, and affordable housing, which may include difficulty paying rent or mortgage, frequent moves, overcrowding, or the risk of eviction or homelessness.

Intimate Partner Violence (IPV)

Violence that occurs between partners in a close, intimate relationship, and can include physical, sexual, emotional, or psychological abuse.

Intergenerational Trauma

The transmission of the effects of trauma from one generation to the next, where the experiences of historical, collective, or personal trauma influence the health, well-being, behaviours, and coping strategies of descendants.

Inunnguiniq

"The making of a human being." It refers to the Inuit cultural process of raising and socializing a child in ways that build capability, confidence, skills, and a sense of responsibility so they can contribute to community and live a good life.

Inuit Qaujimajatuqangit (IQ)

Traditional Inuit knowledge, values, and practices that guide decision-making, caregiving, and inclusion. Emphasizes respect, collaboration, and community responsibility.

Justice
The process of ensuring that survivors of violence or those experiencing discrimination receive appropriate legal protection and support.

Knowledge Sharing
The process of exchanging knowledge, particularly on issues like disabilities and GBV, to enhance understanding and improve outcomes for affected individuals.

Land-Based Healing
Healing practices connected to the land, including traditional activities, time on the land, and cultural teachings.

Legal Protection
Laws and policies designed to protect individuals, particularly those with disabilities, from abuse, discrimination, and violence.

Mental Health
The emotional, psychological, and social well-being of a person, which affects how they think, feel, and behave.

Manipulation
Psychological tactics used by an abuser to control or influence another person, often seen in emotional or sexual abuse.

Neglect
The failure to provide necessary care, assistance, or protection, particularly to individuals who depend on others for support.

Person with a Disability
An individual who has a disability, often experiencing barriers in certain aspects of life.

Post-Traumatic Stress Disorder (PTSD)
A mental health condition triggered by experiencing or witnessing a traumatic event, common in survivors of GBV.

Protection
Actions taken to ensure that vulnerable individuals are kept safe from harm, such as GBV survivors or people with disabilities.

Reporting Abuse

The act of informing authorities or other support systems about incidents of abuse or violence.

Resilience
The ability to recover from or adapt positively to challenges, such as surviving violence or managing a disability.

Safety Planning
A proactive process of identifying risks and developing practical, personalized strategies to reduce harm and increase safety in situations involving potential or ongoing danger.

Self-Advocacy
Speaking up for oneself, making informed choices, and asserting one's rights, needs, and preferences in order to have greater control over decisions that affect one's life.

Sexual Abuse
Unwanted or non-consensual sexual activity or behaviour imposed on a person, including sexual assault, exploitation, harassment, or coercion, that violates their dignity, autonomy, and safety

Sexual Violence
Any sexual act or behaviour, including threats or coercion, that is non-consensual and causes physical, emotional, or psychological harm, encompassing assault, harassment, exploitation, and abuse.

Shelter or Safe House
A temporary, safe space for individuals escaping abusive situations, providing protection and support to survivors of violence.

Social Determinants of Health
The social, economic, and environmental conditions in which people are born, grow, live, work, and age that affect their health, well-being, and quality of life.

Support Network
A group of people, organizations, or resources that provide emotional, practical, or social assistance to help an individual cope with challenges, meet needs, and maintain well-being.

Structural Violence
The systematic ways in which social, political, and economic structures harm or disadvantage individuals or groups, limiting their access to resources, rights, and opportunities and contributing to inequality and suffering.

Support Services
A range of services provided to help individuals who are victims of GBV or living with disabilities, including counseling, medical care, and legal assistance.

Survivor
An individual who has endured violence or abuse and continues to live and thrive, despite the challenges faced.

Trauma
The emotional, psychological, or physical response to a deeply disturbing event, often seen in survivors of GBV or individuals with disabilities who experience abuse.

Traumatic Brain Injury (TBI)
Damage to the brain caused by an external force, such as a blow, jolt, or penetration, which can affect cognitive, physical, emotional, and behavioral functioning.

Violence Against Women and Girls (VAWG)
A specific form of GBV that refers to any act of violence that targets women and girls due to their gender, including domestic violence, sexual assault, and trafficking.

Violence Prevention
Actions taken to stop violence before it occurs, such as education, awareness campaigns, and community-based interventions.

Victim-Blaming
The act of blaming the victim for the violence or abuse they experienced, often seen in sexual violence cases.

Vulnerable Persons
Individuals who are at greater risk of harm, exploitation, or neglect due to factors such as age, disability, health, social, economic, or situational circumstances.

Methodology

Nunavut is Canada's largest and northernmost territory, spanning over two million square kilometres and encompassing 25 remote, fly-in communities across three regions: Qikiqtaaluk, Kivalliq, and Kitikmeot. Each community is unique, shaped by its own leadership, dialect, and geography, yet all share the challenges of remoteness, limited infrastructure, and the high costs of travel and daily goods.

These logistical realities shape how violence is experienced, disclosed, and addressed, and they deeply inform the project design - emphasizing the importance of local partnerships, flexible scheduling, and culturally responsive approaches to engagement rather than standardized research timelines or methods commonly assumed in southern policy frameworks. The NDMS research team is deeply grateful to Women and Gender Equality Canada for their flexible and supportive funding approach, which enabled this work to be carried out in ways that were responsive to local contexts and conditions.

For this project, the research team visited six communities in person, two from each of Nunavut's three regions, with a balanced representation of larger and smaller communities. In addition, virtual interviews and group discussions were offered via Zoom and were open to

Key Take-Aways

This study used a flexible, community-led approach designed to fit Nunavut's unique cultural, geographic, and social realities.

Participants were given meaningful choice in how, when, and with whom they shared their experiences, helping create a safer and more culturally respectful research process.

The methodology showed that standard southern research frameworks do not fully reflect Inuit ways of understanding violence, disability, and community.

"We have to help. There are times when there is hidden abuse on people with disabilities."

— Respondent

“I am sorry but I had to release this. I had to let it out. Yes, that's the way to do it. That I show you you will overcome. Much love to all of you."

— Respondent

participants from all communities across Nunavut, ensuring that individuals who were unable or unwilling to participate in person due to distance, caregiving responsibilities, disability, safety concerns, or personal preference could still take part. In total, 126 participants contributed to the study, with representation from 12 communities, across all three regions of Nunavut.

Participants reflected a diverse range of backgrounds, ages, and experiences. Some identified as living with disabilities, though many did not, despite describing barriers related to physical access, mental health challenges, substance use, and vision or hearing impairments. As documented in prior research, disability remains highly stigmatized in many northern communities, and many individuals resist the label despite experiencing disabling barriers in their daily lives (Nunavummi Disabilities Makinnasuaqtiit Society, 2024). As NDMS has previously observed, the term “disability” is often rejected by community members because it is experienced as stigmatizing or exclusionary. Participants in earlier studies shared that they actively avoid or resist this label, reflecting broader concerns about how disability is defined and perceived. Inuit cultural values around community and resilience place emphasis on what a person is able to contribute, and not on limitation. As such many participants in prior field work, when asked if they identified as living with a disability, stated “I am able” (Nunavummi Disabilities Makinnasuaqtiit Society, 2024; Canadian

Centre for Caregiving Excellence & Nunavummi Disabilities Makinnasuaqtiit Society, 2024) This resistance is significant as it complicates GBA+ approaches that rely on self-identification within fixed categories.

Interviews were conducted both one-on-one and in small groups, depending on participant preference and community context. Conversations ranged from 15 minutes to over an hour, allowing participants to guide the depth and direction of their sharing. This participant-led and community-based approach challenged extractive research norms and prioritized relational accountability over standardized data collection and rigid interview protocols, while giving participants control over how, when, and how much they chose to disclose about experiences of violence. Researchers conducted interviews using standardized questions about experiences of GBV and disability. In some cases, interviewees would take the lead, directing the discussion toward the areas they felt were most important. Additionally in several interviews participants preferred to share their stories without interruption rather than respond to a fixed set of questions. The research team welcomed all forms of interview, valuing the different ways participants chose to share their experiences, which together created a rich data set.

The original design of the project focused on speaking primarily with women. However, early feedback from community members and the project's Advisory Committee made clear that this approach did not align with Inuit values of balance, inclusion, and holistic community engagement. In response, the project pivoted to include men, who ultimately represented approximately 30% of participants. Many men spoke candidly about their experiences of violence, both as survivors and as witnesses, offering valuable insights into the relational and community dimensions of GBV. Including men illuminated how violence operates within interconnected family and community systems and shapes women's (and men's) risk, safety, and caregiving burdens rather than existing as isolated, individual acts.

Researchers travelled in pairs or small groups, and each team included at least one Inuktut speaker, ensuring that participants could be interviewed in their language of choice. This approach honoured linguistic rights and allowed participants to express sensitive experiences in the language that felt most natural

and comfortable. This is an essential consideration given the emotional and cultural specificity of discussions about violence.

The diversity of the research team, including both Inuit and non-Inuit members, and individuals from within and outside Nunavut, further supported participant choice. Some preferred to speak with a researcher who shared their experience of living in territory, while others felt more comfortable confiding in someone from outside their community for greater anonymity. This flexibility reflected a trauma-informed and culturally safe methodology. It also revealed the limitations of dominant gender-based analytical frameworks when applied to Inuit contexts. Standard GBA+ approaches often assume shared terminology, individual disclosure, institutional trust, and stable identity categories. The need for flexibility, relational choice, linguistic grounding, and community-led pacing in this study demonstrates that these assumptions do not hold in Nunavut, and that methodological adaptation is itself direct evidence of a deeper conceptual misalignment.

Maintaining confidentiality in Nunavut's small, tight-knit communities required special consideration. In such settings, "anonymity" can be difficult to guarantee, as social relationships are deeply interconnected and information travels quickly. To protect participants, the research team removed all identifying details from transcripts and reporting, including community names, personal roles, and any other contextual clues that might reveal identity. Participants were fully informed about these limitations and offered the choice to withdraw at any time without consequence. The research team also made themselves available to interested participants in different ways, holding open drop-in hours during community visits, as well as offering private, scheduled interviews. This allowed participants to determine the method of participation that suited them best, and ensured their safe participation.

The fieldwork process required adaptability to community rhythms. For example, funerals, weather events, or community gatherings could delay planned interviews and drop-in hours. The research team prioritized community-led scheduling, following the guidance of local partners to determine when interviews should take place. This flexibility was essential to maintaining trust and respect for community priorities and reflects Inuit approaches to relational accountability and

collective responsibility.

Given the sensitive nature of the discussions, the team prioritized participant well-being and emotional safety. In three of the communities visited, an Inuit counsellor accompanied the researchers to provide on-site support. All participants were provided with a list of mental health and crisis supports available locally and territory-wide. Interview sessions were intentionally unhurried, with time built in for rest, reflection, and debriefing. Country food (traditional, harvested foods) (Caughey et al., 2024) was offered, and participants were invited to share a meal. In several communities, the research team also hosted game nights following interviews. This provided an opportunity for laughter, connection, and stress relief. Many participants returned for these gatherings, describing them as uplifting and meaningful. This approach reflects Inuit ways of working that balance hard work with joy and embodies principles of reciprocity. Rather than only taking stories and knowledge from communities, the research team also gave back through shared experiences of community and fun, an ethical stance that is largely absent from conventional research models and may sit at odds with rules of engagement that frame social gatherings as compensation.

The response to participation was overwhelmingly positive. Many participants expressed relief and catharsis, saying that it felt good to be heard and to share experiences that were often hidden. For some, the interview was the first time they had ever spoken openly about their own experiences of violence or trauma. This reaction underscored the importance of creating safe spaces for dialogue and healing, and the community's readiness to engage in conversations about change when approached in culturally respectful and relationally grounded ways.

> *"Yeah, it was (difficult). But it got way lighter. Thank you for talking to me. It really helped."*

All interviews were transcribed and, where applicable, translated into English from Inuktitut or Inuinnaqtun. Translations were verified for accuracy by bilingual team members. Transcripts were then manually coded using Atlas.ti software to identify key themes, patterns, and insights across the dataset. Coding was iterative and inductive, allowing findings to emerge organically from participants' narratives rather than being imposed by pre-

existing frameworks or externally derived analytic models.

The project benefited from the insight and direction of a territorial advisory committee, composed of members from all three regions of Nunavut. The committee included both men and women, and represented a blend of lived experience, professional expertise, and community leadership. The advisory group met regularly to review emerging findings and ensure cultural safety.

A second advisory body, the Kittipikuut Language Group, was convened to support cultural and linguistic consultation. This group of seven members contributed to terminology development, interpretation of culturally specific narratives, and ensured that the language used in the project reflected Inuit concepts and values rather than southern or colonial framings. Their involvement strengthened the cultural integrity and resonance of the research and directly challenged the assumption that GBV can be adequately understood through universalized policy language alone.

About the Kittipikuut Language Group

Exploring the meaning of GBV and disability in Nunavut requires language that is easily recognized and understood by communities in the North. The complexity and broadness of concepts like GBV and disability can obscure difficult, yet needed, conversations about lived experience, safety, trauma, justice and healing. Finding a common language to describe experiences is necessary for communities to begin the important work of restitution.

In the early stages of this project it became clear that many key terms used in the project's guiding questions did not resonate with Inuit or could not be easily translated or interpreted into Inuktitut. The Kittipikut Language Group emerged to address this need.

Both the GBV and disability fields rely on extensive terminology developed to describe complex experiences and support legal, medical, and advocacy efforts. However, this language can be inaccessible and, at times, alienating for community members. Terms such as "gender-based violence," "intimate partner

violence," and "cognitive disability" often caused confusion or misunderstanding during this project and reflected Western institutional assumptions that do not always align with Inuit ways of knowing and describing lived experience. Given the colonial legacy of bureaucracy in the North, such terminology can also be met with distrust, creating barriers to open dialogue. As a result, researchers had to work to build trust and develop shared language, yet conversations were sometimes limited or unclear. This underscores the urgent need for Inuit-led language development that reflects lived realities and supports meaningful community engagement.

The Kittipikut Language Group was an Inuit-led initiative to examine and strengthen Inuktitut terminology related to violence, disability, justice, and well-being. Rather than focusing solely on translation, the group worked to interpret concepts in ways that reflect Inuit values, worldviews, and lived realities. Composed of Inuktitut speakers from across Nunavut the group met over multiple sessions to collaboratively review key terms used in GBV, disability, and service systems.

Through collective discussion, participants identified culturally grounded interpretations and developed a glossary that supports clearer communication, enhances understanding of rights and supports, and reflects Inuit relational and holistic approaches to well-being. The work was conducted using trauma-informed and culturally safe practices, recognizing the personal nature of many concepts discussed.

The glossary is intended as a living, community resource for interpreters, service providers, advocates, and community members, and as a starting point for ongoing dialogue and refinement. By grounding terminology in Inuit knowledge systems, the Kittipikut Language Group aims to strengthen advocacy, improve access to services, and support efforts to address violence and disability in Nunavut.

SEE APPENDIX A FOR THE FULL REPORT AND GLOSSARY

Talking About Gender-Based Violence

This project began with the intention of exploring GBV in its many diverse forms and contexts. The research team was prepared to discuss all types of GBV that participants might experience, both within and outside their communities. While the original goal was to discuss GBV across homes, communities, workplaces, and institutional settings, it quickly became clear that participants' focus was on intimate partner violence (IPV) and family violence (including Elder abuse). This highlights a limitation of the term "GBV" in this study. While GBV is a broad concept encompassing many forms of violence, in the context of this study its breadth allowed participants to steer the conversation toward the areas they felt required the most urgent attention. The most pressing and immediate concern for the participants in this study was family violence and its impacts on their families and community. As a result, the apparent focus of this paper is narrow, reflecting the priorities and lived experiences shared by participants rather than a predetermined scope. While other forms of GBV undoubtedly exist in Nunavut and would merit further research, the experiences discussed here most closely align with IPV, family violence, and Elder

Key Take-Aways

The term "gender-based violence" often does not resonate with participants, while language about family violence and community safety leads to more meaningful conversations.

Shame, stigma, and silence around both violence and disability are major barriers that kept many people from disclosing abuse or seeking help.

Participants describe how abuse often targets a person's sense of worth, capability, and belonging, making violence especially harmful in Inuit cultural contexts.

In small, close-knit communities, fear of gossip, broken confidentiality, and lack of trust can make speaking out about violence feel risky or unsafe.

Reducing stigma, strengthening community understanding, and restoring dignity are essential to violence prevention and healing.

“It just takes a lot of toll, over stress. It's not right to have violence in the family or anywhere.”

— Respondent

abuse. This focus represents the voices, concerns, and priorities that participants emphasized as most relevant and urgent.

One of the first questions asked in each interview related to the term gender-based violence. Specifically, we opened interviews by asking, “what does the term gender-based violence mean to you”. This question was designed to explore whether the language and conceptual framing of GBV, as used in policy and research contexts, meaningfully aligned with how violence is understood and discussed in Inuit communities. However, it quickly became evident that the term did not resonate with many participants. Many respondents expressed unfamiliarity with the term or confused it with issues related to LGBTQ identities rather than with violence against women or within families:

> *“There was not as much violence in the past, I find. They would be hidden in different places, if they were gay or lesbian, but now, it's more open and there's more support out there. So I find today there are more resources than before. More if you felt it so badly than before, like a lot of them will get shunned by family or the community, right? So it's a lot better for, for the gender-based human beings.”*

> *“What's that? Like, just say my boyfriend fighting me or*

another gender fighting a lady?"

Others interpreted it as referring specifically to violence occurring within same-sex relationships or as violence defined primarily by gender difference rather than by power, harm, or context:

Respondent: "Gender-based violence, getting abused by same sex? I don't."

Researcher: "It means violence against a person, let's say for a woman, just because they're a woman, they're being abused by them… they're being abused for the fact that they are woman, for the fact that they have a disability, these kind of things. So you haven't heard of that word gender-based violence?"

Respondent: "Not. No."

Another recurring point of confusion was the perception that the term implied that men exclusively perpetrate violence against women, which was an assumption that conflicted with participants' lived observations of violence within their communities:

Interpreter: "She doesn't know the term "gender-based violence." She has seen violence perpetrated by both men and women and doesn't think that one does it more than the other."

Researcher Field Notes: "She mentioned that there can be issues with communication and comprehension. Which we took to mean in relation to the language that we're using, because we mentioned that this project was about "gender-based violence". And that's when she brought up the question of religion. So I asked if it would be better if we used the language of "women and girls". And she said that not only women are impacted, there are men who are homeless, because of violence. And that not only men are offenders."

It's important to note that these responses should not be interpreted as a lack of understanding about violence itself. Rather, they reveal a disconnect between policy language and

lived experience. To navigate this disconnect, project researchers would follow up this question by asking participants whether they had concerns about violence in their community. When framed this way, participants more readily discussed experiences and concerns, with a specific focus on family violence or IPV.

> *Researcher: "So what does gender-based violence mean to you?"*
>
> *Respondent: "It's when it's not the same gender like a woman or a man."*
>
> *Researcher: "And when you hear gender-based violence, what does it make you think of?"*
>
> *Respondent: "It's not right."*
>
> *Researcher: "Do you, do you worry about violence in your community?"*
>
> *Respondent: "Yeah, all the time."*

Both gender-based violence and disability are terms that carry social stigma, which at times limited participants' ability to connect with the questions underpinning this project. For some, these words felt clinical or imposed, reflecting outside frameworks rather than locally meaningful concepts. Participants expressed discomfort or hesitation when asked directly about GBV or disability, often distancing themselves from these terms or redirecting the conversation toward broader community issues such as safety, health, or family well-being.

This reaction suggests that the language itself can act as a barrier to engagement, as participants may feel labeled or judged by association. The stigma surrounding these concepts which are deeply tied to experiences of vulnerability, difference, and social exclusion, highlights the importance of using more accessible, community-grounded language when exploring sensitive topics. By shifting the focus from terminology to lived experiences, researchers were better able to foster open dialogue.

> *Researcher Field Notes: "She mentioned that her daughter is disabled, but she didn't expand on in what*

way or in what ways. She was kind of adamant that she didn't want to talk about disability because she felt that she didn't really have that much experience or know that much about it."

Researcher: "Do you have any experience with gender-based violence that you'd like to share?"

Respondent: "It's not right. It doesn't matter who you are. You gotta accept how they are if it's gender or not."

Researcher: "Right. What about, like, family violence 'cause-?"

Respondent: "It's not acceptable. Because I went through it myself."

Researcher: "Yeah."

Respondent: "And it just takes a lot of toll, over stress. It's not right to have violence in the family or anywhere."

Shame, Stigma and Silence

Both disability and GBV, including IPV and family violence, carry a deep social stigma in Nunavut communities. Survivors described how these experiences often lead to feelings of shame and being "othered" from their community. Living with a disability or experiencing violence can make individuals feel separate from the collective – unseen, judged, or devalued within social contexts that prize resilience, self-reliance, and contribution. Community members spoke about the need for greater acceptance and understanding of disability, calling for a shift toward seeing people as whole human beings rather than defining or dismissing them based on perceived limitations. They emphasized that dignity, belonging, and social inclusion are protective factors against violence, while stigma and exclusion create conditions in which harm can flourish in silence.

Understanding the scope of disability in Nunavut is critical to situating these experiences. Although both the Canadian

Survey on Disability (CSD) and the Indigenous Peoples Survey (IPS) report that fewer than 20% of Nunavut's population lives with at least one disability (Statistics Canada, 2023c), a broader body of epidemiological, clinical, and community-grounded evidence points to a substantially different reality. In 2021, 84.4% of Nunavut's population identified as Inuk (Fernandes, Arriagada & Lemrye, 2024); across Inuit Nunangat and other circumpolar regions – including Alaska, Greenland, and Chukotka – Inuit populations experience pronounced health inequities and markedly lower life expectancies compared to national averages (Ellsworth & O'Keefe, 2013). Studies consistently document a far greater burden of chronic illness, as well as sensory, mobility, cognitive, and mental health-related functional challenges, than is reflected in national survey estimates (Ferdinand et al., 2021; Kral, Idlout, Minore, Dyck & Kirmayer, 2014; Pauksztat et al., 2024). These patterns emerge in childhood and persist across the lifespan, shaped by structural inequities, adverse social determinants of health (including poverty, food insecurity, and inadequate housing) (Inuit Tapiriit Kanatami, 2014), the enduring effects of colonial and historical trauma, and ongoing barriers to timely and culturally appropriate healthcare (Allan & Smylie, 2015). This evidence suggests that disability is not a marginal experience in the territory but a widespread and deeply contextual reality – one that intersects directly with vulnerability and violence. NDMS therefore considers the true prevalence of disability in Nunavut to be several times higher than national surveys capture or report.

