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HOW ARE WE?

PREVALENCE AND NATURE OF SEXUAL VIOLENCE IN NUNAVIK

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PREVALENCE AND NATURE OF SEXUAL VIOLENCE IN NUNAVIK

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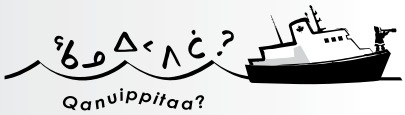

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BACKGROUND OF THE NUNAVIK INUIT HEALTH SURVEY

The monitoring of population health and its determinants is essential for the development of effective health prevention and promotion programs. More specifically, monitoring must provide an overall picture of a population's health, verify health trends and how health indicators vary over distance and time, detect emerging problems, identify priority problems, and develop possible health programs and services that meet the needs of the population studied.

The extensive survey conducted by Santé Québec in Nunavik in 1992 provided information on the health status of the Nunavik population (Santé Québec, 1994). The survey showed that health patterns of the population were in transition and reflected important lifestyle changes. Effectively, the Inuit population has undergone profound sociocultural, economic, and environmental changes over the last few decades. The Inuit have changed their living habits as contact with more southerly regions of Quebec increased. A sedentary lifestyle, the switch to a cash-based domestic economy, the modernization of living conditions and the increasing availability and accessibility of goods and foodstuffs imported from southern regions have contributed to these changes. These observations suggest the need for periodic monitoring of health endpoints of Nunavik Inuit to prevent the negative impact of risk factor emergence and lifestyle changes on subsequent morbidity and mortality from major chronic diseases.

In 2003, the Nunavik Regional Board of Health and Social Services (NRBHSS) decided to organize an extensive health survey in Nunavik in order to verify the evolution of health status and risk factors in the population. The NRBHSS and the Ministère de la Santé et des Services sociaux (MSSS) du Québec entrusted the Institut national de santé publique du Québec (INSPQ) with planning, administering and coordinating the survey. The INSPQ prepared the survey in close collaboration with the Unité de recherche en santé publique (URSP) of the Centre hospitalier universitaire de Québec (CHUQ) for the scientific and logistical component of the survey. The Institut de la statistique du Québec (ISQ) participated in methodology development, in particular the survey design.

The general aim of the survey was to gather social and health information on a set of themes including various health indicators, physical measurements, and social, environmental and living conditions, thus permitting a thorough update of the health and well-being profile of the Inuit population of Nunavik. The survey was designed to permit a comparison of the 2004 trends with those observed in 1992. Data collected in 2004 also allowed researchers to compare the Inuit to other Quebecers.

Target population

The health survey was conducted among the Inuit population of Nunavik from August 27 to October 1, 2004. According to the 2001 Canadian census, the fourteen communities of Nunavik have a total of 9632 inhabitants, 91% of whom identified themselves as Inuit. The target population of the survey was permanent residents of Nunavik, excluding residents of collective dwellings and households in which there were no Inuit aged 18 years old or older.

Data collection

Data collection was performed on the Canadian Coast Guard Ship Amundsen, thanks to a grant obtained from the Canadian Foundation for Innovation (CFI) and the Network of Centres of Excellence of Canada (ArcticNet). The ship visited the fourteen villages of Nunavik, which are coastal villages. The study was based on self-administered and interviewer-completed questionnaires. The study also involved physical and biological measurements including clinical tests. The survey was approved by the Comité d'éthique de la recherche de l'Université Laval (CERUL) and the Comité d'éthique de santé publique du Québec (CESP). Participation was voluntary and participants were asked to give their written consent before completing interviews and clinical tests. A total of 677 private Inuit households were visited by interviewers who met the household respondents to complete the identification chart and the household questionnaire. A respondent was defined as an Inuit adult able to provide information regarding every member of the household. The identification chart allowed demographic information to be collected on every member of the household. The household questionnaire served to collect information on housing, environment, nutrition and certain health indicators especially regarding young children.

All individuals aged 15 or older belonging to the same household were invited to meet survey staff a few days later, on a Canadian Coast Guard ship, to respond to an interviewer-completed questionnaire (individual

questionnaire) as well as a self-administered confidential questionnaire. Participants from 18 to 74 years of age were also asked to complete a food frequency questionnaire and a 24-hour dietary recall, and to participate in a clinical session. The individual questionnaire aimed to collect general health information on subjects such as health perceptions, women's health, living habits and social support. The confidential questionnaire dealt with more sensitive issues such as suicide, drugs, violence and sexuality. During the clinical session, participants were invited to answer a nurse-completed questionnaire regarding their health status. Then, participants had a blood sample taken and physical measurements were performed including a hearing test, anthropometric measurements, an oral glucose tolerance test (excluding diabetics) and toenail sampling. Women from 35 to 74 years of age were invited to have a bone densitometry test. Finally, participants aged 40 to 74 could have, after consenting, an arteriosclerosis screening test as well as a continuous measure of cardiac rhythm for a two-hour period.

