



Project Title: *Sensory Acts – More Than Human Communication in the Circumpolar North*

Researcher(s):

ALEX OEHLER, ASSOCIATE PROFESSOR (Faculty of Arts), DEPT. OF ANTHROPOLOGY, UNIVERSITY OF REGINA, (306)-585-4770, ALEX.OEHLER@UREGINA.CA

SARAH ABBOTT, ASSOCIATE PROFESSOR (Faculty of Media, Art, and Performance), FILM DEPT., UNIV. OF REGINA, (306)-585-4437, SARAH.ABBOTT@UREGINA.CA

ALESHA STARK, GRADUATE STUDENT, UNIV. OF REGINA, AOS550@UREGINA.CA

PRADEEP BARMAN, GRAD. STUDENT, UNIV. OF REGINA, PDC765@UREGINA.CA

Purpose and Objectives of the Research:

- This project records examples of human-animal and human-plant interaction. The ability to interpret animal movement on the land is a skill that is passed from generation to generation. Examples of careful observation of animal and plant behavior can benefit future Inuvialuit hunters, plant gatherers, game managers, and researchers. We aim to build an Inuvialuit-owned database that will consist of examples of interspecies communication for future generations.
- Data collected by this project will be made available to Inuvialuit communities through the Joint Secretariat's Traditional Knowledge Archives. It will also be used in research student theses, dissertations, journal articles, books, book chapters, conference presentations, films, podcasts, and other media. All of these deliverables are subject to review by the project co-leaders (Aklavik HTC and/or the IGC) prior to publication.

Procedures:

- Members of the research team will observe and record on-the-land activities. They may join you in some of your activities to learn about them. They may also ask questions about details of particular activities. Observations are recorded audio/visually, and/or in handwritten and typed field notes, and they will take place for the duration of the researcher's stay on the land, at hunting/fishing cabins, and/or in town, as permission is granted.
- Please feel free to ask any questions regarding the methods and goals of the study or your role.

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Potential Risks:

- Disclosure of harvesting methods and/or locations may increase risk of social harms such as breach of confidentiality, social stigmatization, threats to reputation, economic repercussions, and damage to relationships. Discussions of traditional knowledge may solicit memories of deceased individuals with relevant knowledge, and/or of knowledge lost through the impact of colonial history.
- Researchers will seek to minimize negative social and/or psychological impacts by being sensitive to participants' reactions to activities and topics. They will try to avoid stressful

topics, ensuring individuals decide for themselves if they wish to continue. They will mitigate effects of negative psychological impacts by referring affected individuals to the Community Counselling Program in Aklavik (867) 978-2941 and/or Inuvik (867) 678-8001, ext 5.

- There is a limitation to confidentiality due to the nature of the sample's selection. The researcher(s) will mitigate this limitation by aiming not to reveal sources while in the field.
- All collected data will be owned by the AHTC and IGC and will be archived by the Joint Secretariat, including the Master Key, which links participants' real names to codes used.
- Participants are encouraged to only answer questions they are comfortable with.
- Researchers are legally required to report unlawful activities to law enforcement or other agencies.

Compensation:

- Participants willing to take a researcher on the land and/or to their cabin will have required gasoline (truck, skidoo, boat, etc.) paid for by the project. Additionally, the researcher will volunteer their labor. Alternatively, researchers may pay Elders honoraria¹ (\$300 per day; 50% per half-day, i.e., 3.5 hours or less) for time spent sharing Oral History or Traditional Knowledge. Individuals are entitled to the agreed upon payment even if they choose to withdraw their information during or after data collection.

Confidentiality:

- Data collected in this study will not be anonymous (researchers will know who the participants are). By default, participants' responses will be made confidential with the help of a coding system. Direct quotes will be given pseudonyms in publication.
- A digital master list of participants' real names will be kept in a separate password-protected folder on the principal investigator's computer. This consent form will be stored separately from your data.
- There are inherent security issues when using email as a communication tool.² We will use the term/phrase "Tuktu" in the subject-line of all email correspondence so you will know the email is from us and recommend you submit any email queries using the same term.

Waiving Confidentiality:

- Participants are welcome to waive their confidentiality, if they prefer to be credited by name for the information they have shared.
- I agree to be identified by name/credited in the results of the study. I agree to have my responses attributed to me by name in the results. _____ (Participant initials)

Storage of Data:

- During fieldwork, collected data is stored on researchers' password-protected and encrypted computing devices (e.g., laptop, external hard drive) and copies are held on secure hard drives at the University of Regina, AHTC, and IGC. Upon project completion, the University of Regina will hold on to the data for 7 years, and a copy of the de-identified data will be

¹ If you will be compensated \$500 dollars or more within one fiscal year as a research participant, the university will require your Date of Birth and SIN as this payment is taxable and reported to the Canada Revenue Agency. Payment can be issued as a cheque or direct deposit; however direct deposit will require further banking information to be provided. Please note that your information will remain in the University's system but no information that can link you to this study will be retained.

² By default, emails are not encrypted and are vulnerable to interception by outside sources or someone may see that you are involved in this research if you leave your browser open.

deposited in the Inuvialuit Traditional Knowledge library and archives (Traditional & Local Knowledge [TLK] Team, Joint Secretariat) to ensure continued community access.

- There are several options for you to consider if you decide to take part in this research. You can choose all, some, or none of them:
 - I grant permission to be audio taped: Yes: ___ No: ___
 - I grant permission to be videotaped: Yes: ___ No: ___
 - I grant permission to have my organization's name used: Yes: ___ No: ___
 - I wish to be referred to by pseudonym: Yes: ___ No: ___
 - The pseudonym I choose for myself is: _____
 - You may quote me and use my real name: Yes: ___ No: ___

Right to Withdraw:

- Your participation is voluntary and you can answer only those questions that you are comfortable with. You may withdraw from the research for any reason, at any time without explanation.
- Should you wish to withdraw, your data will be de-identified, and it can be destroyed upon your request. Your right to withdraw data from the study applies until results have been disseminated.
- After your interview, and prior to the data being included in publication, you will be given the opportunity to review the transcript, and to add, alter, or delete information as you see fit.

Follow up:

- To obtain general results from the study, please go to www.sensoryacts.ca.

Questions or Concerns:

- Contact the researchers using the information at the top of page 1.
- This project has been approved by the University of Regina Research Ethics Board on August 18 2023. Questions regarding your rights as a participant may be addressed to the committee at (306-585-4775 or research.ethics@uregina.ca).

Continued or On-going Consent:

- If multiple contacts with participants are made, verbal consent will be obtained each time.

Visually Recorded Images/Data:

- Photos may be taken of me [and/or my child] for: Analysis ___ Dissemination* ___
- Videos may be taken of me [and/or my child] for: Analysis ___ Dissemination* ___

*Even if no names are used, you [or your child] may be recognizable if visual images are shown as part of the results.

Oral Consent:

- I _____ (name of researcher) read and explained this Consent Form to the participant before receiving the participant's consent, and the participant had knowledge of its contents and appeared to understand it.

Researcher's Signature

Date

Written Consent:

- Your signature below indicates that you have read and understand the description provided; I have had an opportunity to ask questions and my/our questions have been answered. I consent to participate in the research project. A copy of this Consent Form has been given to me for my records.

Name of Participant

Signature

Date

Researcher's Signature

Date

A copy of this consent will be left with you, and a copy will be taken by the researcher.