At the same time, stigma surrounding both disability and violence can obscure the full extent of these experiences. A scoping review of health-related stigma in Indigenous communities across Canada found that health conditions linked to stigma are disproportionately prevalent, and participants in surveys frequently describe enacted stigma in the form of social distancing, judgment, and negative interpretations of their circumstances; in response, many individuals conceal their conditions to avoid discrimination (Rourke, Damant, Kung & Widney, 2025). This pattern of concealment is significant: when disability is hidden to protect oneself from shame or exclusion, it not only distorts prevalence data but also limits access to support, accommodations, and protection. For individuals experiencing both disability and GBV, the combined weight of stigma can reinforce silence, deepen isolation, and create

additional barriers seeking safety or assistance.

> *Researcher: "Okay. What would you want to see for people that are being targeted such as those living with a disability and others that are mistreated?"*
>
> *Respondent: "Not to focus too much on the disability, I think there would be more understanding if we see people for who they are and not what they are dealing with - they would be more welcomed."*
>
> *Researcher: "Yeah, yeah. Look at the person, not the disability?"*
>
> *Respondent: "If we can start thinking that way, we can be part of society more."*

Shame and stigma do not occur in isolation; they are often woven into the fabric of abuse itself. Abusers may exploit the feelings of "otherness" that people with disabilities already face, using language and manipulation that reinforce a sense of worthlessness or dependency. Survivors described being told that they were incapable, that no one else would want them, or that they would not survive without their abuser. This emotional control is a powerful tool of coercion, building on ableist assumptions that people with disabilities are inherently dependent or less capable, and it directly undermines help-seeking by weakening a survivor's sense of agency and self-worth.

> *"I said I'm useless. I am worthless. Maybe that's why they broke up with me. I had this mentally for a very long time. I know so many people who are saying this to themselves up to today. Elders need to tell them, they, they need to stop. Elders are wise. If I say "I'm really curious", what are you doing, how? You have to stop saying I am not capable, I am not worthy. This has to stop.I am ashamed of myself. So many people say that."*
>
> *"Parents are sometimes telling their kids that they won't grow up to be anything. It's not my mom and dad, but it was my sisters and my siblings. One of my brothers told me I will be nothing. You are unworthy."*

Stigma around mental illness and ableism toward mental health concerns also play a role, compounding isolation and making it more difficult for survivors to seek help or disclose abuse, particularly when seeking support may be interpreted as weakness or evidence of "being mentally ill."

> *"Yeah, they need more support. But some guys, they won't, even if they know they need help, they won't go to that, they won't. That's why, they get built up in there, and they have so much anger in them. They really need to let - they really need to understand they can get help. If they get help, they're going to get better. Feel better."*

> *Respondent: "They can make appointments but many are intimidated by it. They fear they will be judged and laughed at, they fear that people will think they are mentally ill. This stigma causes people not to go."*
>
> *Researcher: "They feel discouraged to go, yes..?"*
>
> *Respondent: "They no longer want to go and they don't make appointments due to that. I know this from seeing it."*
>
> *Researcher: "There is stigma around this? Yes?"*
>
> *Respondent: "Yes, there is stigma, people make them feel ashamed. I don't feel intimidated nor am I ashamed of and if others can feel this way the services would be better accessed."*

A key aspect of this dynamic lies in the cultural importance of capability. In Inuit culture, being a capable person, able to contribute to one's family, community, and the land, is central to identity and pride. The Inuktitut concept of innuguinniq, often translated as "the making of a capable human being," refers to child-rearing practices aimed at nurturing self-reliance, wisdom, and contribution to the collective (Tagalik, 2009). Within this worldview, capability is not merely a skillset, but a moral and social value that underpins belonging and self-esteem. For this reason, when abuse targets a person's sense of capability, it

strikes at the heart of Inuit cultural identity and can intensify shame by threatening one's sense of being "a whole person" within the collective.

> *"Another form of abuse - when they are told they are useless. That's abuse. This mentality has been around for a very long time. My mother has grown up this way. People have believed this for a long time and still do. Being told they are not capable. But a lot of people need to be taught that they are capable of anything. My new employee has 2 children, a boy and a girl. When she said "I don't think I could", I said what? She said she can't and I told her if you take the time to learn you will be capable."*

The weaponization of (dis)ability can be linked to Nunavut's colonial history. Colonization disrupted traditional family structures, eroded systems of care and community accountability, and introduced new forms of violence and hierarchy (Canadian Centre for Caregiving Excellence & Nunavummi Disabilities Makinnasuaqtiit Society, 2024). It has taken a core Inuit value - capability, and twisted it into a source of shame for those who struggle or live with disability. Where once capability was nurtured through community and supported by collective strength, it has become, in some contexts, a weapon used to measure, judge, or exclude. Recognizing this dynamic is essential to addressing GBV in Inuit communities: healing must include restoring the true meaning of capability, one that honours every person's inherent worth and contribution, regardless of ability and rejects shame as a tool of social control.

It then follows that when community members were asked how violence could be addressed, many spoke about the importance of seeing people for who they are, recognizing their strengths, contributions, and abilities first, rather than defining them by disability or limitation. This perspective was described not only as a matter of inclusion, but as a direct counter to violence. By affirming a person's value and capability, communities can help undo the patterns of shame and "othering" that abusers exploit. Restoring respect and belonging, and viewing everyone as having something to offer, is part of healing from both the interpersonal and collective harms of violence. In this sense, building a more compassionate, accepting community is itself an

act of prevention, one that reclaims the Inuit value of capability as a source of strength, not judgment.

> *"People with disabilities are judged. As if they are not mentally capable people. But, they are very wise, they just cannot speak. Even the Elders here in (community name redacted). Elders facility or even for people with disabilities. It has never happened, and if it did they would have so much support. Shunning people is seen differently, if we shun those people, we treat them really bad."*

Breaking stigma was often identified in interviews as a key remedy to violence, whether that stigma related to disability, to the experience of violence itself, or to both. Participants spoke about how silence, judgment, and shame allow harm to continue unchecked, while openness and acceptance create space for healing. Addressing stigma was seen as a way to rebuild trust and belonging, helping people feel safe to seek help and to speak about their experiences without fear of being blamed or dismissed. In this way, breaking stigma is not only about changing attitudes, but about transforming the conditions that allow violence to persist.

> *"Family and disability they're kind of related in a way, cause you wish you could do more, but you have to, I don't know, ... either talk to them or, you know. I noticed that when a person speaks, speaks right from the heart to the people, people listen."*

> *Respondent: "The biggest one is teaching. Teach your kids about disability and what they don't understand and how it can work to make you. Well, I just grew up being teased all the time cuz they can't hear and talk."*
>
> *Researcher: "So teaching children about disabilities so that they'll know about disabilities, they can understand it?"*
>
> *Respondent: "Being this one that each, everybody here in each community can teach."*

Researcher: "To break the stigma?"

Respondent: "You know I don't mean kids, but everybody.

Researcher: "So everyone should be understanding about disabilities more in the community whether they are physical or mental. So on and so forth?

Respondent: "Don't make fun of them."

Respondent: "That's a very good one. Teach them not to bully the people with disabilities. Or anybody or laugh at them. Absolutely. Offer them (a) ride, respect."

Shame and stigma mean that many people continue to suffer in silence and isolation. Across interviews, participants described how experiences of abuse are often hidden and carried quietly, sometimes for years, without disclosure or support. This silence can be both a response to stigma and a form of protection. In a small community where everyone is connected, speaking openly about violence can feel dangerous, exposing survivors to gossip, disbelief, or retaliation. As a result, people often hold their pain privately, internalizing the belief that they must endure it alone, and that speaking may increase harm rather than reduce it.

"We have to help. There are times when there is hidden abuse on people with disabilities."

"I've never seen a really ugly one before in town, but I'm pretty sure it's behind closed doors. But I don't know. So, violence is ugly."

Interpreter: "She doesn't have worries about violence in her community. She stays out of other people's business, since the assault against her she has been more likely to stay at home. She's focused on taking care of herself and her daughter."

This hidden nature of abuse marks a significant departure from the past. Traditionally, Inuit life was deeply collective. Few things happened in isolation and the well-being of individuals was seen as the responsibility of the community. In contrast,

participants spoke about how violence today often happens in secret, behind closed doors, and how the silence that surrounds it allows harm to persist. The secrecy itself becomes a burden, reinforcing feelings of shame and cutting survivors off from the very networks of care that could support their healing.

In one telling account, a respondent, when asked what people experiencing violence can do to protect themselves, spoke about keeping the violence quiet, trying to placate the abuser, and not telling anyone. This saddening response indicates how many victims of violence suffer in silence and feel the burden of managing their abusers alone. Relying on oneself, and one's perceived ability to manage one's abuser is seen as protective.

> *Respondent: "They get scared. They get threatened. If you call for help, they will threaten that person. A lady or girl. They're scared to say, to get help. Silent treatment."*
>
> *Researcher: "How do you think women and girls are protecting themselves?"*
>
> *Respondent: "Maybe going out, not telling anyone, letting the guy calm down and go back. That's what I think. Or texting. Saying sorry won't happen again until next time. Yeah."*

Yet others spoke about the need to move beyond this silence. Many described a turning point in their own journeys, recognizing that they should not carry the shame of what was done to them. Breaking the silence and exposing the abuser was described as an act of courage and reclamation, a way of returning the responsibility for the violence to the person who caused it, rather than bearing it alone. For these participants, speaking out was not only a personal step toward healing, but also a necessary act to prevent further harm in their community.

> *"It is very painful for me but I have to let it out. My husband used to do that to me, I have to expose him now. I should not be ashamed anymore as it is the past now. He seemed very powerful at that time and now I am watching him becoming disabled."*

The closeness found in communities can be a source of strength and support but it also makes addressing violence more

complicated for those experiencing it. Instead of bringing harm to light so it can be confronted and resolved, the lack of privacy can deepen fear and shame. Survivors described how the close social fabric of their communities often makes it difficult to speak openly about abuse, knowing that personal information can spread quickly and unpredictably.

> *"If a younger woman was to ask her for advice - getting out of an abusive relationship, she would tell them to be careful who you tell, because there are people who like to gossip and might tell other people what's happened to you - and may tell the wrong people."*

> *"She's lost a lot of her friendships after the assault, she's not sure who to trust. Some of her friends seek attention from men and value that more than her own privacy."*

Fear, discomfort, and shame around gossip were described as major barriers to seeking help and breaking the silence. People spoke about the risk of being blamed for the abuse, of being ostracized, or of having their confidence betrayed. In communities where "everyone knows everyone," even trusted helpers may be connected to an abuser or to the victim's family, making confidentiality difficult to maintain. Some participants shared that even professionals have, at times, broken confidentiality. Whether intentionally or unintentionally, breaks of confidentiality severely damage trust. In places with already limited supports, this loss of trust can leave survivors feeling that they have nowhere safe to turn.

> *"The social worker has a bad relationship with the community because she drinks and breaks confidentiality. The mother had a problem with the social worker telling other people what she had told her in confidence."*

The lack of privacy in small communities can also increase the risk of violence itself. Gossip or the perception of gossip can escalate abuse, especially when an abuser feels their reputation or standing is threatened.

> *"Men can be controlling. Using iPhones to track*

everything. Using location software to surveil their partners. And partners don't know how to escape. That, women, it's harder for them to apply for jobs or do a job search because of their common law partner or husband. He'll check on them, and he doesn't want them to work, because he might think that they're going to start telling their coworkers about what's happening. So there's a concern about a lack of privacy and confidentiality."

Participants noted that in some cases, people in positions of power, or with strong family or community connections, are shielded from accountability. Their social status can act as a form of protection, discouraging others from speaking out or intervening. In this context, survivors often carry an impossible burden, weighing their safety against the risk of further harm that could result from breaking the silence. Addressing violence in such close-knit settings requires not only services and supports, but also collective efforts to rebuild trust, ensure confidentiality, and create environments where truth can be spoken without fear, retaliation, or social punishment.

"Just like, his mom worked for court. And then there it was hard to let him go to jail. That was the last time. After four years. He almost killed her, that's when he finally went to jail. They finally saw her busted lips. Both of... he was trying to break her arms and her legs. Really big... her nose was broken... But that's what - I tried really hard alright, but they didn't believe me. It's because his mom worked for court. You gotta start believing us, too."

"Some people they, they don't ever believe us because they're friends with the cops or they work for the justice. I tried my best to tell them, but they didn't believe me."

Taken together, these accounts reveal how silence around violence is not simply an individual choice, but a response shaped by fear, social dynamics, and the realities of life in small, interconnected communities. Survivors are often forced to navigate a complex landscape in which speaking out may bring both relief and risk, while remaining silent can deepen isolation and prolong harm. Participants' stories highlight the urgent need to rebuild conditions of trust, accountability, and safety so that survivors are not left to manage violence alone. Recreating spaces where people can speak openly, be believed, and receive

Recommendations

1. Use plain, community-grounded language in GBV policy, services, and outreach.
2. Expand GBV frameworks to better reflect Inuit realities and relational contexts.
3. Invest in anti-stigma education related to violence, disability, and mental health.
4. Strengthen confidential, trauma-informed, and culturally safe support options.
5. Improve access to trusted, independent advocacy supports.
6. Fund prevention approaches that restore dignity, belonging, and capability.
7. Support Inuit-led healing and community wellness initiatives.
8. Improve digital safety and technology-facilitated violence responses.
9. Expand safe housing and pathways out of violence.
10. Ensure policies and programs address men and boys without displacing focus from women and girls.
11. Build community-based education around healthy relationships, respect, and non-violence.
12. Support research and data approaches that do not rely solely on self-identification.
13. Resource long-term, flexible, relationship-based engagement rather than short-term project models.

confidential support is essential not only for individual healing, but also for restoring the collective responsibility for well-being that has long been central to Inuit ways of life.

Nunavut GBV Rates are the Highest in Canada

Women in Nunavut are the victims of violent crime at a rate more than 13 times higher than the rate for women in Canada as a whole. And rates are on the rise (Nunavut Tunngavik Incorporated, 2014).

Highest Rates in Canada

Nunavut experiences the highest rates of **intimate partner violence** in Canada. And police-reported intimate partner violence continues to rise each year (Statistics Canada, 2024b).

Nunavut experiences the highest rates of **family violence** in Canada. And police-reported family violence continues to rise each year (Statistics Canada, 2024b).

"I tried my best to tell them, but they didn't believe me."

— Respondent

GBV experienced by Inuit women and girls in Nunavut must be understood at the intersection of geography, colonial history, disability, and structural inequities. National evidence consistently shows that violence intensifies in rural, remote, and northern regions of Canada - conditions that define the entirety of Nunavut. Disability adds a critical layer to this context, being more prevalent in northern and Indigenous communities and often shaped by injury, chronic illness, trauma, and access to preventative health care (Goulden et al., 2023; Statistics Canada, 2025b).

Across Canada, women living in rural communities experience markedly higher rates of police-reported IPV. Rates of IPV for rural women are approximately five times higher than for rural men, 75% higher than for urban women, and seven times higher than for urban men, while overall police-reported violent crime against rural women is 56% higher than the national average (Nonomura & Baker, 2021). Nunavut is among the most remote, non-connected areas in Canada,

with 100% of Nunavummiut living outside Census Metropolitan Areas, and 54.9% residing in communities with fewer than 1000 people (Statistics Canada, 2023b). As a result, the structural risk factors associated with rural violence, including geographic isolation, limited services, constrained transportation, and small-community dynamics, apply across the entire territory.

As disparities deepen in Northern regions, the violent crime rate for young women and girls in the North is approximately four times higher than for Canada's overall population and three times higher than in Southern Canada. Violence in northern regions is also more likely to result in physical harm: 45% of incidents against young women and girls in the North result in physical injury, compared with 32% in the South, and violent offenses resulting in death occur more than three times the southern rate (Nonomura & Baker, 2021). These findings closely mirror Nunavut's consistently high rates of violent crime, which remain among the highest in Canada (Statistics Canada, 2023a; Statistics Canada, 2025c).

Indigenous women and girls bear the most severe outcomes of this violence. Between 2007 and 2017, Indigenous women accounted for 34% of young female homicide victims nationally, but 76% of young female homicides in northern Canada (Rotenberg, 2018). More recently, while Indigenous women comprise about 5% of women in Canada, they accounted for 26% of women killed by an intimate partner in 2022, and their homicide rate was over six times higher than that of non-Indigenous women (Women and Gender Equality Canada, 2024). In Nunavut, where approximately 84% of the population is Inuit (Fernandes, Arriagada & Lemrye, 2024), these national patterns are not peripheral; they are central to the lived reality of violence. Additionally, a 2012 report found that rates of sexual offences against children and youth were highest in the territories, with Northwest Territories and Nunavut recording the highest rates in Canada (Cotter & Beaupré, 2014).

Inuit-specific research demonstrates that the risks identified in national rural and northern datasets are substantially magnified in Nunavut. Women in Nunavut are the victims of violent crime at rates estimated to be more than 13 times higher than the national average for women, and the risk of sexual assault for Inuit women has been reported as approximately 12 times higher than the provincial and territorial average (Pauktuutit

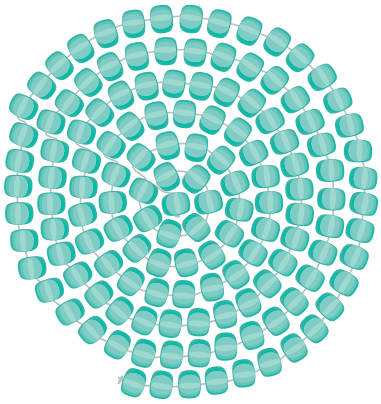
Inuit Women of Canada, & Comack, 2020). Overall, violence is the leading cause of morbidity and mortality in Inuit women and girls, at a rate of 14 times the national average (Pauktuutit Inuit Women of Canada, 2018). At various points, Iqaluit has recorded police-reported rates of violence against women more than eight times the national average (Ducharme, 2018).

These datasets both overlap with, and are compounded by, disability-specific forms of abuse, including violence that targets impairment, communication barriers, or dependence on others for daily care (Goulden et al., 2023). Nationally, women with disabilities are about twice as likely to experience violent victimization as those without disabilities (Cotter, 2018). This is especially salient in Inuit communities, where housing shortages are severe, access to services is limited, and survivors may rely on intimate partners, family members, or caregivers for shelter, transportation, income, or daily living support. This dependency can intensify coercive control and entrapment, making it more difficult to leave violent situations, particularly in communities with few alternative safe spaces (Goulden et al., 2023).

Structural barriers further suppress reporting and access to help. In rural and remote Canada, only 45% of shelters have access to public transit (compared with 96% in urban areas), and only 40% of rural households have access to high-speed internet, versus 97% in urban centres (Nonomura & Baker, 2021). In Inuit Nunangat, more than 70% of the 52 Inuit communities lack safe shelters for women (Pauktuutit Inuit Women of Canada, 2018), and 81.6% of Inuit living in remote areas do not have a regular health care provider (compared with 30.1% among Indigenous people nationwide) (Yangzom, Masoud & Hahmann, 2023). Even where services exist, women with disabilities often face architectural, communication, and policy barriers that render supports inaccessible or unsafe.

This demonstrates that the high rates of GBV in Nunavut are not anomalous but structurally patterned. While national rural and northern trends already point to elevated risks of violence, Nunavut-specific evidence makes clear that these risks are intensified by the ongoing legacies of colonialism, the realities of small and remote communities, housing insecurity, disability, and geographic isolation. In Nunavut, GBV, and particularly IPV against Inuit women, is both statistically extreme and woven into the social and structural fabric of everyday life.

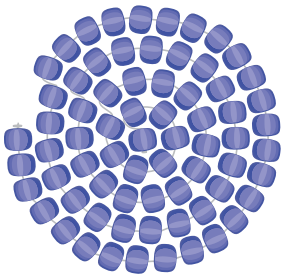
Nunavut



13,727

Women in Nunavut are the victims of violent crime at a rate **more than 13 times higher** than women in Canada as a whole.[1]

Men and boys in Nunavut are also impacted by violence experiencing some of the highest rates in the country, second to the Northwest Territories.



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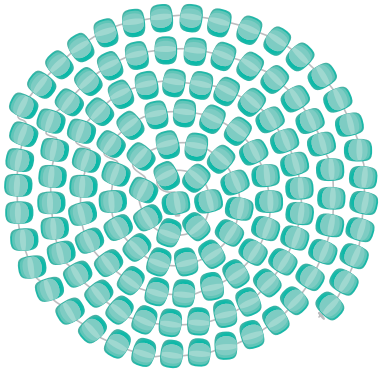
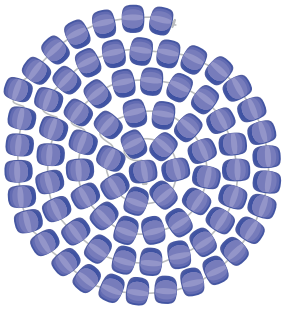


12,874

Northwest Territories



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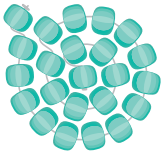
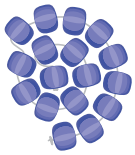


2,326

Saskatchewan

For women and girls living in the provinces, Saskatchewan has the highest victimization rate, followed closely by Manitoba at 2,314. For men and boys, Manitoba has the highest rate at 1,805.