Survey sampling and participation

The survey used a stratified random sampling of private Inuit households. The community was the only stratification variable used. This stratification allowed a standard representation of the target population. Among the 677 households visited by the interviewers, 521 agreed to participate in the survey. The household response rate is thus 77.8%. The individual response rates are obtained by multiplying the household participating rate by the individual collaboration rate since the household and individual instruments were administered in sequence. The collaboration rate corresponds to the proportion of eligible individuals who agreed to participate among the 521 participating households. In this survey, about two thirds of individuals accepted to participate for a response rate in the area of 50% for most of the collection instruments used in the survey. A total of 1056 individuals signed a consent form and had at least one test or completed one questionnaire. Among them, 1006 individuals answered the individual questionnaire, 969 answered the confidential questionnaire, 925 participated in the clinical session, 821 had a hearing test, 778 answered the food frequency questionnaire, 664 answered the 24-hour dietary recall, 282 had an arteriosclerosis test, 211 had a continuous measure of their cardiac rhythm for a two-hour period and 207 had a bone densitometry test. More details on the data processing are given in the Methodological Report.

INTRODUCTION[1]

The Nunavik Inuit Women's Manifesto (2006) states that, "Child sexual abuse is absolutely intolerable and must end. All types of violence… against women and children must cease to occur." Sexual violence has been denounced by Inuit communities and by many other communities, given that significant mental health and physical health problems are related to exposure to sexual abuse that occurs while growing up and during adulthood (Briere & Elliott, 1993, 1994; Campbell & Soeken, 1999; Coker et al., 2002; Curtis et al., 2002; Golding, 1999; Koss et al., 1991; Wright et al., 2004). Victims of all ages may also develop a negative self-image, feelings of lack of control because they were unable to protect themselves from the abuse, and a negative image of the world – perceiving others as potential threats instead of possible protectors (Macmillan, 2001). Violence is thus a great burden on individual victims and their families. Moreover, studies also demonstrate the potential significant consequences of violence on secondary victims (neighbours, co-workers and friends), which have important repercussions on society as a whole (Ruback & Thompson, 2001).

A report by the Pauktuutit Inuit Women's Association in 2003 emphasized the lack of awareness of child sexual abuse in Inuit communities and a lack of resources adapted to the Inuit (Kuptana, 1991; Pauktuutit, 2003). Despite these concerns, virtually no study has been conducted to determine the rate and nature of sexual abuse in Canadian Inuit communities.

According to the 2003 police reports, from Nunavik's population of 10 055, which includes both Inuit and non-Inuit, 24 individuals officially filed a sexual infraction report. This represents a rate of 240 per 100 000, compared to 69 per 100 000 for the province as a whole (Ministère de la Sécurité publique, 2005). By comparison, in Nunavut – the region closest to Nunavik and where the population is mainly Inuit and faces similar socio-economic conditions – in 2004 the rate of reported sexual infractions was 941 per 100 000 (Canadian Centre of Justice Statistics, 2004). These data support the hypothesis that rates of sexual violence are higher in

[1] For ease of readability, the expression "Inuit" is used throughout the theme paper to define the population under study even though a small percentage of individuals surveyed identified themselves as non-Inuit. Refer to "Background of the Health Survey" for further details regarding the definition of the target population.

northern regions. However, as reported by Statistics Canada (1999), police reports likely underestimate the actual rates.

Surveys about sexual abuse are useful to obtain more accurate estimates of violence rates. To the best of our knowledge, the only study that assesses the rates and nature of violence in Inuit communities by investigating victims was one conducted in Greenland in 1993-1994 (Curtis et al., 2002). In this study, 25% of Greenlandic Inuit women and 6% of men reported having been victims of sexual abuse during their lifetime. This study suggests that rates of violence and sexual abuse may be much higher than rates estimated by police reports.

The primary objective of this report is to provide data on the prevalence of sexual abuse and the characteristics of sexual abuse victims in Nunavik. We will also present some of solutions proposed by the study's participants to prevent sexual abuse and take action in their community.

METHODOLOGICAL ASPECTS

Questions about sexual abuse were included in the confidential questionnaire portion of the survey, which was self-administered or completed by an interviewer in the participant's preferred language (Inuktitut, English or French) (Table A1, Appendix). With few exceptions, the interviews were conducted by an interviewer living in a different community from the participant; this ensured confidentiality and decreased the likelihood of underreporting difficult personal experiences.

A total of 1056 participants completed the consent form and were involved in at least one of the survey's activities. Of this, 969 individuals aged 15 and over completed the confidential questionnaire from which the current data are drawn. This included 856 adults and 113 minors. Only adults participated in the section on sexual abuse. Non-response rates to the sexual abuse items varied from 1.6% to 5.3% if one excludes the question on the nature of the relationship, where the non-response rate is 13.0%. It is the most general question *"Have you ever been subjected to any form of forced or attempted forced sexual activity?"* for the period of adolescence which results in a non-response rate of 5.3%. An analysis of the 95% confidence intervals and a chi-square test adjusted for survey design were retained for comparison. Statistical analyses for comparisons have been conducted at a threshold of $\alpha = 0.05$ which means that significant differences were found when p-value was less than or equal to 0.05.