1,666

1,190

Canada
(as a whole)

1,015

Women and girls
per 100,000 female population

Rate of victimization[2]

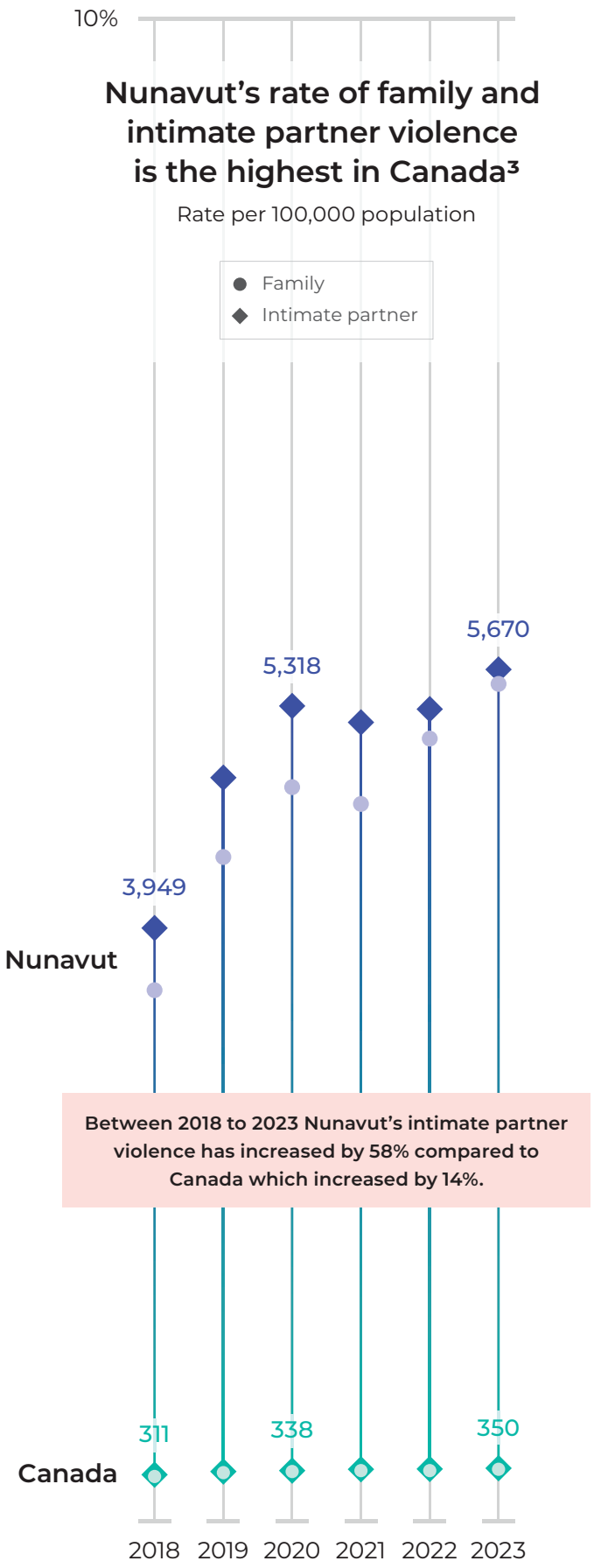
Men and boys
per 100,000 male population

1 Sutton, D. (2023, January 12). *Victimization of men and boys in Canada, 2021.* Government of Canada, Statistics Canada. https://www150.statcan.gc.ca/n1/pub/85-002-x/2023001/article/00001-eng.htm

2 Nunavut Tunngavik Inc. (2014). *Annual Report on the State of Inuit Culture and Society: Examining the Justice System in Nunavut*. https://www.tunngavik.com/files/2014/10/2013-14-SICS-Annual-Report-ENG.pdf

Nunavut's rate of family and intimate partner violence is the highest in Canada[3]

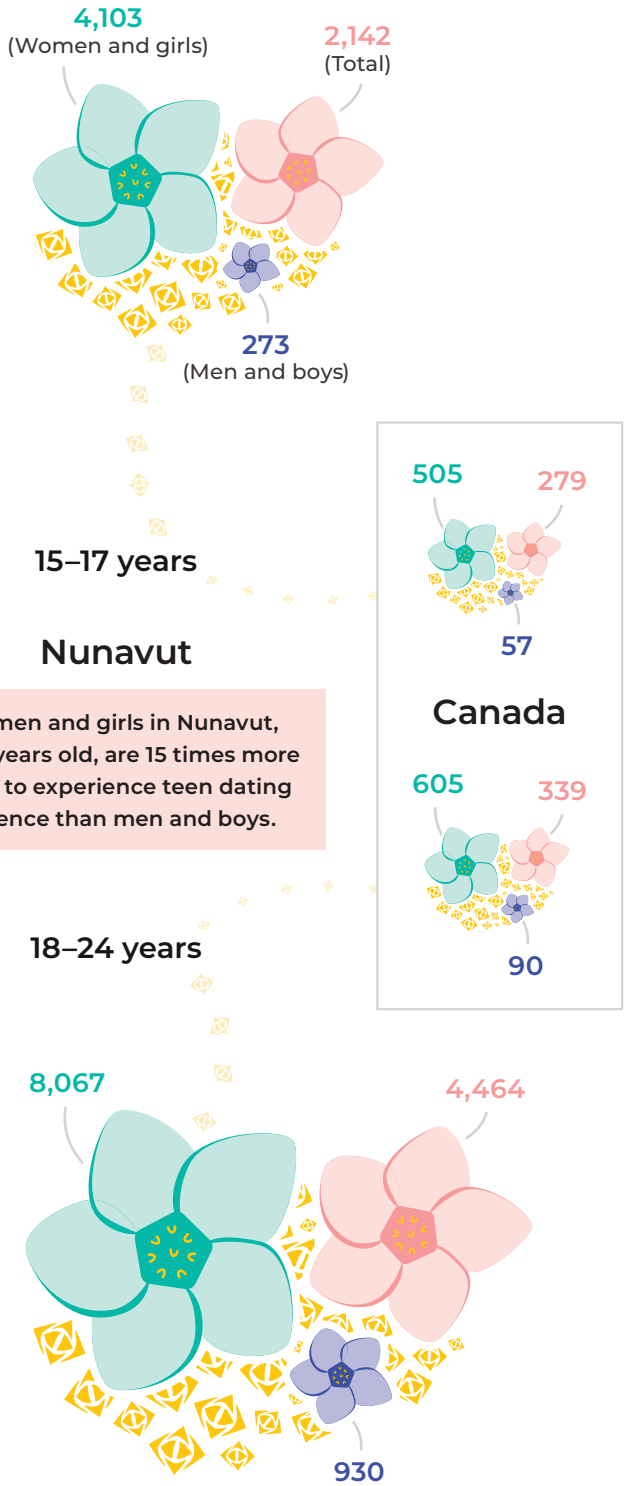
Rate per 100,000 population



Between 2018 to 2023 Nunavut's intimate partner violence has increased by 58% compared to Canada which increased by 14%.

Nunavut has the highest rates of police-reported teen dating violence[4]

Victims per 100,000 population



Women and girls in Nunavut, 15–17 years old, are 15 times more likely to experience teen dating violence than men and boys.

3 Statistics Canada. (2024, October 24). *Trends in police-reported family violence and intimate partner violence in Canada, 2023*. The Daily. https://www150.statcan.gc.ca/n1/daily-quotidien/241024/dq241024b-eng.htm

4 Sutton, D., & Burczycka, M. (2024, March 20). *Dating violence against teens aged 15 to 17 in Canada, 2009 to 2022*. Government of Canada, Statistics Canada. https://www150.statcan.gc.ca/n1/pub/85-002-x/2024001/article/00004-eng.htm

Gender-Based Violence Is Disabling

People living with disabilities face significantly elevated risks of gender-based and interpersonal violence (D'Costa, 2025), a pattern that compounds disadvantage in places like Nunavut where rates of family and IPV are already extremely high. This heightened risk reflects individual vulnerability and structural conditions that intersect with disability, gender, colonial history, and geographic isolation. An analysis of IPV found that women with disabilities report higher lifetime exposure to IPV and other forms of abuse than women without disabilities: 55% of women with disabilities have experienced some form of IPV in their lifetime, compared with 37% of women without disabilities (Savage, 2021). Women with disabilities are also significantly more likely to report most types of abusive behaviours and are four times more likely to have been sexually assaulted by an intimate partner in the previous year. The same report indicated that more than four in ten men with a disability have likewise experienced IPV in their lifetime (Savage, 2021). Analysis of this data further shows that persons with disabilities - both men and women - are more likely than those without disabilities to report symptoms consistent with post-traumatic stress disorder (PTSD) as a result of IPV, underscoring not only the heightened prevalence of violence but also its profound and enduring psychological impact (Savage, 2021).

In Nunavut specifically, the prevalence of disability among people aged 15 and older was measured at 19.3% in the 2022 Canadian Survey on Disability (Statistics Canada, 2023c), but the broader community and clinical evidence suggests that disability is substantially under-enumerated in national surveys (Izadi, Bath, Al-Azary, & Sinclair, 2025). Territory-level policing and health research consistently show family-violence and intimate-partner rates far above the Canadian average. Statistics Canada data and qualitative justice studies indicate that rates of family violence in Nunavut exceed those in many southern jurisdictions by an order of magnitude, with regional reporting describing Nunavut's domestic-violence rates as 17 times higher than Ontario, and 75% of victims who reported incidents of family violence (specifically IPV) in the territories were Indigenous (Law Society of Nunavut & Pauktuutit Inuit Women of Canada, 2021). When these realities intersect, disability does not simply coexist with violence, but shapes exposure, severity, and survivability. The

overlapping realities of a sizable population with disability and a very high rate of GBV create a heightened exposure to multiple, intersecting harms.

GBV is also a frequent cause of new and often long-term disability. Survivors of physical and sexual violence commonly experience traumatic physical injuries such as fractures and internal trauma, repeated head impacts, and non-fatal strangulation that can produce traumatic brain injury (TBI), with consequent memory, attention, and executive-function problems. Studies estimate that 35-80% of women affected by IPV experience symptoms consistent with TBI, and that up to 92% of IPV incidents involve impacts to the head and face or strangulation, which can produce invisible but chronic neurological impairments and cognitive dysfunction (Brain Injury Canada, n.d.a; Brain Injury Canada, n.d.b). These experiences are linked with high rates of Post Traumatic Stress Disorder (PTSD) and Complex Post Traumatic Stress Disorder (CPTSD), depression, anxiety and substance-use problems, all of which can be chronically disabling and interfere with daily functioning (Cotter, 2021; Women and Gender Equality Canada, 2025). Recent clinical and public-health reviews also highlight IPV-related traumatic brain injury and hypoxic injury from strangulation as an under-recognised but important pathway to cognitive and neurological disability among survivors (Valera, Daugherty, Scott & Berenbaum, 2022). In this way, GBV functions not just as an acute act of harm, but also as a mechanism of disablement that reshapes survivors' bodies, minds, and futures, creating disabling wounds that can persist long after the abusive relationship has ended and making clear that violence is itself a source of disability, not merely a co-occurring condition.

Participants' language directly reflects this understanding of violence as disabling by naming injury, loss of function, and long-term impairment as central outcomes of abuse. Participants who had experienced IPV themselves spoke about the long term impacts that violence had on their physical mobility, memory and executive function.

> *"You know, and then, yeah, it's, it's very... family violence is... it destroys families. But if it's not with family, like, it either kills someone or disabled someone, you know, sort of thing."*

> **“People have bigger problems and it can be hard to talk about problems to others when they're going through so much already.”**
>
> — Respondent

Because the relationships are bi-directional, policy and service responses that treat disability and GBV as separate problems will fall short. People with pre-existing disabilities face additional barriers to disclosure and help-seeking, including communication and mobility barriers, economic dependency on caregivers, and fear of discrimination or institutional responses. Survivors who acquire injuries from GBV may need accessible, long-term rehabilitation and trauma-informed care that are not currently available, or have limited availability. These barriers are amplified in small northern communities, where services are limited, confidentiality is challenging, and leaving an abusive environment may require leaving their home community entirely. In Nunavut, where remoteness, housing shortages, under-resourced health and justice systems, and cultural and community dynamics already complicate access to supports, disability-inclusive GBV prevention and response planning is therefore essential to both reduce risk and meet survivors’ needs (Pauktuutit Inuit Women of Canada, 2022).

Head Trauma and Long-Term Effects on Survivors

Participants described experiencing severe physical violence, including direct blows to the head and strangulation. These were not isolated incidents, but patterns of ongoing and escalating

harm. Survivors' accounts repeatedly pointed to violence that intensified over time, often without effective intervention. In several cases, survivors reported assaults so severe that they believed they were at risk of being killed.

> *Interpreter: "She didn't want to charge him at first, as she didn't want his parents to hate her. But the health nurse told her either she presses charges or he will kill someone eventually. They said that she came very close to dying from her injuries. She had injuries to her head, ribs and legs. He had hit her on the temple with a mug over and over until the mug broke. He had tried to break her legs by pushing them in the wrong direction but they wouldn't break. He punched her ribs over and over again, to the point where she still has issues with her ribs. She's still unwilling to say that he tried to kill her."*

> *"She was the only one that was, you know, in a really abusive relationship. She was getting beaten up every month. Even when she was pregnant with her daughter, who I adopted. She was getting kicked on her head. That was awful. But she's okay now. So, we don't worry about her any more. She's got a good job now. And raising her kids with her husband now. I'm thankful for that."*

While these stories sometimes end in safe resolution, they often obscure the lasting physical and neurological impacts that persist long after visible injuries fade. Research shows that strangulation in IPV is a strong indicator of risk for homicide; women who have been strangled by a partner are seven times more likely to later be killed by that partner (Glass et al., 2008). Strangulation and head trauma are especially dangerous forms of violence. Strangulation can cause oxygen deprivation, leading to traumatic brain injury (TBI) even when there are no visible external injuries (Nemeth et al., 2025). Repeated blows to the head, shaking, and impact from falls or being thrown can similarly cause brain injuries that often go unrecognized or untreated in survivors of IPV (Brain Injury Canada, n.d.a; Brain Injury Canada, n.d.b).

Researcher Field Notes: "When she was assaulted, her friends and family forced her to go to the health center. She described her injuries at length, including being strangled to the point where she blacked out. It took her three days to get out of her

ex's house, as she was blacked out for a long time and then had to quietly gather her items. She then called her sister-in-law."

For those who survived these violent situations, the consequences often continued long after the physical assaults ended. Participants described ongoing seizures, chronic migraines, dizziness, and memory loss linked to the injuries they sustained. These symptoms often went untreated or under-treated, particularly in remote communities with limited access to resources including neurological assessments and rehabilitation. These effects are consistent with clinical findings showing that survivors of IPV-related TBI experience chronic neurological symptoms, including cognitive impairment, headaches, sensory sensitivity, mood dysregulation, and seizure disorders (Campbell et al., 2018; Zieman, Bridwell & Cardenas, 2017).

> *Researcher Field Notes: "She's 65. She does experience disabilities. She experiences, results of- resulting from trauma, seizures. She spoke about migraines."*

> *Respondent: "That's right. Yeah, I think that there will be other things. She did talk about having seizures, that the seizures started after, after the abuse as a result. And she did speak about. Oh my mind. Oh. I can't remember. I had a thought and it's gone."*

> *Researcher: "Like, recurring headaches?"*

> *Respondent: "Yeah. Recurring headaches."*

Survivors also described how these injuries complicated their healing and help-seeking. Cognitive difficulties, such as memory challenges, inability to track appointments, difficulty processing information, or sensory overwhelm, can make it harder to access services, navigate legal or child welfare systems, and maintain daily stability. In turn, service providers may not be fully equipped to recognize the symptoms of TBI in survivors and may fail to provide appropriate accommodation when delivering services. In practice, this means that violence-related disability can actively block access to the very systems survivors are expected to use to secure safety and justice. These barriers are well-documented in research linking IPV, TBI, and reduced

service access (Haag et al., 2019; Toccalino et al., 2022).

> *"It really does. I cry a lot, because. I work(ed) a lot, most of my life until I was on disability, because I have a head injury. That's why I have a hard time remembering. My short term, it's the long term, I can remember. It's the short term I have, that's why I couldn't work anymore. I was so forgetful. Because of the head injury."*

These accounts highlight that GBV is not only an immediate threat to life, but also a cause of lasting disability. Failure to recognize this link risks minimizing survivors' needs and misclassifying violence-related impairments as individual shortcomings rather than consequences of harm. Screening for traumatic brain injury and strangulation must be a core component of trauma-informed care and safety planning, particularly in regions like Nunavut where geographic isolation, limited medical resources, and high rates of GBV increase risk and reduce access to treatment.

Long-Term Emotional, Psychological, and Physical Effect

The long-term effects of GBV continued for many participants well beyond the end of physical assaults, shaping survivors' emotional well-being and daily functioning for years. Survivors described living with ongoing depression, anxiety, and trauma-related distress, which can impair social relationships, work, parenting, and overall health. These experiences are consistent with research showing that violence is a major driver of mental health challenges among Indigenous women and families (Aranda-Hughes et al. 2025; Chmielowska & Fuhr, 2017; Williams, Gifford, Vanderspank-Wright & Phillips, 2021). Research consistently links IPV and other forms of GBV to elevated risks of depression, PTSD, anxiety, and substance use disorders, and suicidality among women (Stein et al. 2025). Women who have experienced spousal violence are significantly more likely to report depression, anxiety attacks, and suicidal thoughts, with risks of depression and PTSD estimated to be three to five times higher than among women who have not experienced violence (Canadian Women's Foundation, 2024). This evidence underscores that GBV is not only an acute physical harm but a sustained driver of long-term mental health challenges,

reflecting its deep psychobiological and psychosocial imprint on survivors' lives.

Among Indigenous women, the mental health impacts of violence are compounded by intersecting structural and historical factors. Indigenous women experience disproportionately high rates of IPV due to systemic inequality and the ongoing effects of colonial violence, and these experiences are associated with elevated levels of PTSD and depression. Social responses to disclosure also shape outcomes: negative or dismissive reactions are significantly associated with higher levels of PTSD and depressive symptoms among Indigenous survivors (Aranda-Hughes et al. 2025).

> *"She has struggled in the past with mental health. She has gone to her family and friends for healing. She talks to them every day and they have lightened her sadness. She was attacked 2-3 years ago by a partner and the year afterwards she felt like giving up and had a hard time getting out of bed. Her friends, family and eight-year-old daughter have helped her recover."*

Many participants described symptoms associated with PTSD and CPTSD, including hypervigilance, nightmares, intrusive memories, and emotional numbing - experiences consistent with long-term trauma reactions documented by Indigenous populations. Statistics Canada notes that Indigenous victims of violence were more likely than non-Indigenous victims to feel "numb or detached from others or activities" (33% versus 16%) and "constantly on alert or on guard" (34% versus 18%), key features of PTSD symptomology (Perreault, 2022). In Nunavut specifically, high rates of trauma exposure, including interpersonal violence, adverse childhood experiences, and intergenerational trauma, have been closely associated with elevated suicide risk (Konefal, 2010).

Persistent chronic pain, headaches, and neurological symptoms from past injuries further contributed to difficulty sleeping, social withdrawal, and limited ability to re-engage with daily life.

Alongside these symptoms, many participants described experiencing deep shame about what they endured. Shame, blame, and internalized stigma are well-documented responses to IPV and are shaped by community dynamics in small, close-knit environments where privacy is limited and social

relationships are deeply interconnected.

> *"How does the violence affect girls and women in this community? It has a lot of effect as I was also abused years ago now. Even thinking of it today, it still hurts, but I cannot be ashamed of it anymore. It has passed. We no longer think of it. I thought of it all the time in my head, all the time and I thought I would lose my mental health but there is a way out."*

Many participants described how addressing their own experiences of trauma also brought forward connections to the collective and intergenerational trauma of colonization in Nunavut. For some survivors, the symptoms of PTSD — fear, hypervigilance, grief, and loss — felt intertwined with the ongoing impacts of residential schools, forced relocations, family separation, and the suppression of Inuit language and cultural practices. At the same time, many drew strength from understanding that their pain exists within a larger history that their communities have survived.

> *"We have only begun to hear about these situations from people that went to residential schools or people who lost their dogs to the dog slaughters. These have had an impact on people as they are hurt by this action of the past. Our ancestors suffered all these at that time."*

> *"I agree with you as there are many who were sent to residential schools, many parents who lost their children to the systems, their children had not even grown up yet as they were taken from them. So when the ones that were sent started having their own children, it seems like there is that emptiness and not knowing how to parent. Many of us actually. Even me, I was like that in the past with my own children. So a parenting course would really go a long way and have a great effect. Having Elders teach us as well. It seems like this needs to come back, utilizing Elders and Inuit in general to talk to. It seems like Inuit need to create Acts that are from the Inuit for the Inuit. Yes."*

Participants spoke about the ways cultural teachings, land-based practices, kinship networks, and the guidance of Elders offered grounding and hope. In this way, healing from violence was

not only an individual process, but also a reconnection to Inuit cultural resilience - recognizing that Inuit have endured profound hardship, yet continue to care for each other, rebuild, and sustain identity, belonging, and strength.

The long-term effects of violence also included economic and functional impacts. Some survivors reported difficulty maintaining work due to cognitive challenges such as memory loss, difficulty concentrating, or trouble managing appointments - symptoms that align with traumatic brain injury and chronic stress responses. Research indicates that violence-related trauma and acquired brain injury are significant contributors to employment instability among survivors. (Campbell et al., 2018).

> *"And. my mind. Yeah. That's why I can't work anymore. It's easier on me now since it happened few years, and I used to cry a lot because I won't work anymore. It got really hard, until I learned how to handle it.*
>
> *"And it's something that we have to educate employers more about. So they support the people that are working for them who are survivors."*

Other participants described lasting physical impairments, including reduced vision, chronic pain, limited mobility, and neurological symptoms. These impairments not only affected physical health but also contributed to isolation - particularly in Nunavut, where limited health services, lack of accessible infrastructure, and long travel distances can make ongoing rehabilitation difficult to access (Inuit Tapiriit Kanatami, 2014).

> *"I was assaulted and stabbed multiple times, which resulted in physical limitations that made it difficult for me to walk. Due to the injuries, I have damage to my hands and struggle to grasp smaller items, only being able to hold onto larger objects. Additionally, I have lost strength in my hands and arms, making it challenging for me to carry heavy items. These limitations are a result of the assault."*
>
> *"I can't really carry because I have broken ribs too. That's violence too on my, myself. So I can't carry heavy stuff."*
>
> *"I am sorry but I had to release this. I had to let it out. Yes,*

that's the way to do it. That I show you you will overcome. Much love to all of you. I have had this experience myself in my life. These are dentures I am wearing, I lost them from being abused. I have experienced stabbings so I emphasize what you all go through. I understand and it hurts from deep within."

These experiences show that GBV in Nunavut is not only an immediate threat to safety - it produces enduring psychological, social, economic, and physical consequences that shape survivors' lives over time. Long-term supports must therefore recognize the complex and overlapping nature of trauma, disability, pain, and healing.