The data used in this module comes from a sample and is thus subject to a certain degree of error. The coefficient of variation (CV) has been used to quantify the accuracy of estimates and the Statistics Canada scale was used to qualify the accuracy of estimates. The presence of an "E" footnote next to an estimate indicates a marginal estimate (CV between 16.6% and 33.3%). Estimates with unreliable levels of accuracy (CV > 33.3%) are not presented and have been replaced by the letter "F"

The definition of sexual abuse used in the survey was inspired by the one established by Bernstein et al. (2003): "contact or sexual conduct between a child under the age of 18 and an adult or older individual." In this survey, received sexual violence was measured through two series of questions. After an introduction stating that the survey was investigating sexual abuse, four questions were asked (Table A1, Appendix), three of which addressed the type of behaviour to which individuals were exposed (*A."Someone tried to touch me in a sexual way, or tried to make me touch them*", *B. "Someone threatened to hurt me or tell lies about me unless I did something sexual with them*", *C. "Someone tried to make me do sexual things or watch sexual things*") and a question about the perception of having been sexually abused (*E. "I believe that I was sexually abused*"). These questions, which count for the items A, B, C, and E presented in Table A2 (Appendix), were drawn from the Sexual abuse subscale of the Childhood Trauma Questionnaire (Bernstein et al., 1994; Bernstein et al., 2003). The recall period was the timeframe when the respondent was a minor (e.g. *while growing up*).

A global minor abuse index (Item D) was created by attributing a positive rating to participants who responded in the affirmative to at least one of items A, B or C (Table A2, Appendix). A general question was then added: "*Have you ever been subjected to any form of forced or attempted forced sexual activity?*" (Table A1, Appendix). This question was used in the survey of Greenlandic Inuit by Curtis et al. (2002). The question was asked with reference to three periods: childhood (ages 12 and under), adolescence (between ages 13 and 17) and adulthood (ages 18 and over). However, these periods were combined into two in the analysis: forced sexual activity as a minor (Item F) and as an adult (Item G)

(Table A2, Appendix). For both these series of questions, dichotomous responses were sought (yes/no).

The nature of the relationship between the victim and the sexual aggressor was only collated following the second series of questions, and was conducted in a general manner with all age groups mixed together. A list of potential relationships was offered. Five broad categories were created based on the eight possible responses: 1) past or current partner, 2) family, 3) friends, acquaintances or colleagues, 4) strangers, and 5) others.

Participants were also asked two open-ended questions in order to gather qualitative information on potential preventive and intervention strategies. The first question was: "*What do you think could be done in your community to prevent sexual abuse?*" The second was: "*What do you think could be done in your community to help people who have experienced sexual abuse?*" (Table A1, Appendix). No answers were suggested to the participants and the responses were recorded verbatim. For the data analysis, ten categories of answers were created, six of which were based solely on the prevalence of answers obtained: 1) victim talking with friend or family, 2) aggressor talking with friend or family, 3) decreasing alcohol and drug use, 4) turning to religion or the church, 5) increasing parenting skills and restrictions for children, and 6) increasing the number of activities and available jobs. The remaining four categories were based on those proposed in a report by the Pauktuutit organization (2004). This helped ensure that the selected categories were representative of an Inuit perspective. The four categories derived from Pauktuutit were: 1) correctional services and justice, 2) advocacy groups and educational programs, 3) health professionals, and 4) healing programs and support groups. Similar categories were also used to assess available violence-related prevention and intervention resources among the Aboriginal people of Ontario (Ontario Native Women's Association, 1989).

RESULTS

Prevalence of sexual abuse

One adult in three (33.6%) reports having experienced acts of sexual abuse before the age of 18 (Item D) (Table A2, Appendix). The most frequently cited behaviour, reported by close to one third of respondents (30.8%), is sexual touch that was performed or attempted on them or that they were made to perform during childhood. When refusing to perform sexual touching, one in ten respondents (10.7%) received threats of being hurt or having their reputation harmed; the numbers were similar for being made to perform or watch sexual acts (10.6%). A co-occurrence of these three types of sexual abuse during childhood was reported by 4.3% of participants, two types by 9.8% and 19.5% experienced one type of abuse (Items A, B or C). On the other hand, in responding to a question about perception (Item E), one quarter of adults (25.2%) believed they were sexually abused during childhood.

In another section of the survey, we were able to determine the prevalence of forced sexual activities (or attempts to use force). One third of respondents (32.0%) reported having experienced this form of violence when they were of minor age (Item F) (Table A2, Appendix). Sexual abuse using force during adulthood was experienced by 19.7% of respondents (Item G). This is a lower percentage than forced sexual abuse during childhood, but indicates that the problem is still prevalent beyond the age of 18. There is no significant difference in sexual violence experienced while growing up based on age groups for 18- to 24-year-olds, 25- to 44-year-olds and those aged 45 and over ($p = 0.349$).

With respect to place of residence, the rate of received sexual violence is higher on the Hudson than on the Ungava coast[2]. Hudson residents are more likely to report sexual touching (35.5% vs. 24.6%, $p < 0.001$), or forced sexual activity as a minor (37.8% vs. 24.3%, $p < 0.001$) or when aged 18 or older (23.2% vs.15.2%, $p = 0.002$). They are also more likely to believe they have been sexually abused during childhood (28.5% vs. 20.9%, $p = 0.006$). The global minor abuse index also reflects this regional difference (37.8% vs. 28.0%, $p = 0.002$). A comparison between large and small communities is available for forced sexual acts during childhood and adulthood. Sexual aggression during adulthood is slightly higher in larger communities[3], than in smaller communities (22.0% vs. 16.7%, $p = 0.04$). However, there is no difference when it took place during childhood. In the case of the

[2] It should be noted that the Nunavik territory has been divided in two regions. The Hudson coast includes the villages of Kuujjuarapik, Umiujaq, Inukjuak, Puvirnituq, Akulivik, Ivujivik and Salluit while the Ungava coast includes Kangiqsujuaq, Quaqtaq, Kangirsuk, Aupaluk, Tasiujaq, Kuujjuaq and Kangiqsualujjuaq.

[3] Larger communities include villages of more than 1000 inhabitants: Puvirnituq, Inukjuak, Salluit and Kuujjuaq.

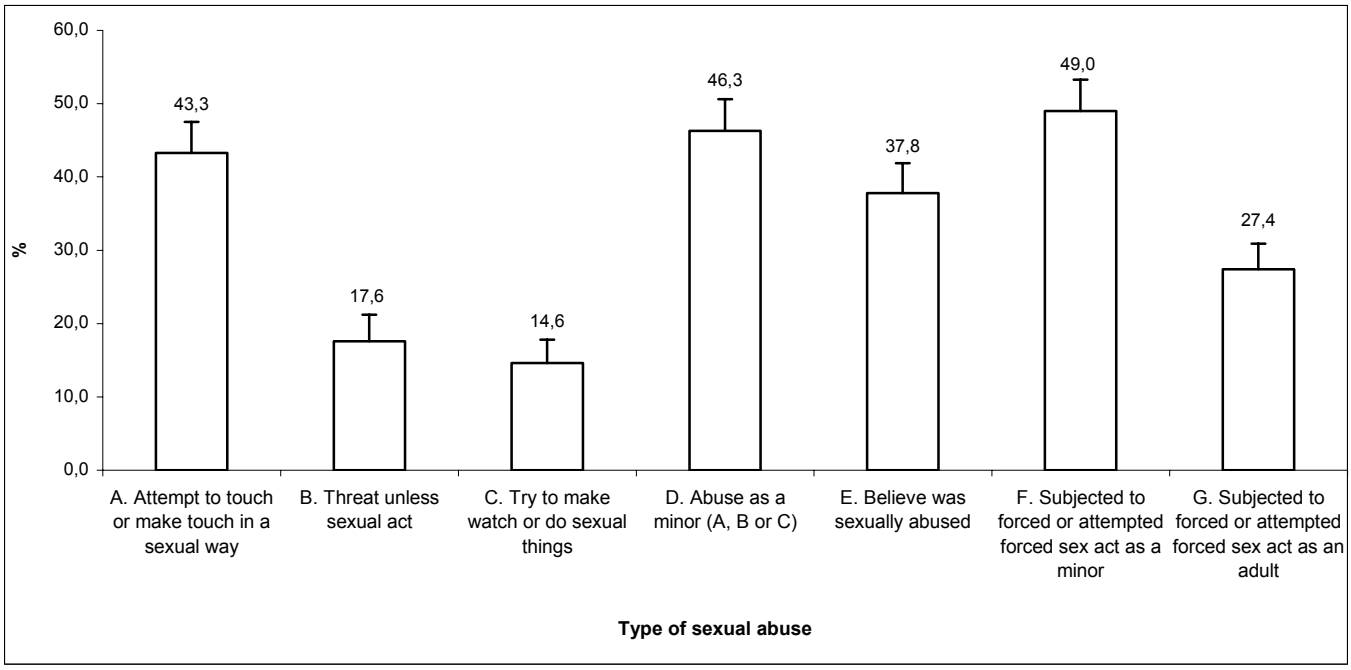
abuse of minors, the thirteen villages other than Kuujjuaq seem to report it more frequently (33.4% vs. 25.6%, p = 0.034).

Prevalence of sexual abuse against women

Figure 1 reports the rates of received sexual violence for women. In terms of abuse before the age of 18, 49.0% of adult women report having being forced or having attempts made to force them to perform a sexual act (Item F) and 46.3% mention that they were victims of general sexual violence (Item D). The most frequently mentioned act of general sexual violence is an attempt to touch or make touch in a sexual way (43.3%), followed by threats unless sexual acts are performed (17.6%) and attempts to make watch or do sexual activity (14.6%). In terms of perceptions (Item E), more than one third (37.8%) of women believe they were victims of sexual abuse during childhood.

This high rate of received sexual violence among women doesn't stop when childhood ends. In fact, 27.4% of adult women report having being forced or having attempts made to force them into sexual activity as adults (Item G). The number of female victims is substantially lower during adulthood than childhood, decreasing from 49.0% to 27.4%.