Recommendations

1. Make disability-inclusive GBV policy a territorial and federal priority.
2. Expand access to safe, accessible, and confidential supports.
3. Integrate TBI, strangulation, and trauma screening into frontline care.
4. Invest in long-term healing and rehabilitation supports.
5. Support Inuit-led, culturally grounded prevention and healing approaches.
6. Improve coordination across systems that survivors must navigate.
7. Improve training for employers and service providers on violence-related disability.

Violence Against People Living With Disabilities

Participants described situations where abusers used a person's disability or health condition to maintain control. This included emotional, financial, physical, and sexual abuse. These forms of violence were not incidental but strategic, targeting dependence, access needs, and social marginalization in ways that constrained survivors' autonomy. These patterns are consistent with national and Inuit-focused research showing that women and family members with disabilities experience higher rates of targeted forms of violence, including restrictions on daily activities and access to care (Pauktuutit Inuit Women of Canada & Comack, 2020).

Key Findings

Disability, age, dependence, and poverty can be exploited by abusers through financial control, neglect, sexual coercion, and restricted access to care.

Structural pressures such as food insecurity, overcrowded housing, limited shelters, and scarce mental health services make violence harder to escape and recovery harder to sustain.

Participants emphasized that effective violence prevention in Nunavut must be intersectional, culturally grounded, and inclusive of Elders, men, women, and people living with disabilities.

> *"She said that violence, it impacts people, all people in the family, especially Elders. That they're dependent and they're being financially abused, emotionally abused, physically abused. They're being used by their family."*

> *"Sometimes Elders are disrespected and dishonoured."*

Participants' experiences demonstrate that disability-related dependence is often weaponized within family and

"Violence has been going on so long."

— Respondent

caregiving relationships, especially where alternatives for support are limited or nonexistent.

Financial abuse was commonly reported. For some participants, abusers controlled or took disability benefits, child benefits, pensions, or other income sources.

> *"Yeah. Like, there's this guy with disability and, I don't know, like, he works every day and he still asks for money. And I don't know. I think his parents are abusing his money, and he's on disability."*

> *Researcher: "Do you have any concerns about violence in your community?"*

> *Respondent: "Yeah. Especially when it's like child tax pay days, at nights. My street is so loud."*

Financial dependency increased survivors' vulnerability and reduced their ability to leave or seek safety. In many cases, income supports that were intended to reduce vulnerability instead became predictable points of exploitation. Studies of violence against women with disabilities in Canada have documented that control of disability benefits and forced dependence are common forms of abuse. (DisAbled Women's Network of Canada, 2019).

> *Researcher: "Thank you. Furthermore, are people with a disability vulnerable to violence?"*

> *Respondent 1: "Yes, they are very vulnerable. People who are faced with physical limitations can be vulnerable when they receive their disability cheques through financial abuse. They are often robbed and they are scared. They become unhappy prior to their cheques knowing that they will not see their money.*

> *Respondent 2: "Financial control by..."*

> *Respondent 1: "...others, yes. The ones that are financially abused often have people around who know exactly when and how much they will receive. I really have an issue with this. Those that cannot work are faced with*

> *stress knowing that tomorrow will come when they receive their cheques and they will be mistreated. I feel for them so much."*

These accounts show how violence can intensify around predictable income cycles, creating periods of heightened risk that survivors anticipate but are often powerless to avoid.

Participants also reported bullying and humiliation linked to disability or limitations in mobility, cognition, speech or hearing. This aligns with research showing that children and adults with disabilities experience significantly higher rates of emotional verbal victimization, including name-calling, ridicule, social exclusion, and other forms of psychological aggression (Columbia University Mailman School of Public Health, 2022). National indicators on education report that among youth aged 15-29 with more severe disabilities, 55% of young men and 48% of young women experienced bullying at school (Employment and Social Development Canada, 2025). Statistics Canada data further show that emotional and verbal abuse are highly prevalent in IPV contexts for women with disabilities. In 2018, 53% of women with disabilities reported experiencing psychological abuse, a form of bullying, by an intimate partner in their lifetime, including being blamed for causing their partner's abusive or violent behaviour (52%) and being put down or called names (40%) (Savage, 2021).

Such behaviours occur within clear power imbalances, where dependence, communication barriers, or social marginalization increase vulnerability (Gaylord, Palmer, Heyne, Montie & Abery, 2011). In family, school, workplace, and caregiving contexts, these dynamics can become normalized or minimized, and situational barriers (including dependency on caregivers or fear of repercussions) can make the behaviour more difficult to identify or report as abuse. Research indicates that emotional and verbal abuse targeting disability occurs within entrenched power differentials and can reinforce those imbalances, contributing to deeper social isolation.

Research indicates that emotional and verbal abuse targeting disability can reinforce power imbalance and isolation.

> *Researcher Field Notes: "The older participant also talked about her brother in law, who lives in [community name], and he is maybe not completely at hearing loss, she said hard of hearing. But he experiences abuse from his*

> *partner. She said that, for example, when he- when his partner asks him a question or tries to get his attention and he doesn't respond because he can't hear she will throw things at him and speak really horrible things about him to the rest of their family while he's in the, in the room."*

> *Researcher: "Have you ever witnessed or seen, like, violence against people with disabilities here?"*

> *Respondent: "Yes, I have."*

> *Researcher: "What, what was that like?*

> *Respondent: "It's awful to hear because my late brother had a disability, and they pretty much picked on him while he was alive."*

> *Researcher: "Oh, was that like in school or...?"*

> *Respondent: "No. When he had his own home and they would beat him up at times."*

These narratives highlight how violence against people with disabilities often continues into adulthood, extending beyond institutional settings and into private homes where oversight is minimal.

Another pattern described was withholding or restricting access to medical care. Survivors reported situations where abusers refused to take them to medical appointments, prevented them from obtaining medication, or discouraged them from reporting injuries. Control over health care functioned as both punishment and containment, reinforcing dependency and limiting opportunities for outside intervention. Withholding of mobility aids, medication or medical care has been identified as a documented form of control in IPV for survivors with disabilities (Savage, 2021).

> *"She was having a migraine. She told her father that she was going to the health center for her migraine, and he protested and tried to stop her."*

In Nunavut, limited local health services and the need to travel for specialized care can intensify the harm of this type of abuse (Inuit Tapiriit Kanatami, 2014). When access to care already requires coordination, travel, and support, interference by an abuser can have immediate and serious consequences.

Participants also shared experiences of Elder abuse, including situations where older family members who required support were instead neglected, verbally abused, or financially exploited. Elder abuse emerged not as an isolated issue but as part of broader patterns of dependency, substance use, and economic strain within households. These experiences reflect broader concerns raised in northern and Inuit community research on the vulnerability of Elders who rely on family due to mobility or care needs. Concerns include; lack of long term care facilities, lack of respite care and home care, lack of transportation and barriers to health care. (Canadian Centre for Caregiving Excellence & Nunavummi Disabilities Makinnasuaqtiit Society, 2024; Government of Nunavut, 2024; Nunavummi Disabilities Makinnasuaqtiit Society, 2024).

Elder abuse emerged as a significant concern for participants in this study. In the northern context, the “+” in GBA+, which acknowledges the intersecting factors that shape lived experiences, can sometimes be the most salient dimension of a person’s experience. In particular, characteristics such as age, disability, and race were described as profoundly shaping the dynamics of harm, access to support, and the ability to seek help when discussing GBV. These insights highlight the importance of approaching gender-based analysis of GBV through an intersectional lens that recognizes how overlapping forms of marginalization can intensify risk and shape the lived realities of those experiencing harm.

> Researcher Field Notes: “She also spoke a lot about Elder abuse. She spoke about her husband, who is elderly, being- experiencing disability. I don't think she specified. No, she didn't specify in what capacity. But she did speak about Elder abuse and children in her family having issues with alcohol and substance use and having a peace bond against her children and trying to protect her husband from them. She spoke about Elders in the community receiving their pension, and then having family members coming to try and ask them for money

“I think there would be more understanding if we see people for who they are and not what they are dealing with - they would be more welcomed.”

— Respondent

for substance use.”

“Sometimes we are verbally abused. We have to stay strong.”

Participants also emphasized the heightened vulnerability of people with disabilities to sexual abuse. Experiences of sexual abuse were frequently linked to relationships of dependency - conditions often intensified by limited supports and services in the North, which can leave people with disabilities reliant on family members for care and daily needs. Some participants described being forced or coerced into sexual acts because they depended on the abuser for transportation, financial security, or physical assistance. This form of violence was particularly difficult to disclose, given the fear of losing essential care or being left without support.

“But, with a background like hers, she needs better care, better shelter, more supervision. But at her age, not a lot of relatives will do that. Because where, our relatives that are down there, some are pedophiles.” (Respondent discussing adult family member with a cognitive disability).

A 2018 Statistics Canada report indicates that more than half of women with disabilities have experienced some form of IPV in their lifetime, and are nearly twice as likely to experience sexual

or physical assault by an intimate partner in their lifetime. Sexual abuse rates were extremely high in Statistics Canada findings and women with disabilities were found to be four times more likely to have been sexually assaulted by an intimate partner in the previous year (Savage, 2021).

Together, these experiences show how disability can be deliberately exploited by abusers to maintain control. Financial control, denial of medical support, humiliation, sexual coercion, and threats of abandonment all contributed to long-term trauma and isolation. In small northern communities, where alternatives to family-based care are limited, these dynamics are particularly difficult to escape. Recognizing these patterns is crucial for designing GBV responses that account for both disability and the realities of small northern communities, where leaving an abusive situation often requires navigating limited housing options, travel barriers, and close social networks.

Situational Pressures

Participants described how the broader social and economic conditions in Nunavut contributed to situations of increased risk and vulnerability to violence. These conditions did not cause violence, but they shaped the context in which violence occurred and limited options for safety and support. Participants repeatedly emphasized that structural pressures narrowed choices and intensified dependence, making harm harder to resist or escape. This reflects research showing that social determinants in Nunavut such as housing, food security, and access to services strongly influence both exposure to violence and a person's ability to seek help (Inuit Tapiriit Kanatami, 2014).

Food insecurity was a recurring challenge raised by participants. Many described difficulty consistently accessing nutritious food, and some noted that this increased stress and conflict within households. According to the 2023 Canadian Income Survey, Nunavut recorded the highest poverty rate in the country (43.4%), roughly four times provincial averages, and the highest prevalence of food insecurity (58.1%), more than double that observed across the provinces (Statistics Canada, 2025a). The 2022 Indigenous Peoples Survey found that more than three-quarters (77%) of Inuit children in Inuit Nunangat lived in households that experienced food insecurity (Arriagada & Racine, 2024).

Chronic food insecurity is not only a matter of nutrition or cost of living; it is also associated with heightened household stress, financial strain, and limited coping resources - factors that have been linked in multiple studies to increased risk of IPV and other forms of family violence. For example, systematic reviews and large population-based studies have found that a greater severity of food insecurity corresponds with higher likelihood of IPV, indicating that food insecurity may act as both a consequence and a driver of conflict in relationships (McKay & Bennett, 2025).

Research suggests several mechanisms for this association: economic stress from inadequate access to food can increase tension and conflict in the household, thereby elevating the risk of violence; conversely, situations of abuse can restrict a person's access to financial and food resources, thus increasing their food insecurity; and broader conditions of poverty and deprivation that contribute to food insecurity are themselves risk factors for violence. In this way, food insecurity operates as both a symptom of structural inequity and a contributing factor to relational instability, with disproportionate impacts on women and children (Jewkes et al., 2023).

> *"Cost of living has increased recently and it's putting a lot of pressure."*

Food scarcity can also create dependency on a partner for access to food or store credit, which may be exploited in abusive relationships.

Housing conditions also play a critical role in shaping the dynamics of family tensions leading to IPV and GBV, with overcrowding emerging as a particularly influential factor. According to the 2021 Census, 53.1% of households in Nunavut experience overcrowding – more than five times the national average (Statistics Canada, 2022b).

> *"The other thing that's very detrimental here is housing. I didn't, you can add that after. Because a lot of people are in two bedroom units and there's 12 or 14 people in there. So no sleep. No getting away from violence when violence occurs too."*

> *Respondent: "And I constantly bothered the housing to*

get me a house. And they gave us a house."

Researcher: "How long did that take?"

Respondent: "About almost four years."

Researcher: "Oh my gosh."

Respondent: "Some wait even longer to get a house up here because it takes a long time to get a house."

Researcher: "Waiting, and you're not having a place on your own to even heal..."

Respondent: "Yeah."

Studies show that living in densely populated households can generate sustained psychological stress, limit privacy, and make it more difficult for survivors to de-escalate, physically remove themselves from unsafe situations, or regulate their social interactions within the home. These conditions can strain interpersonal relationships and increase the likelihood of conflict escalating into violence, particularly where other social and economic stressors are present (Lanchimba, Díaz-Sánchez & Velasco, 2023; Department of Family Services, 2024a). Crowding can also have impacts on physical health, such as increasing rates of respiratory infections, particularly in children (Snodgrass, 2013). Several respondents spoke about how the lack of housing, and the issue of overcrowding impacted both men and women, as well as children. This concern is compounded by the significant lack of shelters (both homeless shelters and shelters for people fleeing violence).

Respondent: "With myself, I've been struggling with homelessness since I separated my ex-commonlaw, while, while back then. It's been very hard for me to have a proper home at my siblings', most of them are too overcrowded with their younger children and their babies. When there's violence at where I'm at, when they do talk, I always have a hard time finding a warm place to be."

> *Researcher: "Yeah. A lot of people have said they would like a shelter somewhere for pl-, a place for people to go."*
>
> *Respondent: "Yeah. I used to hear from another homeless person that came back from a homeless shelter in [nearby larger community]. He went back home for a while. He said, you know that government building that was the old health center. On the top floor is their rooms where the workers used to stay. That was going to be a - plan to be a homeless shelter before the Covid, but Covid hit and it broke that funding down."*

Participants also identified a lack of social services, including shelters, community support programs, and crisis intervention services. Many communities have no safe house or only limited shelter capacity. Territorial research notes that access to culturally appropriate GBV services is limited or inconsistent across Nunavut and that survivors may need to travel long distances to receive support (Qulliit Nunavut Status of Women Council, 2007; Pauktuutit Inuit Women of Canada, 2019).

This lack of accessible support can prolong exposure to violence and delay help-seeking.

> *Researcher: "Do you think there's a difference in getting help for violence here versus the rest of Canada?"*
>
> *Respondent: "Yeah, I think so. Yeah."*
>
> *Researcher: "What do you think the difference is?"*
>
> *Respondent: "Not much resources up here."*

Participants additionally described a shortage of mental health services, with long wait times, limited continuity of care, and high turnover among frontline and clinical staff. The Canadian Mental Health Association's State of Mental Health in Canada 2024 reports that Nunavut has about one-third the number of mental health, addictions, and substance-use health care providers per capita compared to the national average (the lowest in the country), contributing to service limitations across communities. The report further explains that the specialized mental health workforce in Nunavut is often transient or short-term, which disrupts continuity of care and makes it difficult

to build stable therapeutic relationships - particularly in small, culturally distinct communities where trust and long-term connection are essential (Canadian Mental Health Association, 2024).

Workforce and access challenges are also acknowledged in territorial Inuit government documents. The Government of Nunavut's Inuusivut Anninaqtuq Mental Health Action Plan recognizes that many Nunavummiut do not have adequate access to mental health services and identifies improving service availability as a core priority (Government of Nunavut et al., 2024). Consistent access to culturally appropriate and continuous mental health care remains one of the most significant gaps in health service delivery in Nunavut. For survivors, this can mean limited access to trauma-informed counseling or ongoing care, which can hinder recovery and increase feelings of isolation.

> *"It's really hard to get mental health around Nunavut, especially the whole Nunavut... There's hardly any mental health to go to talk to. Like maybe 1 or 2 in Rankin but they are usually full too. They are always full."*

In addition, institutional regulations around privacy in healthcare settings may make it difficult for friends and family to advocate for, or connect family to, healthcare and mental health supports, as one participant describes.

> *"We don't have the necessary support available for that here. I've reached out to mental health services and the police for help with individuals struggling with mental health conditions. I've done my best to advocate for them, but I keep getting told that they have to seek help on their own. Despite our best intentions to assist them, there are obstacles. When we seek help on their behalf, we're consistently informed that they must seek help independently, and this poses a significant barrier."*

While privacy and confidentiality are critical to ensuring safety and dignity - as participants themselves stressed, institutional protections designed to safeguard privacy can sometimes conflict with cultural approaches to help-seeking that are more communal in nature.

Together, these situational pressures create environments

where violence is more difficult to escape and recovery is harder to sustain. Addressing GBV in Nunavut therefore requires responses that are not only trauma-informed but also attentive to structuraland systemic conditions affecting safety and well-being.

"Men Are Suffering too"

Feedback from participants highlighted that both men and women experience violence in Nunavut, although interventions and public discourse often focus primarily on women. During our interviews, men also came forward with their own stories of violence. Many respondents observed that men who experience violence are frequently overlooked in programming and prevention initiatives, leaving them isolated and without tailored supports. Participants emphasized that male victimization is rarely named or acknowledged, which deepens stigma and reinforces silence around men's experiences of violence.

> *"Young men have a hard time talking to people and showing feelings is hard. One young man talks to his uncle. The other two have a hard time figuring out who to talk to and don't talk to anyone. It is hard to be brave enough to ask for help. Sometimes people see you as weak and small for asking for help. Feeling like people may think that the young men are not deserving of their time. People have bigger problems and it can be hard to talk about problems to others when they're going through so much already. More men's programs are needed in town."*

This account highlights how masculinity norms shape help-seeking, where emotional expression and vulnerability are interpreted as weakness rather than need.

Participants described how these expectations discourage men from disclosing violence, even when harm is severe, reinforcing isolation and internalized shame.

> *"Men also experience violence. It is not just the women, men also experience violence. Yes."*

> *"I just would like to see centers opening for men and*

women because a lot of them don't have homes to go to. Even they have a lot of family and friends in town."

Respondents also noted that gaps in resources, such as the limited availability of men's shelters, counselling services, and culturally appropriate interventions, exacerbate the impacts of violence on men. Without safe spaces and accessible services, men may struggle to access support or recovery pathways, which can perpetuate cycles of trauma within families and communities. Participants' accounts suggest that the absence of men-specific services is not neutral, but actively contributes to silence, untreated trauma, and the continuation of harm within families and communities. This observation aligns with broader research on male victimization in northern and Indigenous contexts, which shows that men often experience similar patterns of violence as women. However, while Indigenous men are more likely to report IPV to police, they often face additional barriers to support (Office of the Federal Ombudsperson for Victims of Crime, 2020). Research from Northern Ontario notes that Indigenous men experience disproportionately high rates of violence, including IPV, yet their experiences as survivors remain under-investigated and poorly understood, particularly in health and service settings (Rizkalla, Maar, Reade, Pilon & McGregor, 2020). Canadian federal research similarly documents that male survivors report being dismissed or mocked when attempting to disclose abuse - including responses such as "that doesn't happen to men" or "man up", and that men are generally less likely than women to formally report victimization (Roebuck et al., 2020).

"A men's shelter, would help out too for the mens out there. Everything nowadays it's always for the ladies and the mens, they don't get nothing. The men are always on their own."

Researcher: "And just in general, is there anything you wish your community had that it doesn't?"

Respondent: "Men's shelter."

Participants emphasized that supporting men alongside women does not diminish attention to women's experiences, but strengthens overall community healing, resilience, and the

effectiveness of violence prevention initiatives in Nunavut. This framing challenges current approaches to GBV and reflects Inuit perspectives that view violence as relational and community-wide rather than confined to a single group. By acknowledging that men are also affected by violence, communities and service providers can develop more inclusive and comprehensive approaches.

Indeed many participants when asked about approaches to address violence in their communities spoke about interventions that provided space for men and women to get support. It was often recommended that these spaces be organized based on gender.

> *"Maybe like a group for men to go to talk to. The person who is going to be helping them, he really understands what ladies to go through. Like, they, some people really need help. They just don't want to talk about it. They just... like there's help out there, but they won't. They don't ask for help. Yeah. They, they really need help, some of these people. But they, they, they don't ever ask for help. If they do, they're gonna feel way better. I know."*

> *"They need a men's group. That person that they don't know, it's not from the same community, but, they could talk to."*

Roles & Responsibilities

Gender roles emerged in conversations with participants, often as part of broader reflections on family, community responsibilities, and culture. Participants described gender roles as being shaped by traditional cultural expectations and lived experience. These roles were spoken about as relational and contextual, rooted in the ways people care for one another and contribute to community well-being.

> *"There is now a program to help men here. We have that here now and they also help the Elders. Elders are provided country food by the men's group. Elders long for country food so the men are now responding to that by providing them with country food."*

Acknowledging gender roles was frequently framed in positive and values-based terms, such as taking on responsibility, providing protection, offering care, and teaching younger generations. For example, one participant spoke about how her grandfather married multiple women who were widowed to ensure they had access to food.

> *"My grandfather had multiple wives, it was when the women became widows.They no longer had a provider and the children no longer had a father. My grandfather was able to marry a widow, more than one. I have heard stories that he had four wives at once. Because he was a great hunter. He took these widows so that they would not starve, and probably deaths occurred at the same time. I have heard this story."*

Participants emphasized that these roles are learned through observation and participation, particularly in land-based and cultural activities. In this sense, gender roles were understood not simply as identities, but as practices connected to accountability, skill-sharing, and community strength. Learning gender roles can be tied to values around safety and survival. As one participant described, her father spoke to her plainly about knowing her limitations.

> *"And what my dad always taught me was "know your strength". Man is stronger. You're not. Don't take the same chances a man does. Know your weakness. You're weaker. That's your strong point. Know your weakness. Because when I catch a caribou, I have to make it small. Not like men."*

A key reason participants raised gender roles was to advocate for the importance of gender-segregated spaces where men and women can share experiences, connect with one another, and learn traditional skills. Because many traditional activities such as sewing, hunting, and tool-making have historically been gendered, community members seeking to re-engage with these practices expressed a desire for spaces that reflect those traditions. Gender-specific spaces were seen as supporting comfort, focus, and intergenerational learning.