Figure 1
Sexual abuse as a minor (Items A to F) and as an adult (Item G) (%), women aged 18 and over, Nunavik, 2004



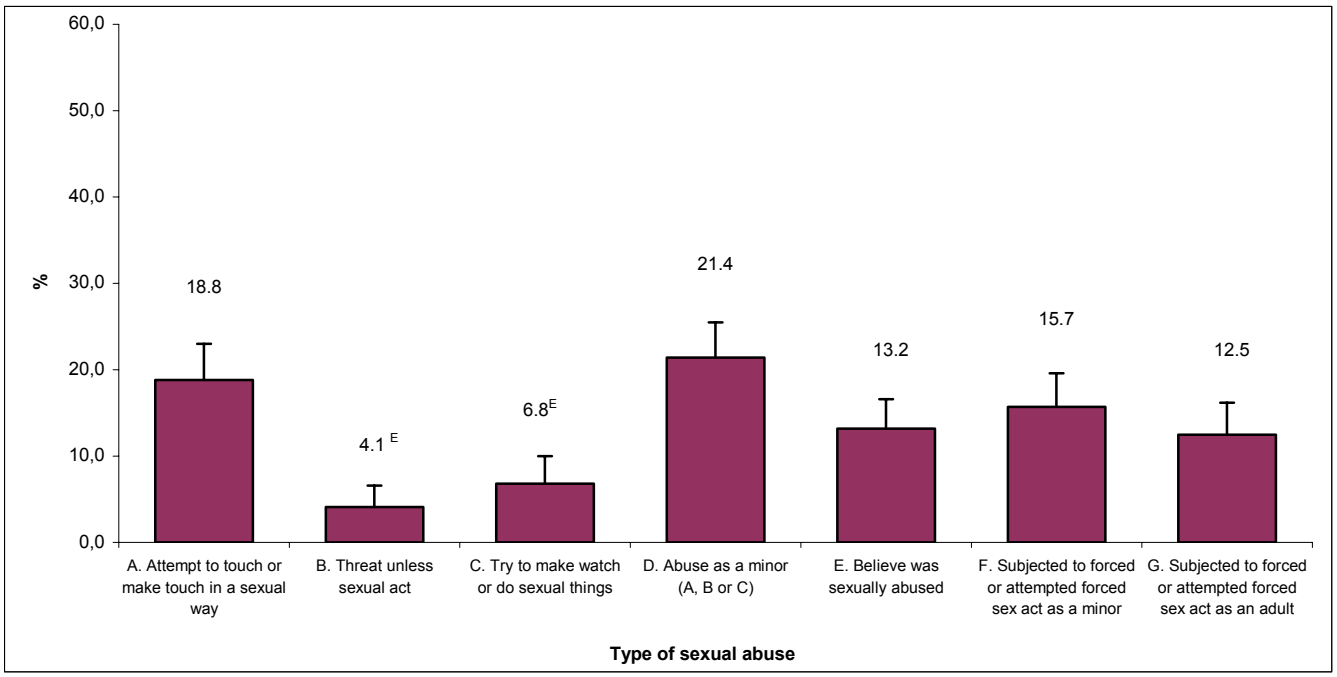
Source: Nunavik Inuit Health Survey 2004.

It is younger (18-24) and middle-aged (25-44) women who report the highest rates of sexual abuse in childhood for all abusive behaviours, where the most significant difference was noticed in the category "forced or attempted forced sexual activity as a minor" (Item F) (18-24: 49.0%; 25-44: 54.9%; 45 and over: 37.7%; p = 0.01). Among young women aged 18 to 24, 30.5% report having being forced into sexual activity during adulthood compared with 26.2% and 26.7% respectively in the other two age groups (p = 0.67). This phenomenon of sexual abuse during adulthood is therefore not on the decline among younger cohorts. Women living along the Hudson and the Ungava coasts face the same problems of sexual abuse, but most of the problems are more prevalent on the Hudson coast. Note that 55.1% of women from the Hudson coast were forced or attempted forced into sexual activity during childhood and 32.9% during adulthood, compared to 40.6% during childhood (p = 0.002) and 19.6% during adulthood for those from the Ungava coast (p = 0.001).

Prevalence of sexual abuse against men

Figure 2 reports the rates of received sexual violence for men. The number of men affected by sexual abuse is not negligible. When considering their childhood, 21.4% of adult men report being generally sexually abused (Item D) and 15.7% mention that they were forced or some attempts were made to force them to perform a sexual act (Item F). The most frequently mentioned act of general sexual violence is an attempt to touch or make touch in a sexual way (18.8%), followed by attempts to make watch or do sexual activity (6.8%^{E}) and by threats unless sexual acts are performed (4.1%^{E}). In terms of perceptions (Item E), 13.2% of adult men believe they were victims of sexual abuse during childhood. Received sexual violence among men doesn't stop when childhood ends: 12.5% of men report having been forced to sexual act as adults in comparison to 15.7% when minors.

Figure 2
Sexual abuse as a minor (Items A to F) and as an adult (Item G) (%), men aged 18 and over, Nunavik, 2004



E Interpret with caution.
Source: Nunavik Inuit Health Survey 2004.