> *"I have not seen any group for women yet. I used to talk about having women gather but it is hard, we used to*

gather. But there are no more activities for us."

"So we're talking about programming and there's men's programming but there's currently nothing for women and they're saying that she's been asked for it and she says that there used to be, but it's no longer available. And this is what's missing. And this is what they would like to see come back. Yeah. For a woman, like the men have their gathering, the women would like to see the same for for them."

"We need to talk or sew. Yeah, they used to talk, yup. The women, yup."

There was also discussion about how same-gender group settings may facilitate greater openness, sharing, and disclosure, particularly around experiences of violence. Some participants suggested that gender-segregated spaces can feel safer and more supportive, allowing individuals to speak more freely about sensitive topics without fear of judgment or misunderstanding. This highlighted the potential role of gender-specific spaces not only in cultural revitalization, but also in fostering trust, healing, and peer support.

"Men have done things that are not expected, they have done wrong. If they want help, it would be better to seek male workers. The same with women, we have to look at that for the future as well."

"Some find it difficult. Males find it hard to disclose to female workers. Young men find it hard to disclose to female counselors. If there was a male counselor the young man would be able to talk to them without any issues. Myself too, as a women Elder, I would be more open to talk to a female worker rather than a male worker."

Participants described earning traditional skills and values from both men and women in their lives, most often their parents, grandparents, and close relatives. While certain activities were described as gendered, learning was not always limited by gender, and many participants emphasized the importance of being taught by whoever held the knowledge.

> *"I believe I became strong myself, learning from my mom and dad as role models in my life, and good education. Continuing education and to support each other in our strengths and help us along through our weaknesses, find out what our weaknesses are to be able to understand how we can strengthen those weaknesses."*

> *"They help each other make traditional clothing. Raise their kids or teach them traditional ways and teach them our mother language, mother tongue."*

These teachings included practical skills as well as values such as respect, patience, cooperation, and responsibility. This intergenerational learning across genders was described as foundational to personal development and cultural continuity.

Education around roles and responsibilities also extended to how children were taught about caring for each other, including care for Elders and people living with disabilities. This is significant in a discussion about GBV, because it points to the importance of relationality and community protection in Inuit society. Any disruption to transmissions of knowledge to the next generation (such as residential schools) severs the fostering of communities that learn to care for each other.

> *"When I was a child, the ones that had a disability were told to take care of Elders instead. We were given that responsibility. I can say that much. When the Elders realized that people with disabilities needed help instead, we started helping them. I can say that… we were told to help while our Elders led the way for us. They wanted us to become responsible people."*

> *"You know they're they're not socializing they're not building relationships and for Inuit building relationships is everything yeah so we have to we have to be very careful you know constantly observing our children and finding out how we put that motivation into their hearts what are they interested in create opportunities that they can explore that interest so that they're not stuck at home watching TV. Playing on their cell phones. Like get them doing things that contribute to helping others."*

When participants spoke about reinvigorating traditional

practices as a response to GBV, they sometimes included traditional parenting, emphasizing that instilling relationality and collective responsibility serves as a protective factor against the silence that can conceal abuse in remote communities.

Recommendations

1. Build disability-inclusive GBV policy and service standards.
2. Strengthen protections against financial abuse.
3. Expand accessible and confidential care and support options.
4. Improve access to healthcare and mental health services.
5. Develop targeted responses to Elder abuse.
6. Address the structural drivers that increase vulnerability to violence.
7. Create more gender-specific and culturally safe healing spaces.
8. Expand supports for men and boys experiencing violence.
9. Support Inuit-led parenting, mentorship, and intergenerational learning initiatives.
10. Improve flexibility in communal advocacy and help-seeking systems.
11. Increase local crisis and respite supports for caregivers and families.
12. Strengthen school- and community-based anti-bullying and anti-ableism initiatives.
13. Support low-barrier advocacy and accompaniment services.

Intergenerational Trauma, Cycles of Violence

Participants consistently highlighted that experiences of violence are not isolated events but are deeply intertwined with intergenerational trauma. In Nunavut, this intergenerational context is inseparable from the history of colonial intervention in Inuit life. Participant narratives align with substantial research demonstrating that the legacy of colonisation - including forced displacement, suppression of language and culture, the residential school system, tuberculosis evacuations and large-scale child apprehensions that separated children from families and communities throughout the mid-20th century - profoundly disrupted Inuit kinship systems, parenting knowledge transmission, and land-based cultural continuity in ways that reverberate across generations (Qikiqtani Inuit Association, 2024; Crown-Indigenous Relations and Northern Affairs Canada, 2024). A body of literature supported by, and produced in collaboration with, Inuit organizations consistently documents how residential schools systematically separated children from their families, exposed many to physical and sexual abuse, and undermined cultural identity and parenting knowledge, contributing to long-term social and family disruption

Key Findings

Gender-based violence in Nunavut is deeply shaped by intergenerational trauma, with participants consistently linking present-day harm to the ongoing impacts of colonization, family separation, and disrupted cultural and caregiving systems.

Children and Elders are profoundly affected by GBV, not only through direct victimization but through exposure to violence, coercive control, displacement, neglect, and the structural conditions that make safety difficult to achieve.

Substance use was identified as an accelerant of violence, intensifying household instability and harm while intersecting with service gaps, stigma, trauma, and unmet needs for culturally safe support.

(Legacy of Hope Foundation, 2010; Truth and Reconciliation Commission of Canada, 2015). These historical traumas continue to influence family dynamics, parenting, and community relationships, creating cycles in which violence repeats.

Research further demonstrates that survivors of residential schools and their descendents experience elevated rates of psychological distress, substance use challenges, and family violence, reflecting patterns of intergenerational trauma transmission (Bombay, Matheson, & Anisman 2014). The National Inquiry into Missing and Murdered Indigenous Women and Girls similarly concluded that colonial policies, including residential schools and child apprehension, created conditions that normalised violence, fractured kinship systems, and contributed to ongoing cycles of abuse (National Inquiry Into Missing and Murdered Women and Girls, 2019). Participants' reflections closely mirror this body of evidence, linking present-day violence to unresolved trauma stemming from colonization, family separation, and earlier forms of institutional harm.

> *"'Cause it becomes a cycle. If that person does not seek help, they will do what happened to them to others."*

This observation is consistent with broader violence research. Longitudinal and prospective studies consistently demonstrate that individuals who experience childhood abuse or witness IPV in childhood are at significantly higher risk of either experiencing or perpetrating violence later in life (Jiang, Jin, Du & Liang, 2025; Kimber, Adham, Gill, McTavish & MacMillan, 2018; McLaurin, West & Thomson, 2025; Widom, Czaja & Dutton, 2014). Exposure to violence in childhood shapes beliefs about relationships, conflict resolution, and power, increasing the likelihood that violence becomes normalized or internalized as a relational strategy.

Violence often perpetuates because shame and stigma keep many victims from seeking help. Research on family violence consistently identifies shame, victim-blaming, fear of social repercussions, distrust of formal systems (including poor relationships with police and support resources) - particularly among Indigenous communities with histories of harmful colonial intervention - as major barriers to disclosure (Allice, Acai, Ferdossifard, Wekerle & Kimber, 2022; The Public Health Agency

of Canada & Indian and Northern Affairs Canada, 2026). When historical experiences with child welfare, policing, or institutional systems have been marked by surveillance and removal rather than protection, individuals may reasonably fear that disclosure will bring further harm or family disruption.

The internalized belief that abuse should be handled privately, or that disclosing abuse will reflect badly on oneself or one's family, can lead to silence even in situations of severe harm. This silence allows violence to continue unchecked, reinforces patterns of control, and isolates victims further, turning stigma into a mechanism through which violence reproduces itself. The World Health Organization (WHO) recognizes that social and gender norms, stigma, and limited access to culturally safe services are structural factors that sustain cycles of violence (World Health Organization, 2024). When people do not feel safe to disclose what they are experiencing, systems of support cannot intervene, and the cycle of violence is maintained - not because violence is inevitable, but because trauma remains unaddressed and structural barriers limit pathways to healing.

> *"Yeah. They get scared. They get threatened. If you call for help, they will threaten that person. They're scared to say, to get help. Silent treatment."*

These strategies reflect survival responses rather than safety, shaped by fear of escalation, retaliation, and loss of social standing. Participants' descriptions reveal how silence and appeasement function as short-term protection while increasing long-term harm.

Silence is also not only a reaction to violence but can be a strategy used within it. Many abusers actively create an environment of fear, intimidation, or coercion that prevents victims from reaching out for help. This can include direct threats, manipulation, monitoring communication, or implying that no one will believe them. The resulting silence is not a freely made choice but a survival response produced through coercion. When victims are made to feel unsafe, discredited, or powerless, speaking out can seem impossible. This enforced silence strengthens the abuser's control and further isolates victims from the relationships and supports that could help interrupt or end the violence.

> *"Children go hungry when the parents spend their money on alcohol and gambling, I notice that the children are living in fear more. I know as I see that there is nothing to eat for the children before they go to school. I also see that men are angry and intimidate the women when they cannot control her. The children are told not to tell anyone about the abuse. They know they will get a beating if they come home late. The way they are controlled is sad. When they do not report the abuse to the police, the perpetrator continues the abuse."*

Silence is not simply the absence of disclosure but a condition shaped by fear, stigma, and coercive control. When individuals feel unable to speak out violence can continue largely unseen. Participants' experiences highlight the importance of creating environments where people feel safe to disclose harm and access culturally appropriate support, as breaking silence is often a critical step in interrupting cycles of violence.

Impacts of GBV on Children

One of the prominent themes emerging from our interviews is that children are often witnesses to family violence. Many participants described situations in which children saw or heard violent incidents within the home, or were directly in environments where abuse was present. In these contexts, exposure to violence is not incidental or occasional, but embedded in daily life, making avoidance or escape difficult for children even when caregivers attempt to intervene.

> *"Well, there's quite a bit of violence due to alcohol and drug issues. For the young, the young kids - babies that are growing see that a lot with their parents in the house."*

This theme aligns with broader research showing that children's exposure to IPV is common and deeply harmful. A Canadian analysis of police-reported IPV calls found that children were present in just over one third (33.9%) of IPV calls, underscoring the frequency at which children are witness to such events (Hovey, Rye, George, Scott & Chambers, 2023). Exposure includes seeing or hearing assaults, witnessing the aftermath (e.g. injuries or police response), or being used as part of coercive control.

The impacts of witnessing violence are well documented. Children exposed to IPV or other forms of abuse in the home face increased risks of emotional, behavioural, and developmental difficulties, including anxiety, behaviour problems, challenges at school, and difficulties forming healthy peer relationships. The effects of exposure can be both immediate and long-term, with exposure linked to enduring mental health consequences that extend into adulthood (Public Health Agency of Canada, 2014). Research further indicates that children who witness IPV are at heightened risk of trauma-related symptoms, including PTSD, depression, and increased likelihood of experiencing or perpetrating violence later in life (Department of Justice, 2021b).

In Nunavut, the impact of children's exposure to violence must be understood within the broader context of intergenerational trauma. Colonial policies, forced relocations, residential schooling, and systemic disruptions to family and community life have had enduring consequences for Inuit families. Family separation, cultural suppression, and experiences of abuse continue to shape parenting practices, relational norms, and community wellness (Inuit Tapiriit Kanatami, 2014; Dion, Fraser & Cookie-Brown, 2024; Aguiar & Halseth, 2015). Within this historical and structural context, children's exposure to family violence does not occur in isolation. It intersects with ongoing inequities in mental health supports, service access, housing conditions, and community safety - factors that are themselves rooted in colonial disruption and systemic marginalization.

Children's exposure to violence in the territory also occurs against the backdrop of disproportionately high rates of violent victimization. Police-reported crime rates in Nunavut are several times higher than the national average, with the territory's Violent Crime Severity Index (VCSI) far exceeding that of Canada as a whole (Nunavut: 649.1 vs Canada: 99.9) and the overall police-reported crime rate more than nine times higher (54,275 vs. 5,672 per 100,000 population) (Statistics Canada, 2025c). Shelter data further illustrate the direct impact on children: across Canada, women make up the majority of admissions to residential facilities for victims of abuse, followed closely by children accompanying an adult, who represent 39% of admissions (Statistics Canada, 2024a). In Nunavut specifically, shelter admissions have risen sharply in recent years, with the territory reporting a 114% increase between 2017/2018 and 2022/2023 (Heidinger, 2024). These figures underscore that

> **“Quote The abuser and the victim are not the only people suffering. If there are children involved, they need more support as they are affected by witnessing violence.”**
>
> — Respondent

children are not only present in violent households but are also frequently displaced by violence, experiencing its immediate consequences alongside their caregivers. This data also serves as an indicator of the deeply embedded structural and historical forces shaping children’s lived realities.

Research in northern and Indigenous contexts further emphasize that structural factors can intensify children’s exposure to violence. Overcrowded housing is widespread in Nunavut, with Inuit households experiencing the highest rate of crowding in Canada, limiting physical space for children to avoid or retreat from conflict (Statistics Canada, 2022a). High levels of food insecurity is a well-documented problem among Inuit living in Inuit Nunangat, and is even more prevalent among those living in crowded conditions with children (Arriagada, 2017). In 2022, more than three-quarters (77%) of Inuit children in Inuit Nunangat lived in households that experienced food insecurity (Arriagada & Racine, 2024). Substance-use related harms, including problematic alcohol and drug use (Courtemanche et al., 2024), add another layer of structural stress, often intersecting with overcrowded housing and food insecurity to create environments where conflict is more frequent and children have fewer opportunities to avoid or escape exposure. Collectively, these factors amplify children’s risk of witnessing violence and contribute to more persistent and sustained experiences of household conflict.

Over all, interview findings and territorial data suggest that children's exposure to family violence in Nunavut is not episodic but structural - shaped by high rates of violent victimization, housing shortages, and limited services. While children are clearly present in many violent incidents, they are often statistically and administratively rendered secondary to adult victims, rather than systematically categorized as child victimization in its own right, despite research showing that witnessing violence constitutes a distinct and serious form of harm.

Coupled with this witnessing role is the frequent presence of substance use as a contributing factor. Our interviews revealed that many incidents of IPV and family violence occurred in the context of intoxication, misuse of alcohol and drugs, and that children were present in the home during those episodes. Participants described substance use as reshaping the emotional and physical safety of the household, increasing unpredictability and escalating conflict in ways that children directly absorb.

> *"An intervention is necessary for both the victim and the abuser. If there are children involved, they too are affected by witnessing violence. The abuser and the victim are not the only people suffering. If there are children involved, they need more support as they are affected by witnessing violence, they see bruises on the victim."*

> *"They live in a home with thirteen people in it. All four of their adult daughters drink, and their one son does not. They have toddlers living in the house with them and try to protect their grandchildren from seeing violence as much as possible."*

Evidence continues to show that substance use (especially alcohol) is frequently associated with family violence and related violent incidents in Nunavut. A 2008 Justice Canada report notes that alcohol or drugs were involved in over half of family violence incidents in Nunavut, with 56% of the accused said to have been under the influence at the time of offence (Paletta, 2008). Though more recent territory-level statistics on intoxication at the time of family violence are limited, general victimization research consistently shows that violent incidents in the Canadian territories are often linked to alcohol or drug use

by the offender. According to Statistics Canada's 2014 Criminal Victimization in the Territories report, roughly 63% of violent incidents (including sexual assaults) were reported by victims to be related to alcohol or drug use by the offender, indicating a continued pattern of substance-related violence in northern communities (Perreault & Simpson, 2016). Additional community safety analysis in Nunavut reinforces this pattern. Local policing and community reporting highlight that a very high proportion of calls for service and incarceration cases involve alcohol intoxication (as many as 95%), and heavy drinking is identified as a risk factor for violent behavior and IPV (Nunavut Liquor Commission, n.d.). Overall, substance use, and alcohol use in particular, remains closely associated with family violence and other violent incidents in Nunavut. Intoxication is not a minor factor, but a recurring feature of the environments in which children are witnessing violence.

Participants also highlighted the impact of violence on children and teens and the lack of culturally grounded prevention programming:

> *"There's children that are sleeping outside, scared to go home… These children need programs in order to wake up because they are getting into more trouble, because there's nothing for them."*

This aligns with calls from Inuit organizations for trauma-informed, land-based programming for youth and families as part of GBV prevention (Department of Family Services, 2024b).

Participants' emphasis on programming reflects an understanding that prevention is relational and collective. For instance, when safe, structured spaces are absent, risk concentrates in homes and public spaces shaped by stress, overcrowding, and violence.

The real impacts on children of witnessing violence are immediate and long-term. Children may develop anxiety, fear, difficulties in school or with peers, and may internalize responsibility or shame for what they have seen (Aguiar & Halseth, 2015). They require supports that address their unique experience as secondary victims, not only of direct abuse but of exposure to the trauma of household violence. Importantly, participants rejected the idea that children are "unaffected" simply because they were not physically assaulted.

Participants reflected on their own experiences of witnessing abuse as children. Several spoke about the sense of responsibility they felt, and described attempts to intervene to protect their parents. These narratives reveal how children may take on protective or caregiving roles prematurely, a form of emotional and practical burden that can carry into adulthood.

> *Researcher Field Notes: "She said that her father threatened her at the time when the abuse was happening, that her father threatened her, that he would beat her mother and that she wanted to protect her mother and her mother was a small woman, and she was worried about protecting her."*

Research from Inuit communities underscores that childhood exposure to family violence occurs within the broader context of trauma and systemic inequities that children navigate. Adverse childhood experiences (ACEs), including witnessing violence in the home, are widespread: 77.6% of Nunavimmiut reported experiencing at least one form of ACE in a 2023 study (Lafrenaye-Dugas et al., 2024). Evidence from northern and Indigenous contexts indicates that children who witness family violence often experience long-term emotional and behavioural difficulties linked to exposure to household violence and adversity (Andersson & Nahwegahbow, 2010). In Inuit communities, systemic gaps and mistrust in formal supports mean families often manage these challenges themselves. Children may take on informal caregiving roles to shield family members, adding to emotional stress and responsibility at a young age. Participants' accounts show that while such actions may be interpreted as strength or resilience, they also reflect unmet needs for safety and protection.

Respondents frequently spoke about interactions with the RCMP in situations of family violence. Many described that police intervention is often treated as a last resort, used only when situations escalate to a point of immediate danger. This reliance reflects limited alternatives rather than confidence in policing as a supportive response.

> *"They, I know they go to mental health, ask for help or social services. They sometimes go to friends and families if they're supportive. And if it's, the violence won't stop they go to the RCMPs to get help."*

> *"When their daughters drink and become violent, there is nowhere else for them to call besides the RCMP. They send their daughters to the drunk tank so that their grandchildren aren't exposed to family violence."*

> *"She said she has to call the RCMP on her. That's right. She says she has to call the RCMP on her children."*

This hesitancy reflects both fear of escalation and past experiences where involving law enforcement did not always lead to safety or meaningful support. As documented in the Final Report of the National Inquiry into Missing and Murdered Indigenous Women and Girls, participants from northern and remote communities described significant gaps in local policing, including the absence of on-cite officers and delayed response time due to regional dispatch systems, which discouraged some community members from seeking police assistance (National Inquiry Into Missing and Murdered Indigenous Women and Girls, 2019). In small Inuit communities, where social networks are close and anonymity is limited, a Pauktuutit Inuit Women of Canada survey identified stigma, shame, fear of perpetrator, and lack of trust in the justice system as key barriers to reporting violence to police. In the same survey, community members also reported limited confidence that the RCMP will take violence against women seriously or respond in ways that respect Inuit culture and values (Pauktuutit Inuit Women of Canada, 2021).

> *"When I see RCMP truck taking a person up to the airport to be sent out. And I know a good reason why they're probably sending him out, but they warned him. But he's not listening. So he gets drunk again again, beats up his wife and his kids are scared."*

> *"The RCMP seem like the only option when there is violence in their home."*

For children, this means that intervention often occurs only after violence becomes severe, reinforcing fear, instability, and uncertainty rather than safety.

Finally, community members repeatedly expressed worry about the violence they see and its impact on children. In the interviews, community members voiced concern that children growing up in homes where violence is present carry not only

“We need spaces where people experiencing this can receive support, including centers dedicated to their mental and physical health. These should be places where they can retreat and rest.”

— Respondent

immediate harm but the potential of repeating or normalizing harmful behaviours in their own relationships.

> *“Like she was almost, she almost got killed. That was hard on us. And then [crying]... my grandson. He was only two but his dad would let him watch, told his son to come and watch him beat up his mom. After she moved on, he was only two, my grandson got mad. He took his, he put his, [crying] he was going to punch, "I'm going to punch you" to his mom. I really spanked him. I said, "don't ever do that. Say, 'I love you, mom.' What you have to do is say that every day to your mom." After that he stopped. It was hard.”*

This account illustrates how children may internalize violence as a model for conflict resolution at an early age, reproducing behaviours they witness before they are able to understand or contextualize them.

In Nunavut, community-led initiatives signal this concern, and public consultation efforts reflect broad local recognition of the need to break intergenerational cycles of trauma and family disruption using an Inuit-led and Inuit-informed approach. (Davidson, 2024; Department of Family Services, 2024b). These initiatives reflect widespread community awareness that preventing violence requires early, family-centred, and culturally

grounded responses.

> *Respondent: "They go through that (children seeing violence)."*
>
> *Researcher: "You're worried about them?"*
>
> *Respondent: "Yeah. But we got special care from Family Services. That's a good service."*

But support from Family Services can also involve child-removal or child placement if situations are deemed unsafe. Several interviewees described child apprehension as occurring abruptly and under traumatic circumstances, connecting present-day removals to the historical trauma of residential schools and Federal Day schools. Participants characterized contemporary welfare interventions as echoing earlier colonial practices of family separation, interpreting these experiences not only as child protection measures but as a continuation of past harms. This intergenerational lens reflects the ongoing impacts of colonial trauma.

> *"But social services are kind of like federal day school years because they just take away the kids without their consent because their parents are probably drunk or fighting. So that's, that to me... It really hits me, that one. Up here, social services work with RCMP so they go to their house, pick up their kids, take them away and just drag them out sort of thing."*

Research on Indigenous child welfare in Canada, including in northern regions such as Nunavut, emphasizes that the legacy of residential schools has created deep mistrust of government services and heightened sensitivity to child-removal interventions (Aguiar & Halseth, 2015; Qikiqtani Inuit Association, 2024). The trauma of removals is compounded when children are taken out of community, separated from culture, language, and support networks, replicating patterns experienced by earlier generations. Understanding child apprehension through this historical lens is crucial for developing culturally safe, trauma-informed approaches that recognize both the immediate and intergenerational impacts of these interventions.