To obtain sufficient statistical power, the analysis by age conducted for men is based on two age groups: 18-29 year-olds and those aged 30 and over. For sexual abuse experienced during childhood, the cohort of younger men appears to have experienced the same variety of sexual abuse as the older group. There are no notable differences in prevalence rate for all items even though the rates observed for the younger group are lower. For example, 12.3%^{E} of those under age 29 were forced into sexual acts as minors (Item F), compared to 17.8% of those aged 30 and over. However, this difference is not statistically significant ($p = 0.15$). With regard to adulthood, the percentages affected are almost identical for the two age groups (13.3%^{E} and 12.0%^{E}; $p = 0.72$). Some types of sexual abuse are more common among men from the Hudson coast than from the Ungava coast. This difference is notable in the case of forced sexual activity during childhood, mentioned by 20.7% of men in Hudson compared to 9.8%^{E} of those from Ungava ($p = 0.002$). In the case of reports of forced sexual activity during adulthood, the rates are similar for men in the two regions (13.4%^{E} in Hudson vs. 11.4%^{E} in Ungava; $p = 0.56$).

The nature of the relationship between the victim and the sexual aggressor in childhood and adulthood

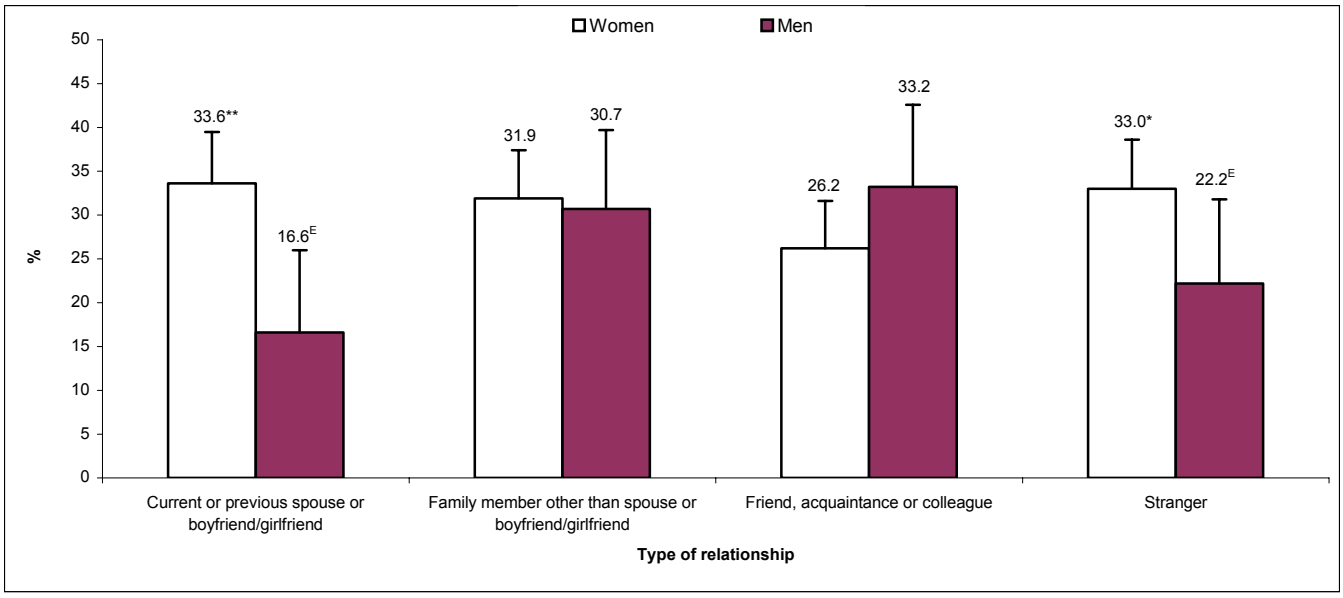
After asking, "*Have you ever been subjected to any form of forced or attempted forced sexual activity?"* the questionnaire asked who committed this act. Since the survey did not request that the period in which this activity occurred be specified, potential analyses are limited because whether the abuse took place during childhood or adulthood remains unknown.

Women are nearly equally sexually abused by their spouses or boyfriends, by their family or by strangers. As indicated in Figure 3, sexual abuse by the individual's spouse or partner as well as sexual abuse in the hands of strangers are frequently reported by women, with one third identifying it. Sexual abuse in a family context is nearly as frequent for women (31.9%) This type of violence may include incest, but also sexual abuse by members of the victim's extended family. Sexual abuse by acquaintances, friends or colleagues is less reported but still 26.2% of women report having been sexually abused by their peers or by acquaintances in their childhood or adulthood.

Figure 3 indicates that the most prevalent source of sexual violence for men is from friends, acquaintances and colleagues (33.2%), followed by their family (excluding spouses) (30.7%). Strangers play a role in sexual abuse for 22.2%[E] of men in their childhood or adulthood. As for partners (spouse or girlfriend), 16.6%[E] of adult men report them as a source of sexual abuse. So men are twice as much victims of sexual violence in the hands of their peers and families than from their spouses.

It should also be noted that the category "other relationship" is identified by 19.6% of victims, with the genders combined. This category includes people in positions of authority, such as those who work with the law, religious leaders, people involved in the health or school systems. It is clear from these preliminary results that some respondents were victims of more than one type of aggressor.

Figure 3
Nature of the relationship between the victim and the sexual aggressor in childhood and adulthood by sex (%), population aged 18 and over, Nunavik, 2004



E Interpret with caution.
Chi square tests * $p < 0.05$, ** $p < 0.01$.
Source: Nunavik Inuit Health Survey 2004.