In the territorial system, the legal framework acknowledges

the need to avoid removing children solely on the basis of socio-economic conditions such as poverty or inadequacy of housing, a point reflected in national standards applied to Indigenous child-welfare systems (Crown-Indigenous Relations and Northern Affairs Canada, 2025). Despite this framework, participants emphasized that remoteness, limited service capacity, and a lack of culturally appropriate in-home supports often leave few viable alternatives to removal. When children are taken from their homes, the ripple effects are felt across community, culture and well-being.

A significant and deeply impactful theme that emerged from our interviews was participants sharing first-person accounts of child abuse. Many respondents bravely recounted personal experiences of physical, emotional, and sexual abuse endured during their childhoods. These stories were shared with courage and honesty, reflecting not only the pain of past experiences but also the resilience of those who survived them. Participants spoke about the confusion and isolation they experienced as children, often not fully understanding what was happening, and then not knowing where or to whom they could turn for help.

> *"We were just young children, and my siblings were older and becoming adults, I was still growing up. I did not realize that we were living with an adult who had mental health issues... I was able to start understanding while growing up, that we were living with someone with mental health issues. He was very scary and we did not receive any help from anyone in our community, it was a very small community up there. We never received help and I never knew if there were places that could help."*

Connecting child abuse to GBV can be approached from multiple perspectives, including its role in the cycle of violence and the increased likelihood that individuals who experience abuse in childhood may encounter violent relationships in adulthood. A 2018 study by Statistic Canada found that 69% of Canadians who experienced childhood victimization also experienced violent victimization in adulthood, compared with 33% of those who did not experience childhood victimization (Heidinger, 2022b). Alternatively, connecting child abuse to GBV can turn the attention on the perpetrator. Although victims can be both girls and boys, StatsCan reported in 2012 that 97% of persons accused of a sexual offence against a child or youth were male, compared

to 3% female (Cotter & Beaupré, 2014).

These accounts underscore how violence and neglect during childhood can be compounded by isolation, limited services, and the absence of trusted adults or systems to intervene.

Impacts of GBV on Elders

As highlighted in previous sections, Elder abuse emerged as a topic of significant concern among participants. Many shared observations of older community members experiencing mistreatment, including verbal, emotional, physical, and financial abuse. Although there are no territorial statistics that accurately quantify the extent of this issue, this concern aligns with national data indicating that roughly one in ten older adults experience some form of mistreatment annually, with emotional and financial abuse among the most commonly reported types of harm to seniors in Canada (The Canadian Network for the Prevention of Elder Abuse, 2025). Statistics Canada's 2019 General Social Survey on Canadians' Safety further shows that emotional or financial abuse by an intimate partner was reported by 7.1% of seniors in the five years preceding the survey, underscoring that these forms of abuse remain a significant concern (Conroy & Sutton, 2022). Additionally, rates of police-reported family violence against seniors in Canada are 45% higher in rural areas than in urban areas. (Nonomura & Baker, 2021). This rural–urban disparity is especially relevant in Nunavut, where all communities are classified as rural or remote, meaning the territory's entire population is situated within higher-risk geographic contexts.

Research on Elder abuse in Canada also shows that gender matters: senior women are more likely than senior men to experience violence perpetrated by family members or intimate partners, a pattern consistent with broader GBV dynamics. Statistics Canada found that a larger proportion of senior women experienced family violence compared with senior men (30% versus 22%), and that senior women were twice as likely to be victimized by an intimate partner (16% versus 7%) (Conroy & Sutton, 2022). These patterns are reflected in recent trends showing that in 2024, a majority of victims of police-reported family violence were women (57%) and the rate of violence was slightly higher among senior women than senior men (Statistics Canada, 2025d). This gendered profile of Elder abuse - with older women more exposed to family and partner-related violence -

aligns with extensive literature on GBV risk factors across the lifespan.

Research also shows how gendered patterns of violence over the life course are critical to understanding Elder abuse specifically among Indigenous women. National data indicate that Indigenous women in Canada are significantly more likely than non-Indigenous women to have experienced IPV: about 63% of Indigenous women versus 45% of non-Indigenous women reported some form of IPV in their lifetime, including physical, sexual, or psychological abuse (Heidinger, 2022a). Elevated lifetime rates of GBV among Indigenous women help contextualize the higher vulnerability and gendered dynamics of Elder abuse reported in Nunavut, where older women may carry cumulative trauma and exposure to violence into later adulthood. These insights reflect widespread community awareness that preventing violence requires early, family-centred, and culturally grounded responses.

> *"Violence has been going on so long, especially against Elders."*

Financial abuse was particularly prominent as a concern. Participants noted instances where Elders' pension cheques or other financial resources were taken, often to support substance use by family members. Participants described this as a form of coercion that exploits dependency and weakens an Elder's ability to make choices about food, housing, safety, and health care.

> *"Old age pension, Elder abuse. Once a month, and taken from them by younger family members for drugs/ alcohol."*

This reflects broader territorial findings that Elders may face heightened vulnerability to financial exploitation and other forms of abuse. National consultations across Canada show that financial abuse is the most commonly reported form of Elder mistreatment (National Seniors Council, 2007), often occurring within family contexts where power imbalances or social stressors contribute to risk. In Nunavut, community consultations with Elders show that financial exploitation by family members is a recurring concern, with older adults reporting that relatives frequently pressure them for pension money and, in some cases, access and withdraw funds from their bank accounts without

consent; Elders often refrain from reporting these incidents to police due to fear of consequences from their family members (Ekho Inuit Originals & Lichen Consulting, 2023).

Contributing factors to Elder abuse in Nunavut include a lack of safe spaces for older adults. Overcrowded housing, limited Elder-specific care facilities, and the absence of accessible long-term care homes mean that Elders are often living in environments where they are vulnerable to exploitation or neglect. This can create conditions where Elders have limited privacy, limited control over who enters their space, and limited ability to leave unsafe situations.

> *"The Elders home has closed down. Used to be right by the RCMP - so safe. There is no protection for Elders now."*

> *Interpreter: "She also spoke about concern for Elders in the community that when there was an Elders home in the community, the Elders were protected. But that's since closed down and so she's very concerned about the protection of Elders from abuse."*

Importantly, participants did not describe Elder abuse only as an "individual wrongdoing," but as something that is intensified by structural pressures such as housing shortages, limited respite care, and substance-use-related crises where caregivers may be overwhelmed, under-supported, or unsafe.

Substance Use and Alcohol

Substance use, especially alcohol, emerged as a key driver of GBV and family violence in the communities we spoke with. As described in previous sections, participants repeatedly linked the presence of alcohol, other substances, and chaotic home environments to increased risks of physical, emotional, and sexual abuse. They emphasized that substance use acts as an accelerant rather than as a root cause, and noted that it intensifies conflict, reduces inhibition, and increases the severity and frequency of harm.

> *"The biggest correlator to violence in the community is substance use. People are drinking and using drugs to deal with negative emotions, when they drink and use it comes out and they can become violent."*

Nationally, substance use is strongly associated with IPV. According to Statistics Canada's General Social Survey on Victimization, alcohol is frequently present in incidents of IPV, and broader Canadian research shows that alcohol intoxication at the time of an incident is associated with increased risk of violence and injury (Conroy, 2021; Centre for Addiction and Mental Health, 2022). In the North, this relationship is particularly pronounced. As stated earlier in this report, territorial data indicate that in family violence offences, 56% of accused persons in Nunavut were under the influence of alcohol or drugs at the time of the offence, and just over half (54%) of victims were under the influence (Paletta, 2008). This high prevalence of intoxication at the time of offences underscores the extent to which substance use is intertwined with incidents of GBV in Nunavut.

More broadly, the substance-use landscape in Nunavut helps contextualize this pattern. While overall alcohol consumption among Inuit may be lower than the national average, due in part to alcohol restrictions, rates of heavy episodic (or binge) drinking are markedly higher, and heavy drinking is strongly linked to violence and abuse in Inuit populations. In 2017, nearly 48% of drinkers in Inuit Nunangat reported heavy episodic drinking at least monthly (Canadian Centre on Substance Use and Addiction, 2021). compared with a national average of 24.4% that same year (Health Canada, 2020). Importantly, substance use does not occur in isolation. In Indigenous, and specifically Inuit, contexts, multiple sources link substance use, especially problematic alcohol consumption and binge drinking, with increased GBV and interpersonal victimization and the history of intergenerational trauma stemming from colonization. Inuit women's lived experiences documented by Pauktuutit Inuit Women of Canada identified substance use and abuse as a "key social determinant of the high prevalence of all forms of violence… and specifically intimate partner violence," with community members noting the normalization of heavy drinking often translating into conflict and violence against women and girls (Pauktuutit Inuit Women of Canada, 2019).

Community members, scholars and Inuit organizations have emphasized that alcohol was introduced to many communities alongside broader settlement transitions, in the context of rapid social change, forced relocations, residential schooling, and loss of land-based livelihoods. The Truth and Reconciliation

Commission noted that the long-term negative impacts on individuals and communities caused by residential schools and assimilationist policies contribute to issues such as substance use and domestic violence (Truth and Reconciliation Commission of Canada, 2015).

> *"Back then we all helped each other. There were not (on) substances. We were all very much closer but now there are substances available so it is harder."*

Participants in our interviews echoed these dynamics: they spoke of homes where substance use eroded safety, blurred boundaries, and diminished the capacity for caregivers to protect children or respond to IPV. The overwhelming presence of intoxication not only directly aggravated violence but also undermined opportunities for timely help-seeking (because victims feared escalation, shame, or reprisal when substances were involved). Participants also described how intoxication becomes a convenient "explanation" that can minimize accountability, allowing violence to be reframed as a temporary loss of control rather than a sustained pattern of coercion.

> *Respondent: "I had kids, my nephew, my nieces, 'can I sleep here, my parents are drinking?' So we we let them in or anybody but I've seen out there, they're not close to us. You know, they're playing out for a long time. "Oh that's why they're playing out, they're drinking."*
>
> *Researcher: "They need safe places?"*
>
> *Respondent: "Yeah, safe place for until they pass out or something. Most times they sleep over, next day, we'll send them home."*

Participants also expressed concern for people with disabilities who have caregivers who abuse alcohol.

> *"Yes. Makes me wonder especially to those that have caregivers that drink. makes me wonder how they are doing. Yes. I have spoken to someone before that's in Family Services, a supervisor, ever since the Beer and Wine store has opened it has doubled or tripled that in foster care."*

It is important to note that Nunavummi Disabilities Makinnasuaqtiit Society (NDMS) recognizes substance addiction as a disability. Participants highlighted that the stigma surrounding substance use in their communities often prevents people from seeking help, which in turn can exacerbate cycles of family violence and GBV. This in turn mirrors the stigma associated with other forms of disability. Participants' comments suggest a layered stigma. For instance, people may fear being labeled "addicted," "violent," "mentally ill," or "unfit," which can delay help-seeking until they experience a crisis.

Participants spoke about the lack of services to support people living with addiction and seeking treatment.

> *"Yes, there is one you can call during the day and for that day but nothing for disability-people and with addiction. It's only if they keep going back and forth is when they can finally be sent to rehab. I didn't like that, so I even told our MLA 'once they say they want to quit they should be helped.' Yes. Yes, because the hospital here is not equipped for detox. Yes. And when everyone started to drink a lot more the nurses were noticeably exhausted. Yes. Because we don't have detox. That's the only thing I'm not comfortable with because it's so hard to try to help them. Yes. it even took a whole year but for my daughter the youngest when she lost her spouse. She couldn't stop for a long time, and going through a hard time, it was only until we all were trying our best to get her help that she needed after a year."*

> *"Young people sometimes turn to drugs instead of asking for help. No formal substance use support in town- people often turn to their family and friends. Mental health can refer people to services in other communities."*

Recognizing addiction as a disability encourages both service providers and community members to adopt trauma-informed, culturally safe interventions that address the underlying causes of substance misuse and its impact on households. In Canadian human rights law, addictions - including alcohol and drug dependence - are explicitly identified as disabilities protected from discrimination. The Ontario Human Rights Commission's policy states that "drug and alcohol addictions are disabilities under the Code" and that addiction is "a primary, chronic

disease" with complex health dimensions (Ontario Human Rights Commission, n.d.). Similarly, in New Brunswick, cannabis, alcohol, and drug addictions are recognized disabilities under human rights legislation (New Brunswick Human Rights Commission, 2018). This legal framing reinforces that addiction is not a moral failing, but a chronic condition with biological, psychological, and social dimensions that requires supports that are preventative, harm-reducing, rehabilitative, and rights-based. It also strengthens the case for accessible pathways to care that do not require repeated crisis escalation to qualify for treatment. By framing substance use disorders as disabilities, communities and systems are better positioned to provide equitable, effective interventions that reduce harm and support long-term well-being.

Recommendations

1. Develop trauma-informed, Inuit-led family healing and violence prevention programming.
2. Expand culturally grounded early intervention supports for children exposed to violence.
3. Recognize children exposed to GBV as victims in their own right.
4. Ensure child welfare and family intervention responses are culturally safe and trauma-informed.
5. Expand Elder-specific safety, housing, and support services.
6. Create targeted responses to financial abuse of Elders.
7. Improve access to substance use treatment and addiction supports.
8. Frame substance use responses through a trauma-informed and disability-inclusive lens.
9. Increase safe spaces for children and youth during periods of household instability.
10. Strengthen community-based alternatives to police-only crisis response.
11. Support parenting and caregiving programs grounded in Inuit values and relationality.
12. Increase public education to break silence, shame, and normalization of violence.
13. Design GBV responses that account for structural realities in Nunavut.

Leaving Abuse

Leaving an abusive relationship is rarely a single decision; it is often a prolonged, high-risk process shaped by limited supports, community dynamics, and complex emotional and practical barriers. Participants in this study described several factors that make it difficult for people to leave abusive relationships or family situations. They include: lack of supports (shelters and mental-health services), fear of reprisal or escalation of violence, shame and social consequences, and limited awareness about what constitutes abuse - all factors echoed in research by Pauktuutit Inuit Women of Canada (Pauktuutit Inuit Women of Canada, 2019). Participants described "leaving" less as a moment and more as a sequence of attempts. For instance, testing safety, seeking temporary refuge, returning due to lack of options, and trying again when risk escalates.

Key Findings

Leaving an abusive relationship in Nunavut is a prolonged, high-risk process constrained by limited shelters, mental health supports, and social and cultural barriers.

Informal networks of family, friends, and Elders serve as the primary source of protection, emotional support, and guidance when formal services are insufficient or inaccessible.

Survivors face compounded risks when leaving, including heightened violence, housing instability, and isolation, highlighting the need for culturally safe, accessible, and trauma-informed services.

"There was a lot of support, even, we would have safe places and safe homes. Everyone had one, anyplace that was welcoming."

— Respondent

Asking for Help

When it comes time to reach out for help, participants describe that there are limited supports to turn to. Respondents in this study cited a lack of mental health supports, crisis centres or other trained professionals to help someone looking to leave a violent situation. While there have been many efforts to increase the

presence of mental health supports in the territory, particularly in the larger communities and through remote options, many participants expressed that they still were unsure of where to go, or what type of support they could expect to receive.

> *"It's really hard to get mental health around Nunavut, especially the whole Nunavut. There's hardly any mental health to go to talk to. Like maybe 1 or 2 in (large community) but they are usually full too. They are always full."*

> *"I don't know anyone that can help. I used to look for help when we lived in Iqaluit but apparently there was help available that I was not aware of. I, you can? Even living here, I am still not aware. I have sought help and could never find it, so I just let it be."*

Resources, if they are not culturally relevant and sensitive, may turn people off from asking for help.

> *"Yes, I hope they are protecing themselves, but here, that one other thing too, even if you call the 1 800 number for help, they just ask questions like "are you suicidal?" In fact, that might be the first question. Then they shy away from the call."*

This suggests that service entry points that feel scripted, clinical, or culturally misaligned can inadvertently discourage help-seeking especially when trust is already delicate.

Another barrier to asking for help and taking the first actions towards leaving a violent situation that was described to us, was the fear of reprisal or increased violence. Research shows that the act of seeking help can raise the immediate risk of reprisal. Threats, intimidation, and the possibility that abuse will escalate when a survivor attempts to leave were reported repeatedly - including threats to harm the survivor or themselves, and fears that reporting will make the situation worse rather than safer. This perceived and real risk of escalation is a primary reason many survivors delay or avoid contacting police, shelters, or other services (Pauktuutit Inuit Women of Canada, 2022).

> *Researcher: "Do you think it's hard for people to ask for help in the community?"*

> *Respondent: "Yeah. When people are scared. Yeah. They'll be scared to ask for help or keep quiet all the way."*
>
> *Researcher: "Why do you think that is?"*
>
> *Respondent: "Because if they tell, they'll get more abused and more controlled and not be able to go out or be around family."*

This reflects coercive control dynamics, where isolation and surveillance reduce access to support and increase dependence on the abuser.

Small communities mean that disclosures can quickly become public. Several reports note that fear of gossip, blame, or social ostracization discourages people from disclosing abuse or accessing services. Survivors described shame about their situations and concerns about breaking up families which reduce help-seeking and contribute to prolonged exposure to violence (Qulliit Nunavut Status of Women Council, 2007).

Stigma functions as a barrier even when services exist such as the fear of being seen, judged, or labeled can outweigh perceived benefits of disclosure. Community members would like to see more awareness campaigns around what constitutes healthy relationships, and what resources are available for people leaving violent situations. Without clear recognition that certain behaviours are abusive, people are less likely to identify their situation as abuse or to use legal and social supports designed to help them. This lack of awareness intersects with the normalization of some controlling behaviours and with limited access to prevention and educational programming in communities (Pauktuutit Inuit Women of Canada, 2019).

> *"All ages of men are allowed at the community men's group, women can come but they don't go. Their wish for their community: to ask for help and don't be scared to do so. No matter who you are. There needs to be more awareness about violence- more posters in public places and more activities for everyone. Everyone has experienced pain."*

Participants described leaving violent situations as a process shaped by danger, coercion, and profound emotional strain. For some, leaving was not simply a matter of choice, it was

constrained by direct physical control, threats, and the fear of further harm. One participant explained that while some women try to run, others are prevented from leaving altogether:

> *"Women tend to run away from the situation and some of them don't run, I mean, they aren't able to run away because they're being led, you know, they're being forced to stay in this place and not able to go. And if they do, I know that they're just going to be being hit until it's done or until the person feels that it's not enough."*

This reflects findings that survivors often face heightened violence when attempting to exit a relationship or immediately after separation (Campbell et al., 2003). Research from across Canada indicates that the period after leaving an abusive partner is often the most dangerous for survivors, as violence can intensify or begin at this time (Department of Justice, 2018). The Canadian Women's Foundation reports that approximately 26% of women killed by a current or former spouse had already left the relationship at the time of the homicide, and then women are six times more likely to be killed by an ex-partner than by a current partner (Canadian Women's Foundation, 2016). While Nunavut-specific data is limited, these national findings are relevant given the territory's high rates of IPV. Participants' narratives emphasize that safety planning must account for escalation risk, not only the act of leaving itself.

Some participants described breaking cycles of violence in their own lives. When asked if they had fled to protect themselves, one survivor responded:

> *"I broke up the cycle."*

This brief reflection underscores that leaving an abusive relationship is not only about physical safety, but also about generational patterns, identity, and rebuilding a sense of self. For many, the process involved navigating trauma, community expectations, and the fear of stigma or backlash.

Participants also spoke about supporting family members through their own experiences of violence. In one example, a woman described helping her aunt seek safety:

> *"She was going through violence. And I had to help her through [the] women's shelter. Get her like away*

> *from him. She was scared for her life, so I had to… I was helping her out and I told her, 'I'm not going to tell you to stay, I'm not going to tell you to leave- it's your choice.' Yeah, so I helped her get through that."*

This emphasizes the role of informal supporters as "navigators" of safety systems, especially where services are limited and processes are unfamiliar or intimidating. This narrative highlights the central role of family and community members as informal support networks in the absence of reliable or accessible formal services. In Nunavut, where shelters are limited and mental health and crisis supports are unevenly available, survivors often rely on one another to navigate safety planning and emotional support (Pauktuutit Inuit Women of Canada, 2019; Pauktuutit Inuit Women of Canada, 2024).

Shelters

Participants consistently emphasized that asking for help in situations of violence is extremely difficult, in large part because the necessary supports are limited or unavailable in their communities.

> *Researcher: "Do you think it's hard for people to ask for help in your community?"*
>
> *Respondent: "Yeah, it is hard."*
>
> *Researcher: "What do you think makes it difficult?"*
>
> *Respondent: "They won't take you in, not even family at times. It's hard because they don't have a shelter to go run to."*

Across Nunavut, shelters are few, capacity is limited, and many communities have no safe house or crisis service at all. Research has shown that survivors often need to travel far from home to access a shelter, leaving behind family, culture, language support, and informal care networks (Pauktuutit Inuit Women of Canada, 2019). Even where shelters exist, they are frequently full, under-resourced, or unable to offer longer-term, stable housing. This was echoed clearly in participants' reflections:

> *"Just safe shelter. That's just women's shelter... But it is full at times. There is no room usually. Yeah."*

Participants described the lack of shelter availability as producing "forced staying," where people remain in dangerous situations because there is simply nowhere else to go.

For many families, the absence of available shelter meant improvising and hiding, often for extended periods. One participant described how, as a child, her mother avoided the safe house entirely because capacity was limited and support options were uncertain:

> *"I wish there was another women's shelter. Just so that the ladies can have a place to stay with their children. My mom chose not to go to the safe shelter when we were young. She would rent place to place and we would have to hide. And it was hard."*

Another participant emphasized that what is needed is not only emergency beds, but broader, sustained supports - emotional, material, and community-based:

> *"I feel they need more resources for victims of violence as well as supports from family. There are those too that have no where to go. We need more places in communities they can go to, when they go through violence, not just here. They need more resources to help them."*

Participants also identified significant gaps in services for people with disabilities experiencing violence. When asked whether specialized supports exist, the response was clear: "There is nothing they can access here."