Prevention and intervention strategies

Seventy percent of all survey participants responded to at least one of the two open-ended questions (Table A1, Appendix). Among this group, more than one third of respondents (37.7% and 35.5% to item 2 and 3 respectively) stated that they did not know how to respond to these questions and 6.3% to 6.5% provided an answer that couldn't be coded. When a participant gave more than one answer, each one was counted individually. Percentages were calculated by dividing the number of responses in a category by the number of participants who provided codable answers.

In response to the question asking *"What do you think could be done in your community to prevent sexual abuse?"*, approximately one third suggested increasing community awareness through education programs in schools and in community meetings, being more open about these issues in the home and community and discussing these issues on community radio. One fifth of participants stated that correctional and justice measures should be taken to punish those who had committed such crimes. Police officers were identified as a resource and increased security measures, including night guards and cameras in the village, were suggested. When jail time was not mentioned, isolation from the community was often identified as an option. Almost one fifth mentioned that parents should be more aware of children's whereabouts and should impose more restrictions upon their children. Parents were seen as being the ones responsible for the safety of their children. Interestingly, a few participants mentioned the importance of trusting the individual when he or she reveals having been sexually abused: "If someone tells you the truth you really have to trust them and don't just ignore them; it is hard to talk about it because no one believes it or tries to help", "No more silence, try to be more careful about young people who cry."

The most prevalent answer to the question asking *"What could be done in your community to help people who have experienced sexual abuse?"* was that these individuals should open up to family members or friends. Over one third of participants who gave answers that could be coded suggested that victims talk to community members, participate in healing programs and group meetings. Talking with people who had already experienced sexual abuse was seen as a technique for letting people know they are not alone and are not responsible for what has happened to them. Approximately one quarter mentioned that victims could benefit from professional help, including doctors, social workers and psychologists. A few mentioned that more psychologists were needed in Inuit communities.

Alcohol abuse, a lack of family and community activities and unemployment were identified as issues in the case of the two questions. This suggests that people are aware of the potential causes of violence or associated risk factors. It should be noted that aggression is not seen as culturally acceptable behaviour but as an act contrary to Inuit tradition and culture and one that needs to be sanctioned.

DISCUSSION AND CONCLUSION

The community of Nunavik is facing a very significant problem of sexual abuse that affects both children and adults. One in three adults has experienced sexual abuse during childhood and one in five during adulthood. People of all ages have been affected by a sexual abuse experience during childhood or as an adult. Such numbers confirm that the problem transcend all periods of life and that no age group is safe from it. Of the regions studied, the Hudson coast shows the most sexual abuse. Women are more frequently affected than men. They experience more violent acts and are more likely to face threats or to perceive themselves as victims of sexual abuse. However, the number of men affected by this problem is not trivial. Among the most frequently mentioned sources of sexual abuse for both women and men is the family (women 31.9%, men 30.7%). However, women and men do not experience sexual abuse in the same way when we consider partner abuse or abuse by strangers or peers and acquaintances. Spouse or ex-spouse (33.6%) and strangers (33.0%) are important sources of abuse for women, and to a lesser extent, friends or colleagues. For men, friends, acquaintances and colleagues are the main people responsible for sexual abuse (33.2%), followed by strangers (22.2%[E]) and, to a much lesser extent, spouse or ex-spouse (16.6%[E]).

A comparison with other groups seems useful. Two retrospective surveys of adults from other communities, one from Greenland and the other from Quebec, provide a comparison. The first used the same question as the current study to identify forced sexual activity during childhood (Curtis et al., 2002). However, the population surveyed in that study had more favourable socio-demographic conditions. A large proportion of respondents were living in Nuuk, a less isolated community of approximately 15 000 that benefits from

more resources and whose population includes a high proportion of Métis and Danes as well as Inuit. That study concluded that Inuit from Nunavik endure much more difficult conditions. Forty-nine percent of women in Nunavik reported sexual abuse during childhood compared to 7.8 % of Inuit women from Greenland. The same portrait emerges in comparisons among men, with 15.7% of men from Nunavik having been forced into sexual activity during childhood compared with 3.2% of Greenlandic Inuit. Data from the Tourigny et al. (2006) study of a sample of adults from southern Quebec suggest that the rate is clearly higher among Inuit from Nunavik. They indicate that 14% of the Quebec population report sexual abuse in childhood compared with 34% of Inuit from Nunavik. They also show that Inuit women experience abuse in much greater numbers than other women in Quebec (49% vs. 18%), whereas the gap among men is smaller (Nunavik 16% vs. Quebec 10%). However, one must be cautious with these comparisons because the questions were not formulated in the same manner.

Faced with this situation, Nunavik residents have suggested a variety of solutions, which can be categorized into four main themes: 1) the value of the community collectively addressing the problem of sexual abuse, 2) the necessity that the victim talk about the abuse, 3) the merits of sanctions, as a preventive tool, following sexual abuse, and 4) the necessity that parents assume a guiding and protective role in their children's lives. Avenues of intervention are defined, by community or professional services and community awareness-raising, so that every victim has access to comfort and compassion. In terms of action on a social level, there is a criticism of idleness, lack of work and family and community activities and mention of the issue of substance abuse and more infrequently, the problem of crowded living conditions.