This mirrors research showing that Inuit with disabilities face compounded barriers to safety, including inaccessible physical spaces, lack of culturally relevant disability services, and limited staff training in disability-informed care (Nunavummi Disabilities Makinnasuaqtiit Society, 2024). It also reflects compounded exclusion where survivors with disabilities may be displaced for safety, but displacement can sever support networks and create new accessibility barriers.

Even when survivors were able to access shelter space, the supports available within shelters varied. One participant

who had stayed in a women's shelter described the service as primarily a place to sleep, with minimal programming or relational support:

> *"We were provided a room but there was not much interaction with staff back then."*

This aligns with evaluations of shelter capacity across Inuit regions that note staff shortages, burnout, and limited funding for trauma-informed counselling or follow-up services ((Pauktuutit Inuit Women of Canada, 2019).This suggests that "shelter" alone may not meet survivor needs without consistent trauma-informed, culturally safe, and disability-accessible supports.

Participants also highlighted the visible and acute vulnerability of those experiencing homelessness alongside violence, describing how people "walk around" or gather outside local stores because there are no spaces available for safety, rest, or belonging.

> *"They need a place to go to feel welcomed... somewhere they can be during the day and at night. When they leave they just walk around at times... They don't get helped, they are just known that they need help."*

This reinforces the deep connection between violence, housing instability, food insecurity, and mental health challenges in many Nunavut communities (Department of Family Services, 2024a; Pauktuutit Inuit Women of Canada, 2019; Qulliit Nunavut Status of Women Council, 2007).

Leaving Community

For many participants, leaving their home community was described as the only viable pathway to safety when experiencing violence. Survivors emphasized that the lack of local resources, including shelters, crisis response services, and trauma-informed mental health supports, meant that they or their family members had to leave in order to protect themselves. One participant explained that, in their community, there are no accessible supports for people experiencing violence:

> *"They are usually sent away. If they experienced violence the only way to help them is to send them away? Yes?*

Because there is nothing here? Yes."

These realities align with broader research showing that many communities in Nunavut have either no shelter or a single shelter with limited beds, and that survivors are frequently relocated to other regions or provinces in order to access safety and care (Pauktuutit Inuit Women of Canada, 2019; Qulliit Nunavut Status of Women Council, 2007). This separation can mean isolation from family, children, culture, language supports, and land, all of which are critical sources of strength and healing. Participants described this as a painful trade-off as safety often requires disconnection, and disconnection can slow the healing process.

One participant reflected on her own experience of leaving after being seriously abused shortly after becoming a mother:

> *"When I first had my son, I was abused and threatened to be killed because I wanted help and I was a first time mom and I was being choked. And that's the first time I ever experienced being choked. And I just walked away. And I came back to my hometown here in (community name)."*

Her story underscores that leaving is not an abstract choice, but a response to immediate danger, one that involves deep emotional courage and often major relocation. Participants stressed that existing shelter capacity is not enough to meet the needs of survivors, especially across multiple communities:

> *"We have one but it's not enough for other ladies that are from here and other communities. Right. It's not fair and... I don't know, I guess it's the same all over. Women have to be flown home for safety."*

The experience of being flown out of one's community, or having to move far away to remain safe, can be both protective and traumatic. Families described worry, disconnection, and long periods of uncertainty while loved ones attempted to rebuild safety and stability in new environments. One participant described a turning point when a family member accessed a 21-day residential treatment program outside the community:

> *"The mother went to a treatment centre in (out of community) and it changed her life. It was a 21 day program and it helped her stop drinking."*

With limited options for support with substance abuse, leaving community is often the only option for community members seeking to heal.

> *"She wants to see more programs for substance use management, and would prefer that people go out of the community for treatment to give themselves some time to reflect and focus on their sobriety."*

This participant emphasizes the importance of substance use services that allow time and space away from triggers. Reports by the Government of Nunavut and Pauktuutit link violence, trauma, and substance use, and express a strong desire for culturally grounded, land-connected, and long-term healing programs (Government of Nunavut, 2017; Pauktuutit Inuit Women of Canada, 2020).

Participants describe how leaving the community, while difficult and disruptive, can be life-saving:

> *"My daughter was really abused, beaten up, it would be almost every week. That was really hard on me, my family. But, she got out of it. That made us happy. She moved out of town and we don't worry about her anymore. It was hard for us for, like, maybe four years."*

For many families, relocation was described as both a loss and a relief: a necessary step toward safety when local options were simply unavailable.

Safe Houses

Participants shared that when violence occurs, survivors often rely on informal personal networks for safety, turning to friends, extended family, or anyone who may be willing to take them in. In many communities, this is the only available option when a crisis occurs. As one participant explained:

> *"Through my experience, they go to their friends place, their parents place or at the very end, they go to the police."*

Before formal shelters were established in the territory, safe space for survivors was provided informally by individuals who opened their homes. One participant described how, prior to the

establishment of the women's shelter in Iqaluit, a community member hosted survivors fleeing violence:

> *"We would run away anywhere we could. There was nowhere to turn to. Yes. Yeah. Before there was a shelter, late (name redacted) opened her home to victims of violence before there was a shelter. It is through her that there is now a shelter in Iqaluit. As a person who used to flee violence, I would have wanted to go there. A place of safety where no one is being abused."*

This legacy of community-led protection remains deeply present today and continues to fill the gaps where formal supports fall short. One participant described how people continue to show up at their door seeking help:

> *"People often flee to my place. There are people who show up at night with black eyes and are scared, they ask me to take them in. I see this a lot and I am well aware of it. People who flee from their partners, or people that are verbally abused and being told you are not good so don't be here. I see this quite often."*

This demonstrates how community members absorb the workload of safety response when systems are absent. They provide shelter, triage, emotional support, and risk management with little formal training or support. These accounts highlight the emotional and material burden placed on community members who provide informal shelter and care. Without adequate supports, individuals who take survivors in may experience stress, safety concerns, and exhaustion — yet they continue because there are few alternatives.

Several participants stressed that the need for safe houses extends beyond women. Men and gender-diverse people experiencing violence also lack safe options. In some cases, individuals seek safety in remote cabins out of town when no shelter or informal refuge is available. One participant described the grave risks of this:

> *"So we really do need a safe house. Men and women having no place to go to. Some stay in a cabin out of town. And they do walk back and forth, and one passed away already trying to get back to his cabin. Three years*

ago, he froze. So we really need help with that in our community."

This reflects how housing gaps can become lethal, turning "nowhere to go" into exposure, injury, or death.

These accounts underscore the urgency of developing accessible, community-based safe spaces that do not rely solely on personal networks or emergency police involvement. The reliance on improvised solutions such as couches, spare rooms, or remote cabins, places survivors at continued risk and shifts the responsibility for safety onto individuals, rather than systems designed to protect them.

Community Intervention and Support

Participants emphasized that while experiences of violence are deeply painful and often isolating, community support remains a central source of protection, care, and survival in many Nunavut communities. Survivors and community members consistently described informal networks of family, neighbours, Elders, coworkers, and friends, who step in to offer shelter, emotional support, advice, and protection when formal systems fall short. One participant who had supported students and families in a school context described the importance of calm, safety, and relational intervention when someone is fleeing violence:

"In my experience working in a school, I encountered situations like this. A person who has experienced violence needs a sense of peace. An effective response involves intervention between the victim and the abuser to address the situation appropriately."

This reflects findings that Inuit approaches to safety often emphasize relational accountability, community dialogue, and maintaining dignity for survivors and families, where possible. Culturally safe practices require non-judgemental spaces that are trauma-informed (Qikiqtani Inuit Association, 2024; Pauktuutit Inuit Women of Canada, 2016).

Many participants spoke about the strength of their personal support systems:

"I am going through this myself. I have my support system at all times. They take good care of me so I am

very proud of that. People want me to stay safe."

"No one does anything to me but help. People are always offering to help me."

Participants framed this kind of collective support as a protective factor because it reduces isolation, interrupts escalation, and helps survivors re-establish dignity and belonging. These mutual care networks are consistent with Inuit values of Innuqatigiitsiarniq (respecting others), Tunnganarniq (fostering good spirit), and Piliriqatigiinniq (working together for a common cause) (Department of Culture and Heritage, 2022).

However, not everyone is able to rely on family or friends for protection. Some participants described situations where those fleeing violence were turned away:

"And nowadays some families won't even take them in. And some of the women walk around out there for hours trying to find a place to stay at, and they sometimes (are) rejected."

This suggests that overcrowding, exhaustion, fear of retaliation, and stigma can limit even well-intentioned community support, producing "secondary wounding" where rejection compounds trauma. Secondary wounding happens when a person who discloses trauma is shamed, or their trauma is diminished due to the words or conduct of the person that they have spoken to about their trauma. Secondary wounding can intensify individual's sense of internalized shame and feelings of isolation following a traumatic event (Avalon Sexual Assault Centre, 2016; The Journey Project, 2024). This also aligns with research showing that stigma, overcrowded housing, and intergenerational trauma can limit the ability of extended families to provide refuge (Inuit Tapiriit Kanatami, 2014).

Some participants described taking in people who had nowhere else to go, sometimes at personal risk. Participants who identified as experiencing disabilities emphasized that their own barriers can make offering help more difficult for them, putting them in more vulnerable positions.

"Every time I hear of violence against someone I have love and compassion for them. I am able to help. Even today I help people. People facing violence will flee to my

> *place. I never have my door locked because I love them. I have a lot of compassion for people who are living in fear. Yes."*
>
> *"As for me, I live with a disability and have many friends and an older partner. I can say these through lived experience... He is reaching 70 and is now facing financial abuse by his grandkids. He stays with me and I tell him that he and his wife will have to do something as I will not always be here to take care of you. Even though you are with me, I cannot rush to flee nor can I go to the door fast. I would be afraid for my safety if I had to flee. For sure. Yes."*

This highlights how disability can shape safety not only for survivors, but also for those providing informal shelter by making accessibility and protection a community-wide concern.

Barriers to Service

Participants emphasized that even when services exist, they are often not accessible to the people who need them most, particularly individuals with disabilities, language barriers, and those without reliable communication tools.

> *"How do they access services? Right when they're mute? Majority of people do not speak sign language, which becomes a barrier. Or people within organizations or businesses do not know how to communicate with somebody who's mute, which is - makes it a huge challenge for that person."*

This indicates that "availability" of services does not equal "access," especially when communication needs are not supported. This highlights a broader systemic issue: the absence of American Sign Language (ASL) or Inuit Sign Language (ISL) fluent staff in front-line services, limited accessibility accommodations, and inconsistent interpretation support (Department of Justice, 2021a). Research has similarly found that disability-accessible services in Nunavut remain limited, with significant gaps in culturally grounded and adaptive communication resources (Nunavummi Disabilities Makinnasuaqtiit Society, 2024).

Participants also noted that awareness of available supports is

low. Several people described how services should be promoted through accessible and widely used local communication channels, particularly community radio.

> *"These support systems, would be nice to hear them on radio, to have them pay for where people can reach them, where they can read it… Promoting it on radio would help. Promoting the support option to help, they can ask for. Be nice if they hear a program to say this kind of programs are there for you, for support."*

Radio remains one of the most effective ways of sharing information in many Nunavut communities, particularly for Elders, people with limited literacy, and those without consistent internet access. Because traditional face-to-face information sharing and online communication are not always accessible or effective across the territory's remote settlements, research shows that territorial and local radio programming provides widely accessible community news, updates, public health information, and cultural content, even in places where internet access is unreliable or limited. (Nunavummi Disabilities Makinnasuaqtiit Society, 2024).

Even when contact information exists, participants described access barriers such as lack of phones, unreliable connectivity, and the absence of physical spaces where people can safely go for help.

> *"But it will be nice for them to have a phone number. But then again, some of these disabled people don't have access to phones, cell phones, you name it. So they go through pain. Takes over for them to get help."*

> *"Their own building to go to when they need to. That would be nice. But there's nothing."*

This aligns with reports documenting severe infrastructure and shelter shortages across communities (as discussed previously), particularly for women, youth, and people fleeing violence (Pauktuutit Inuit Women of Canada, 2024; Qulliit Nunavut Status of Women Council, 2007). In 2024, Nunavut had just 88 shelter beds, a 5% decrease from the previous year, none of which are specifically for women. (Housing, Infrastructure and Communities Canada, 2025)

Strengthening accessibility therefore requires multi-modal entry points such as in-person options, radio messaging, trusted local contacts, interpretation/communication supports, and safe, physically accessible spaces, not only phone lines or referral pathways. Strengthening accessibility means ensuring that supports are communicated in plain language and in local languages, using community radio and in-person outreach; providing interpretation and disability accommodations across services; and investing in local, safe, physically accessible spaces that people can reach without relying on phones, vehicles, or the internet.

Protection and Intervention

Across interviews, participants frequently reflected on where people could turn for help during incidents of GBV, how support was provided, and who held responsibility for intervening. Responses tended to fall into two broad categories: institutional support (such as the RCMP, health centres, or shelters) and community-based intervention involving family, friends, Elders, and trusted neighbors. Participants emphasized that these forms of intervention are not mutually exclusive, but operate simultaneously and unevenly across communities. Both systems operate in parallel, sometimes complementing one another and other times filling gaps left by the other.

Participants described how, before the establishment of formal shelters, community members relied on one another for safety. In smaller communities especially, women often sought refuge with relatives or supportive community members when fleeing violence. Elders and community leaders held roles of mediating relationships or intervening directly. Several participants recalled practices where men who caused harm were taken out on the land by Elders or other men, where they would receive guidance and confrontation away from community pressures. These interventions were described not as punishment, but as a form of accountability rooted in relational responsibility. These approaches emphasized restoring relationships, addressing the behaviour, and reinforcing responsibilities to kin and community.

The introduction of formal shelters and institutional responses, including greater involvement from law enforcement, represents relatively recent interventions in ensuring victims have safer and more consistent access to protection. Participants acknowledged

these as important resources, especially when violence is severe or life-threatening. Several participants noted that institutional intervention is often necessary when immediate safety cannot be guaranteed through family or community networks alone.

However, many emphasized that community-based approaches remain vital. In practice, people often turn first to family, friends, neighbours, teachers, Elders, or trusted community advocates, particularly when they fear shame, mistrust institutional responses, or live in communities where police presence feels unfamiliar or inconsistent. (Pauktuutit Inuit Women of Canada & Comack, 2020). Research in Inuit communities has similarly found that support networks grounded in kinship, relational accountability, and shared community responsibility remain foundational to how violence is understood and addressed. Community intervention is often immediate, relational, and ongoing, while institutional responses are episodic and crisis-oriented (Pauktuutit Inuit Women of Canada, 2022).

Strengthening protection and intervention therefore requires supporting both approaches, ensuring that institutional services are accessible and culturally safe, while also resourcing community members, including Elders and Elder justice committees, peer supporters, parents, and youth, to continue their critical role in preventing harm, responding to crises, and helping survivors rebuild stability and connection.

Family Intervention

Across interviews, participants emphasized that parents and immediate family members are often the first to intervene when IPV occurs. Participants described situations in which parents actively removed their daughters (or sons) from abusive relationships.

> *“So when her daughter was in the abusive relationship, which she's now out of, the entire family would constantly tell her, you need to leave, we see you injured.”*

> *“I was through that. I'd been through that. That time with my daughter’s dad. She finally left her boyfriend. She kept getting beaten up.They keep getting beaten up, though. I now have her and she is living with me.”*

Several interviewees described a practice in which families intervened directly, going to the home where the abuse was occurring and bringing the daughter back to her family household. This is not an isolated or improvised response, but part of longstanding relational and cultural norms for protection. As one respondent shared:

> *"They knew if she was being treated well or mistreated. When she was being mistreated physically, the parents would take the daughter from the husband. Protection, like, she was fought for. They wanted her safe."*

> *"When she was being physically abused, when the parents found out, the parents would go and bring her back. Taken away from the husband. There is a term for that action. When men lose their wives in this way."*

Participants framed these actions as both protective and normative including being an expected response when family members become aware of harm. This protective intervention also appeared in cases of adoption or kinship care, where if relatives learned that a child or youth was being harmed, the extended family would reclaim the child. Such actions reflect a broader cultural emphasis on collective responsibility for safety, and the expectation that family members will step in to address harm (Pauktuutit Inuit Women of Canada, 2022).

> *"When biological families would find out about this mistreatment they took the child away from that adoptive family."*

Participants spoke of these interventions as both necessary and emotionally taxing. While parents often serve as the primary source of safety this can create stress and exhaustion within the family unit. One participant shared:

> *"Their parents support them a lot. Like the parents, they can always be sup- they can be supporting, but it takes a lot of toll on them too. So, the younger ones try not to bother them with that so much."*

However, even with this strain, participants consistently emphasized that family involvement remains critical, and that youth and adults experiencing violence should "depend on their

“We were told to help while our Elders led the way for us. They wanted us to become responsible people.”

— Respondent

parents and their uncles and aunts and Elders.” These networks provide not only physical safety, but emotional grounding, cultural continuity, and a sense of being valued and protected, an essential counterforce to the isolation and fear produced by abuse.

Strengthening responses to gender-based violence in Nunavut therefore requires supporting families in this protective role, not replacing family intervention, but ensuring that families have the resources, respite, and community supports needed to sustain it. This means expanding shelter access, trauma-informed counseling, and prevention programming in ways that work with, rather than outside of, existing kinship systems.

Family Support

Participants emphasized the central role of family in providing emotional care, encouragement, and mental health support for individuals experiencing violence. In these situations, family homes served not only as physical refuges but also as places to release emotional burden, process experiences, and rebuild strength.

> *“They can go to the shelter or they go to their family members' homes.”*

> *“Take things to Elders when they have English. Take*

everything out when they can't keep it in.”

Families also play a critical role in teaching, modeling, and reinforcing healthy relational behaviour. Participants expressed a strong desire for parents, grandparents, and older siblings to help younger generations learn how to treat one another, and how to recognize mistreatment when it occurs.

> *“I want people to be aware of those that love you, parents, to be able to educate others on how to behave and how to avoid mistreating others. The incidence of violence can be lowered.”*

Families are seen not only as protectors, but as teachers of relational responsibility and accountability. At the same time, participants stressed that effective emotional support must also respect the autonomy of the person experiencing violence. While family members may want to tell a loved one to leave an abusive situation, many shared an important principle: support does not mean control.

> *“It's hard to like... You just want to tell your loved one, like, "leave!" But it's their choice. I support, like, women. I have some friends, some families that come to me for like, advices or when they need help. I try being there to help, but I won't ask them to leave, I won't ask them to stay. I just tell them it's their choice because I can't make the choice for them.”*

This approach reflects an understanding that healing and safety decisions must be made by the person experiencing harm, while family offers presence, affirmation, and a non-judgmental place to return to.

In many cases, families do the emotional labor of supporting one another even when resources are limited and households feel full.

> *“I have many nieces that need help, but we can never really help them because I have a full house and I have three daughters and three daughters and three daughters-in-law that we try to help too to cope with everything. And I myself was in it too. All we can do is just give them advice and talk to them. Without anybody else surrounding us, just my husband, myself and our nieces*

and our daughters-in-law to try to help them out."

These shared, interwoven experiences of harm and care underscore the importance of collective recovery, and the emotional weight that families are already carrying. At their strongest, family networks act as lifelines, offering connection, daily check-ins, gentle encouragement, and moments of relief in periods of deep sadness.

> *"She has struggled in the past with mental health. She has gone to her family and friends for healing. She talks to them every day and they have lightened her sadness. She was attacked 2-3 years ago by a partner and the year afterwards she felt like giving up and had a hard time getting out of bed. Her friends, family and eight-year-old daughter have helped her recover."*

These stories highlight that mental health support is often relational, rooted in love, continuity, and shared time. Strengthening responses to violence in Nunavut therefore means supporting families in the emotional and relational care they already provide through respite, accessible mental health services, community-based healing spaces, peer networks, and Elder-led support. These approaches build on what is already working: care that is grounded in kinship, culture, and deep relational responsibility.

Formal Services

While family and community networks are often the first line of support, participants also described turning to formal services, particularly Family Services and the RCMP, when violence escalates. For some, these systems offered essential protection that enabled them to leave dangerous situations. One participant shared that "Finally, she got help from social services… and she did get out of the abusive relationship." Another reflected that when her family could not take her in, it was social services who helped her secure housing and stability: "I went really hard to get my own place. My own house."

Participants noted that people often feel unsure of where to go or how to ask for help, especially during moments of crisis. As one respondent explained, "Sometimes we get stuck. Sometimes we don't know what to say or what to do or where to go."

When asked who people turn to in these moments, responses frequently included “social worker, RCMP, friends, relatives.” This reinforces findings from earlier research in Nunavut that support-seeking is layered, beginning ideally with trusted personal connections and expanding outward to formal systems when safety cannot be guaranteed at home (Pauktuutit Inuit Women of Canada, 2022). For some participants, the RCMP were seen as effective and necessary interveners when violence involved imminent danger, especially when children were present. Others described situations where reporting violence to the RCMP resulted in immediate and meaningful protection, including incarceration of perpetrators.

> *“The cops finally saw what he did to my daughter. He finally went to jail… From there, he went straight to jail. They didn’t go to court. They saw what he did.”*

> *Researcher Field Notes: “Her abuser was her father, and she hit a point where she couldn't take it anymore. She was also getting regular beatings. And she went and reported it to the RCMP. He was arrested and given a sentence of two and a half years.”*

These accounts reflect the core legal mandate of the RCMP to respond to family violence, supported by the Family Abuse Intervention Act, which allows for Emergency Protection Orders, no-contact conditions, and police-enforced removal of perpetrators when safety is at risk (Family Abuse Intervention Act, 2006). However, research in Nunavut has consistently shown that experiences with police vary significantly by community, and that trust, response time, and cultural safety remain ongoing concerns (Nunavut Tunngavik Incorporated, 2024; Pauktuutit Inuit Women of Canada & Comack, 2020).

Health centres also serve as vital points of contact for survivors, particularly when disclosure to law enforcement is delayed or initially unwanted. Nurses and health professionals often act as first responders, helping survivors access safety and legal options while providing mental and physical health support:

> *“Researcher Field Notes: “She described the nurse, the head nurse at the time seen her, and when she saw the nurse, she broke down and I think disclosed what had been happening to her… She didn’t want to charge him at first, as she didn’t want his parents to hate her. But*

the health nurse told her either she presses charges or he will kill someone eventually."

"They can also contact the health centers, so that everyone can receive the help they need."

"We need spaces where people experiencing this can receive support, including centers dedicated to their mental and physical health. These should be places where they can retreat and rest."

Participants' experiences highlight that formal services play a critical role in supporting survivors when violence escalates and safety cannot be ensured at home. While these systems can provide essential protection and access to resources, barriers such as trust, cultural safety, and awareness of available supports continue to affect how and when people seek help.

Recommendations

1. Increase the number of shelters and safe houses for all survivors.
2. Ensure services are culturally safe, trauma-informed, and disability-accessible.
3. Provide multiple ways for people to access support, including radio, in-person, and phone.
4. Resource families, Elders, and community networks to offer protective care.
5. Run awareness campaigns on healthy relationships and available supports.
6. Offer safety planning that accounts for risks when leaving abusive situations.
7. Develop programs to support survivors relocating for safety and healing.
8. Improve coordination between formal services and community-based supports.

Addressing Gender-Based Violence

Addressing GBV in the North, particularly IPV and family violence, requires approaches grounded in Inuit culture and culturally relevant understandings of justice, wellness, and healing. Participants in this study provided areas of focus for initiatives to address violence in the territory. Traditional parenting practices play a central role in instilling values of reciprocity, responsibility, and care, and are vital to preparing each generation for healthy and respectful relationships. Healing modalities for those affected by violence may include guidance from Elders as well as time spent on the land to support recovery and restoration. Justice and accountability should be sought through both formal Elder councils and informal Elder counselling, reflecting long-standing community-based systems of support and conflict resolution. Together, these culturally rooted practices offer essential pathways for prevention, healing, and resilience in northern communities.

Key Findings

Addressing gender-based violence in Nunavut requires approaches grounded in Inuit culture and values.

Elders, families, and community networks play central roles in healing, justice, and accountability.

Land-based activities, traditional parenting, and collective care support prevention and recovery.

"We try to help as much as we can."

— Respondent

IQ Values and GBV

Understanding and responding to GBV in Nunavut requires a deep understanding of how Inuit culture understands this

issue, and what remedies are culturally relevant. Participants emphasized that meaningful change must be rooted in Inuit Qaujimajatuqangit (IQ), the body of Inuit knowledge, values, worldview, and relational principles that have guided Inuit life for generations. IQ is not only cultural knowledge, but a living philosophy that informs how individuals relate to one another, resolve conflict, raise children, and maintain social balance. The Government of Nunavut identifies core IQ principles including Inuuqatigiitsiarniq (respecting others and relationships), Aajiiqatigiinniq (decision-making through discussion and consensus), Piliriqatigiinniq (working together for the common good), and Tunnganarniq (fostering a sense of belonging and safety) (Department of Culture and Heritage, 2022). These principles are highly relevant when examining violence, healing, and accountability.

Many interview participants shared that GBV is deeply painful not only for individuals, but for entire kinship networks and communities. Elders, parents, and community leaders spoke of a time when conflict and harm were addressed collectively through dialogue, guidance, and restorative practices rather than solely through punitive mechanisms. Rooting responses to GBV in IQ involves recognizing that effective support, prevention, and healing must reflect Inuit ways of knowing, especially practices of relational accountability, collective care, and guided emotional expression (Tagalik, 2010; National Collaborating Centre for Indigenous Health, 2021).

Bringing IQ into GBV work reinforces that healing must be culturally grounded, community-led, and responsive to local realities. It also means strengthening spaces for Elders, families, and land-based programming alongside shelters, courts, and clinical services, ensuring that approaches to safety reflect Inuit identities, histories, and strengths. Conversations in community highlighted the deep value placed on resilience and emotional strength within Inuit communities. Many participants spoke of the importance of moving forward through adversity and taking responsibility for oneself and others. However, interviews also revealed that while narratives of strength can be empowering, they can also place a heavy burden on those experiencing violence. Several participants described an internalized expectation to be strong and continue on through hardship:

“You have to stand up. You have to be strong, be strong.

> *Walk, face forward, walk a path forward. Yeah, and so that's what she's had to internalize. And she has. And it continues to be traumatic."*

> *"People would praise her for standing up "You've got to stand up", but women are tired."*

The cultural importance of resilience was a common theme in discussions of abuse and harm. Many participants emphasized the ongoing importance of family and kin networks in emotional and spiritual healing. This form of relational care reflects the values of community life; mutual reliance, shared labour, and collective decision-making. As one Elder noted:

> *"It was a way of life to support each other so as not to have starvation. The camps all worked together through katijjiqatigiirniq. This was how life was following IQ. Nowadays, IQ is being thrown around as if it was just a word but it was means - it was a way of life."*

Despite the challenges posed by colonization, resource strain, and intergenerational trauma, many participants emphasized a deep pride in Inuit ways of responding to harm, supporting one another, and building safety through relationships. Participants described community support as something that comes from being known, being seen within kin networks, recognized as belonging, and being held accountable and cared for through those relationships. These perspectives show the need for approaches to GBV that honour Inuit values while also acknowledging their emotional complexity. Strength and endurance are deeply rooted cultural teachings, but healing also requires collective responsibility, safe expression of pain, and the ability to name harm without shame.

Traditional Parenting & Community

Traditional parenting in Inuit communities plays a vital role in fostering resilience and protecting children from violence and vulnerability. These practices often emphasize close attention, clear guidance, and discipline, with parents recognized as authority figures whose role is to teach responsibility and appropriate behaviour (Tagalik, 2009).

> *"In my home we are fine. I know what goes on as I am the parent, I am the mother. I am a grandmother and I know what needs to be done in raising them. I teach them by speaking to them. This is how we are, and this is how I raise them. I don't know anyone in vulnerable situations."*

Discipline is frequently cited as an important aspect of Inuit parenting, and some community members note that it could be strict in the past, "In the past, I know leaders, I guess, discipline was pretty harsh back then." However, discipline was a protective measure, ensuring that children developed an understanding of how their actions affect others, and teaching them how to be self-sufficient and capable.

> *"We listened to our parents when we were young. We had to listen to their words as young children. That was the only way back then. By listening and using what they told us things are easier. For me, I have children, a daughter and a son. If they do not listen to what I tell them then I would have no choice but to discipline them. I had to do that as I am the parent. My parents never had to do that to me. I listened to them well. My older siblings and my other siblings as well as my three brothers, we all listened to them. We treated our parents well."*

Parenting was also not exclusively about discipline, others describe a balanced approach rooted in care, expectations, and the goal of raising capable, contributing, community members. Rather than punishment alone, traditional discipline aimed to support children in developing self-sufficiency alongside empathy, respect, and responsibility toward others. Failing to offer a child enough guidance and correction could lead to a child becoming too dependent on others, but discipline that is too extreme could also have an adverse effect, creating an adult who is callous, as one respondent put it "hardened rocks."

> *Interpreter: "They can't stand on their own, and so they become a danger to society because they can't stand on their own and somebody always has to be helping them. She said the other piece would be to create a hardened rock child where we're too tough. We set expectations that are beyond their capabilities. If they don't achieve, we scold them, or we threaten them, or we*

> *show disappointment in them. And this can cause a child to shut down and become a hardened rock kind of child. And she said, this hardened rock child is also a danger to society, because that person can't hear you anymore. They can't take instruction. They can't listen. Because the love... That motivates children, hasn't been there for them. And so if our society is creating all these fragile eggs and all these hardened rocks, how can our society do well with so few capable human beings to make it prosper?"*

Elders played an active role in shaping and educating young people.

> *"In the past, we had an Elder who offered guidance. It's important to educate the younger generations about the knowledge of the Elders so they can understand how situations were dealt with in the past. I believe it's crucial for the Elders to be familiar with the younger community members."*

Parenting was not explicitly described as gendered, although fathers and mothers may have passed on instruction for different gendered activities such as hunting and sewing. Both men and women were actively involved in the process of parenting capable human beings, sharing accountability for children's well-being and social development across the family and community.

> *"I will talk about my father's traditional ways. My father was a great Inuk. He would always talk to us about traditional ways and to always forgive, but you won't forget. He said to let go and forgive in order to be a good person and not to be burdened with that worry. Forgive and forget. But forgetting is sometimes hard. That was my father's way of teaching us when we were young, all my brothers and sisters."*

This participant's quote also illustrates how the transmission of knowledge from parent to child included teachings about healing after conflict, highlighting the importance of accountability and forgiveness within community-based processes of justice and restitution. Indeed, healing could be a process that communities approached together.

> *"We do have, every year, every December, they have healing. And people are invited to go to the community hall or to the gym, and they have this big healing. To get away from all of last year's stuff, sort of thing. They have people to hug each other, pray for each other. That's what we do here. And it really helps."*

Many respondents emphasized the importance of communities taking collective responsibility for ensuring overall well-being. A return to community-centred and community-led approaches was frequently discussed, with participants expressing a desire to move away from externally imposed systems toward models rooted in local knowledge and relationships.

> *Respondent: "Inuit would help their fellow Inuit. Nowadays people go to the Y (YWCA), shelters and other places."*
>
> *Researcher: "What advice or guidance do you have for addressing gender-based violence in today's society? Are there traditional practices that should be revived or adapted?"*
>
> *Respondent: "We all need to work together, it can become difficult to find help when we are not assigned responsibilities. It can become hard when we don't have a place to use for services of this nature."*

Families and Elders were consistently described as central leaders in providing both justice and care, drawing on traditional practices of guidance, accountability, and healing. These approaches were seen as strengthening social bonds, restoring balance, and creating safer, more supportive environments for individuals and families alike.

> *"They would gather together and talk and see where people needed help. That is how things were resolved. By helping one another. By helping one another, they would come to a decision on what to do to help, it was not so hard back then."*
>
> *"It was easier to share and disclose and to provide help… They normally went to Elders for help. They also went to trusted family members… Elders welcomed people and*

they are a great source of help, our Elders! When they understand what is going on, they are very helpful."

Community-based systems of justice and accountability also hold responsibility for monitoring situations for risk, protecting victims, creating opportunities for accountability and restitution, and supporting healing.

Respondents also highlighted the therapeutic value of going out on the land as a culturally grounded approach to healing, accountability, and restoring balance within the community. Going out on the land to address harms or transgressions was often an activity led by Elders.

Interpreter: "They said that in the past Elders would intervene in times of violence and everyone would go hunting together and talk it out. The land helps people clear their minds, and they would like more on-the-land-programs."

GBV, and specifically family violence, was often addressed through direct community intervention, with Elders and hunters guiding perpetrators and families through land-based discussions that created space for reflection, dialogue, and change. The land itself was described as helping people clear their minds, regulate emotions, and reconnect with traditional values of respect and responsibility.

"In the past, communities actively addressed gender-based violence through direct intervention and support for victims. Perpetrators were often guided through traditional means, such as land-based discussions led by hunters. With no formal shelters available, women sought refuge with family or community members, which eventually led to the establishment of formal shelters."

Women frequently sought safety with family or community members, reflecting strong networks of care and collective protection. Participants expressed a desire to see more on-the-land programs today, viewing them as powerful tools for healing, prevention, and community-led responses to violence rooted in Inuit knowledge and tradition.

Elders: The Desired Answer to GBV

Participants in this study called for the reinstatement of Elder-led justice groups, noting that externally imposed southern justice systems have largely displaced traditional Inuit approaches and, in doing so,

disenfranchised Elders from their central roles in community governance and conflict resolution.

> *"Elder leaders, or Elders, if they have a say in priorities. Give them a platform to speak and advise. Use them. They know what they know... Acts are developed without the consultation of Inuit. They develop them and then order Inuit to abide by them."*

Participants expressed concern that current systems often fail to meaningfully include Inuit voices, values, and lived realities, limiting their effectiveness in addressing GBV. As a result, communities described finding ways to support survivors, promote accountability, and foster healing in spite of existing structures rather than in true partnership with them.

> *"As we were born after colonization began, our perspective may be limited. Nevertheless, we are committed to providing support to those experiencing these challenges. We try to help as much as we can."*

There was a strong desire for a greater presence and intentional centering of Elders within justice processes, reflecting trust in their knowledge, cultural authority, and ability to guide restorative, community-based solutions.

> *"We turned to our Elders for advice. We need to bring that back even into the court system. Yeah. Bringing that tradition back of having Elders Council again, the way they used to."*

Elders were also described as playing a vital role in protecting mental health and overall well-being within the community. Beyond addressing conflict, they provided guidance and emotional support to individuals, couples, and families, helping them navigate reconciliation and healing after harm had occurred.

> *"Inuit would offer supports traditionally for people who were victims. Elders would talk to them one on one. They*

> *would offer them advice. They were also sent out on the land so they can start healing.This is an example of how it was traditionally when helping people who were going through challenging times.*"

> *"I think hte same way, for the person who is the victim and the abuser. If they will stay together they need to heal together. We've heard stories about how these situations were handled in the past. Elders often provided guidance through counseling.*"

Through their wisdom, cultural knowledge, and relational approach, Elders fostered understanding, accountability, and restoration, strengthening family bonds and promoting long-term community wellness. Elders would fill a counselling role, both supporting individuals, and couples or families together.

> *"I myself used to go to my husband's late aunt for advice. Well, both of us. I said because I would tell him if I had to go, you have to go so you can understand what I'm going through. So she would talk to both of us.*"

> *"In the past, when domestic violence was happening, both parents of each partner would come together and the group would talk about how to resolve the violence. Coming together would help. This doesn't happen anymore, things are different now."*

This approach stands in contrast to the current justice system, which often focuses on separation between the victim and offender rather than reconciliation, healing, and the restoration of relationships and community balance.

In Nunavut, the mainstream justice system has historically relied on formal court processes that emphasize charge-laying, prosecution, and physical separation of victim and offender, reflecting an adversarial model rooted in southern Canadian legal traditions rather than Inuit approaches to conflict resolution (Research and Statistics Division, 2004). However, more recent territorial practice has moved toward community-based, restorative alternatives that engage victims, offenders, and community members in collaboratively addressing harm. The Government of Nunavut's Restorative Justice Program diverts eligible cases away from conventional court

processing to Community Justice Committees, which reflect Inuit Qaujimajatuqangit principles and involve both parties, as well as community, in decision-making and accountability rather than solely separation and punishment (Law and Justice Services, n.d.). These Community Justice committees consider all ages, including Elders and youth, to provide involvement of broader community perspectives (Law and Justice Services, n.d.). Legislative discussion in the Nunavut Legislative Assembly (November 6, 2024) further describes how community justice mechanisms rooted in local values operate alongside the conventional court system and emphasize culturally appropriate responses that prioritize healing and reconciliation (Nunavut Hansard, 2024). Research examining GBV against Inuit women also highlights that restorative justice models aim to involve victims, offenders, and the broader community in repairing relationships and restoring harmony, aligning more closely with Inuit cultural practices of collective responsibility and reconciliation (Pauktuutit Inuit Women of Canada, 2022). These findings reflect ongoing calls to strengthen culturally-grounded, Inuit-led justice responses in place of default adversarial processes that may not adequately address the relational and intergenerational dimensions of violence in Inuit communities.

Participants also acknowledged that Elders may not be as available as they were in the past. Many Elders face their own pressures and, in some cases, have been victims of abuse or violence themselves, as noted earlier in this report. Interviews also highlighted the impact of increased rates of disability and serious illnesses, including high rates of cancer, which can limit Elders' capacity to engage fully in community roles while underscoring the need to support and care for them.

> *"Elders were the advisers. Nowadays, Elders are not being seen as advisers. Have you heard of Elders being the helpers and that people would go to them in the past? What I have heard now is that the Elders would be the main people that would be the ones to help those that were going through stressful times. In the past, Elders were widely available but it seems that they are no longer as available anymore. Some of them have disabilities too, they are old and you know, with all these new sicknesses and cancers and stuff. Right? We see more of that than the past, (that) too, is another thing.*

And, yeah that is what it is now."

Disruption to these traditional systems leaves a significant gap in community-based care and justice. This gap is often filled by institutional solutions, such as shelters, which participants acknowledged as valuable resources that address critical needs, even as they do not fully replicate the cultural and relational approaches provided by Elders and community-led practices.

> *"I never really knew people who fled violence. What I can say is that the shelters are very useful today. It is very much needed and is used and there is a shelter now in (location redacted). There are people that help them. Not everyone goes but there are people out there that really do help. It is appreciated that the systems are there to provide resources. Community members do not have the infrastructure to take people in but they do offer help by talking to the people (victims of violence). We have to be grateful for the systems that are available.*"

> *"There are shelters available for people who are homeless and we are very grateful for that.*"

Shelters have emerged as a substitute for the network of safe houses that existed traditionally. However, due to administrative demands and high operational costs, they are often unable to fully meet the needs of those seeking safety and support, as discussed previously in this report and elsewhere (Department of Family Services, 2024a; Pauktuutit Inuit Women of Canada, 2019; Qulliit Nunavut Status of Women Council, 2007).

> *"Well, I grew up with Elders, my mom was an Elder, I was adopted... I think that's how they would help each other - having places to go to for protection like if someone was too drunk. There was a lot of support, even, we would have safe places and safe homes. Everyone had one, anyplace that was welcoming. There would be places. Yes but now-a-days there's barely any.*"

Across interviews, participants expressed a strong desire for Elders to be re-centered in justice processes, particularly in cases of GBV and family violence. Many emphasized the importance of re-establishing Elder councils and ensuring they held places of honor and influence within the court system.

> *"Elders go to the courthouse to advise the courts and the defendants, that is a good idea to have them go to the courts."*

> *"We turned to our Elders for advice. We need to bring that back even into the court system. Yeah. Bringing that tradition back of having Elders Counsel again, the way they used to."*

> *Researcher: "Should the Elders be advising politicians of what needs to be done?"*

> *Respondent: "Yes. It would be better as this is how it used to be. Talking and taking advice from Elders. That's how they used to do it, right?"*

Re-centering Elders is a means of ensuring that Inuit knowledge, guidance, and cultural authority are recognized and integrated into decision-making and community-based responses to harm.

> *"Having (an) Elder, they used to do that, go to Elders. Now there's (a) justice system. Elders do not use the system. There is no action being taken to address those that are going through this traditionally. This really needs to be brought back."*

Participants acknowledged that Inuit communities historically established strong networks of consultation, through which justice was administered and complex cases were addressed communally. In some instances, communities would seek additional guidance and support from broader communal networks of Elders, ensuring that decisions reflected collective wisdom, accountability, and culturally grounded approaches to resolving conflict and restoring balance.

> *"We have always heard of people who went to the bigger camps to to be supported, this was widely known. Small camps had a leader and if there was a problem that needed attention, Elders would meet with the aggressors. We've all heard these stories, and now that we're united as a community, we have a powerful opportunity to address these challenges together. The only thing holding us back is the absence of workers*

and resource centers. Right now, we lack the tools we need. Imagine the positive impact we could have on our community if we had these resources at our disposal. By working together with the right support, we can make a significant difference and meet our community's needs effectively."

Inuit communities have long relied on culturally grounded, community-led approaches to address gender-based and family violence, centering Elders, families, and collective responsibility in healing, accountability, and justice. Traditional parenting, land-based practices, and Elder guidance have fostered resilience, restored balance, and supported mental health and well-being, while also teaching values of care, responsibility, and reciprocity. Although southern-imposed systems and institutional solutions such as shelters provide important support, they cannot fully replicate the relational, preventative, and restorative strengths of community-based approaches. Participants emphasized a desire to see Elders re-centered in justice processes, to strengthen networks of care, and to restore community-led solutions that honor Inuit knowledge, traditions, and cultural authority. Supporting these approaches offers not only effective pathways to address violence but also reinforces community cohesion, wellness, and self-determination for the future.

Recommendations

1. Re-center Elders in justice and community-led processes.
2. Strengthen family and kinship networks as sources of support and accountability.
3. Expand land-based programs to support healing and cultural reconnection.
4. Ensure shelters and services are culturally safe and trauma-informed.
5. Promote traditional parenting practices to foster resilience and responsibility.
6. Integrate Inuit Qaujimajatuqangit principles into all GBV interventions.
7. Encourage restorative approaches that prioritize reconciliation and collective care.
8. Increase awareness campaigns about healthy relationships and available supports.
9. Provide resources to support Elders' participation in community leadership and guidance.

Conclusion

GBV in Nunavut is not only a personal issue but a deeply social one, woven through histories of colonization and community disruption. Participants emphasized that violence in their communities represent a fracture from traditional Inuit values and ways of living, which emphasize balance, respect, and collective care.

Through the voices of more than one hundred participants across all three regions, this research has shown both the depth of harm caused by GBV and the strength and wisdom within communities to respond. Survivors spoke of isolation and stigma, but also of moments of kindness, protection, and solidarity that gave them hope. Men and women alike described the need to rebuild community connections, to speak openly about violence, and to ensure that everyone, regardless of gender, age, or ability, has a safe place to turn.

> **"They would gather together and talk and see where people needed help. That is how things were resolved. By helping one another. By helping one another, they would come to a decision on what to do to help, it was not so hard back then."**
>
> — Respondent

Central to this work is the recognition that Inuit Qaujimajatuqangit (IQ) provides a practical foundation for change. The principles of Inuuqatigiitsiarniq (respecting others, relationships, and caring for people), Aajiiqatigiinniq (decision-making through discussion and consensus), and Piliriqatigiinniq (working together for a common cause) offer a culturally grounded framework for preventing violence and promoting healing. Restoring pride in these teachings is key to reimagining community responses to GBV.

This project also highlighted the

importance of inclusion and holistic approaches. Engaging men was critical to understanding the full scope of violence and to challenging silence and shame. Recognizing disability and mental health barriers added further depth to understanding who is most at risk and why. Participants were clear that services must be both accessible and trustworthy, integrating language, culture, and relational accountability into every level of response from health centres to justice systems.

The study demonstrated that when research is carried out in partnership with communities guided by local knowledge, language, and values, it can foster not only understanding but also healing and empowerment. Many participants described the process of sharing their story as cathartic, an act of release and validation that reinforced the collective will for change.

Moving forward, this report calls for sustained investment in community-driven solutions: culturally informed programming, trauma-informed health and social supports, and resources that enable Inuit to lead the work of ending violence in their own communities. True progress will come not only through policies or institutions, but through the everyday practice of Inuuqatigiitsiarniq, treating one another with compassion, dignity, and respect.

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