Before concluding, it is important to recall that family violence is not a recent phenomenon in Inuit communities, as noted by Graburn (1987) in the case of Canadian Inuit children, Larsen (1992) in Greenlandic Inuit adults and Durst (1991) in the case of domestic violence in Beaufort Sea communities. It is mainly the response to violence that has changed. It is therefore likely that the communities will continue to seek a change with respect to this problem. Prevention efforts within the community, like the National Inuit Strategy for Abuse Prevention, will allow for an exploration of solutions by both men and women.

Among the studies to be conducted, we need to gain a better understanding of the relationship between substance abuse and sexual abuse as indicated by Curtis et al. (2002) in their investigation of Greenlandic Inuit. A clarification of the concept of stranger would also be useful in targeting intervention (e.g. prostitution with workers from outside the region, etc.). Among the strengths of this study are that it is the first epidemiological study of sexual abuse within this population; the participation rate (50%) is higher than the average rates obtained in retrospective studies of adults regarding sexual aggression (Gorey & Leslie, 1997); the characteristics of the measures chosen are in keeping with most of the recommendations by Hulme (2004) and finally, it makes qualitative data available.

KEY ISSUES

- One adult in three experienced sexual abuse during childhood and one in five during adulthood.
- About one woman out of two reported having been forced or having faced attempts made to force them to perform a sexual act while a minor. One out of four stated that they faced the same problem in adulthood.
- One man out of five reported sexual abuse during childhood and one in eight reported having been forced or having faced attempts made to force them to perform a sexual act during adulthood.
- Sexual violence within the family is very common. Sexual abuse by a family member affects one third of men and women who reported having been victims of sexual abuse during childhood or adulthood.
- Domestic violence expressed through sexual abuse from a current or previous spouse or partner is of concern. One third of women who were sexually assaulted reported having been sexually abused by their partner or ex-partner. One male victim out of six had experienced sexual abuse by their partner.
- Sexual abuse is not limited to the family or to the marital or dating context. Many adults are confronted by sexual abuse from friends, colleagues or strangers during childhood or adulthood.

- The Inuit community wants to establish a tradition of prevention and intervention to address sexual abuse. Nunavik residents have suggested a variety of solutions, which can be categorized into four main themes: 1) the value of the community collectively addressing the problem of sexual abuse, 2) the necessity that the victim talk about the abuse, 3) the merits of sanctions, as a preventive tool, following sexual abuse, and 4) the necessity that parents assume a guiding and protective role in their children's lives.

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APPENDIX

Table A1
Questions in the sexual abuse component of the confidential questionnaire addressed to individuals aged 18 and over, Nunavik Inuit Health Survey 2004.

1. We would like to know if you experienced any of the following types of sexual abuse *while growing up*:

a) Someone tried to touch me in a sexual way, or tried to make me touch them	____ Yes	____ No
b) Someone threatened to hurt me or tell lies about me unless I did something sexual with them	____ Yes	____ No
c) Someone tried to make me do sexual things or watch sexual things	____ Yes	____ No
d) I believe that I was sexually abused	____ Yes	____ No

2. What do you think could be done in your community to prevent sexual abuse?

3. What do you think could be done in your community to help people who have experienced sexual abuse?

4. Have you ever been subjected to any form of forced or attempted forced sexual activity?

	Please mark yes or no for each question	
a) As a child (aged 12 or under)	____ Yes	____ No
b) As an adolescent (between age 13 and 17)	____ Yes	____ No
c) Aged 18 or older	____ Yes	____ No

5. Which of these people forced you?

	Please mark yes or no for each question	
a) Current spouse/partner, previous spouse/partner	____ Yes	____ No
b) Current boyfriend/girlfriend, previous boyfriend/girlfriend	____ Yes	____ No
c) Parents/foster parents	____ Yes	____ No
d) Other family member	____ Yes	____ No
e) Friend or acquaintance	____ Yes	____ No
f) Colleague/person at your workplace	____ Yes	____ No
g) Stranger	____ Yes	____ No
h) Other person, specify _____	____ Yes	____ No

Table A2
Prevalence of sexual abuse as a minor (Items A to F) and as an adult (Item G), population aged 18 and over, Nunavik, 2004

Form of abuse	%	EP [b]	[CI 95%]
A. Tried to touch me or make me touch them	30.8	1600	27.7-33.8
B. Threatened to hurt me or tell lies about me unless sexual act	10.7	560	8.8-12.6
C. Tried to make me do or watch sexual things	10.6	550	8.6-12.6
D. Global minor abuse index [a]	33.6	1740	30.3-36.8
E. Believe was sexually abused	25.2	1310	22.5-27.9
F. Forced or attempted forced sexual activity as a minor	32.0	1660	29.0-35.0
G. Forced or attempted forced sexual activity as an adult	19.7	1020	17.3-22.1

[a] Victims of any form of abuse among A, B, and C.
[b] EP refers to the estimated population concerned with a given problem among Nunavik Inuit.
Note: Partial non-response in this table range from 1.6% to 4.5%..
Source: Nunavik Inuit Health Survey 2004.

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