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Improving Shelter Experience for Indigenous Women:

Final Report

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Who We Are in Relation to this Work

In keeping with Indigenous-based research, it is important for non-Indigenous researchers to be open about who they are and how their background may shape the research process.

Dr. Kendra Nixon - As a non-Indigenous, white academic and a woman with social and institutional privilege, I recognize that my background shapes how I see this work and that I do not share the lived experiences of the Indigenous women whose knowledge informs this study. I approach this research with humility and respect, working in partnership with Indigenous organizations and communities, and I remain mindful of the power differences that exist within Western academic research. I live, work, and play on Treaty 1 territory.

Eloise Dell – I am a Black settler woman of Caribbean descent, who lives and works on Treaty 1 territory. While being a woman of color impacts my awareness

of marginalization and historical injustice, I acknowledge the limitations of my perspective in relation to the lived experiences of Indigenous communities in Canada. I approach this research with humility and respect, as well as continued collaboration with Indigenous communities.

A note about language: For this research project, the term Indigenous is used to refer to First Nations, Métis, and Inuit women in Manitoba. We recognize that these women represent diverse communities with distinct histories, cultures, languages, and relationships to the land. The use of this collective term is not intended to generalize the diversity within these perspectives or suggest homogeneity. Our research team acknowledges the limitations of collective terminology and has sought to identify specific communities or cultural contexts where possible and appropriate.

The Story of Our Work

Our Purpose

Indigenous women in Canada are disproportionately impacted by intimate partner violence (IPV). As a result, Indigenous women seek emergency shelter services (also known as women's shelters) at high rates. Our work sought to deepen understanding of Indigenous women's experiences in shelters across Manitoba, with particular attention to access, service delivery, perceived satisfaction, and recommendations for service agencies and policymakers.

How We Conducted Our Study

We invited survivors of violence and service providers to share their experiences and perspectives in one-on-one conversations (interviews) with our research assistant. In total, 24 conversations took place, including 12 Indigenous survivors and 12 service providers working closely with Indigenous communities. All interviews were recorded and transcribed word for word before being entered into qualitative analysis software (Dedoose) for coding. After organizing and coding the information, we looked closely at the stories shared by our participants to understand the main patterns and themes in their experiences.





What Survivors Told Us

There were eight (8) common themes among the survivors whom we spoke with.

Nature of Abuse

Survivors spoke of various forms of violence abuse they experienced in their intimate partner relationships. Some survivors shared that substance use was involved in incidences of abuse.

Shelter Information

Survivors told us what shelters they had used or tried to use, as well as the type of shelters they accessed.

Shelter Services

Survivors spoke about the services they received while at staying at women's shelter, such as cultural supports, counselling, transportation services, child support, clothing, employment income support, housing and legal assistance, as well as providing clothing to survivors.

Challenges and Difficulties Faced When Staying in Shelter

Survivors shared the challenges and difficulties they faced during their stay at the women's shelter. These include navigating difficult emotions after abuse, limited staff supports, racism, homophobia/transphobia, discrimination, lack of awareness on Indigenous cultures in shelters and having to follow to shelter rules that they did not find useful.

Shelter Experiences

Most survivors noted that they had a positive experience at the women's shelter they accessed. Except one survivor who would describe their experience as neutral, and another who described their shelter experience as negative.

Help Seeking

Survivors shared their experience with help seeking, many receiving help from formal and informal supports. In this section, survivors detail the different supports they accessed from social service sectors, as well as Elders, family, friends and colleagues.

Barriers to Seeking Supports

Survivors reported the various barriers they faced when seeking support. Survivors shared how previous negative experiences, shame and stigma, transportation, difficulties reaching and locating shelters, and shelters limited capacity impacted their ability to seek support.

Factors Affecting Their Access to Shelter

Survivors identified various factors that supported their access to women's shelters. Overall, survivors said that shelters were accessible, they had previous positive experiences with shelters as well as seeking a safe and comfortable environment away from abuse.

What Service Providers Told Us

There were five (5) common themes among the service providers whom we spoke with.

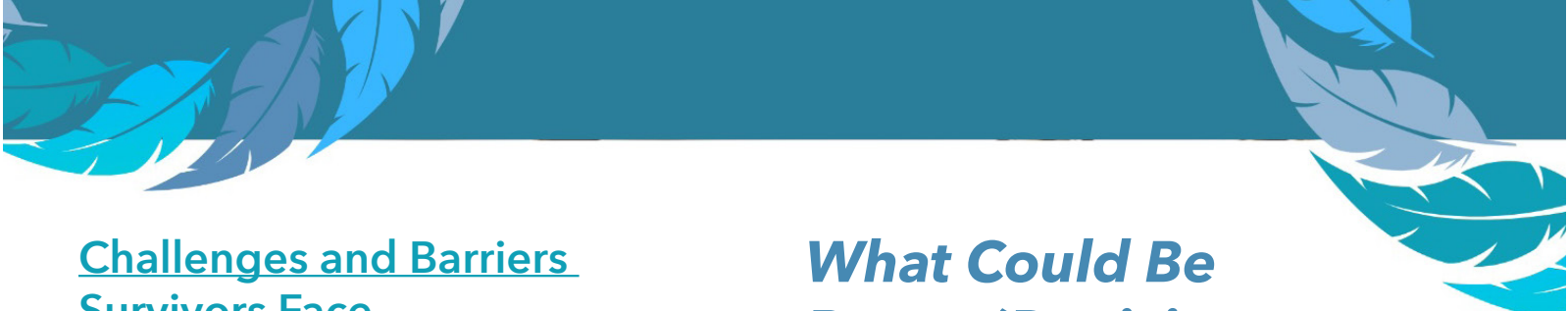
Shelter Information

Service providers shared the types of shelters they were employed with.

Shelter Services

Service providers detailed the various services and resources they offer to survivors at their shelters. This includes cultural supports, counselling, hygiene kits, as well as facilitating access to additional supports and services.





Challenges and Barriers Survivors Face

Service providers shared the barriers survivors face when accessing services, such as navigating feelings of loneliness, adapting to shelter rules, obtaining housing, shelter policy limitations, substance withdrawal symptoms, transportation, accessing income assistance and difficulties contacting shelters.

Challenges Staff Face

Service providers highlighted the need for more addiction resources and support services in the reserves and rural communities in Manitoba. Additionally, service providers addressed the challenges they face obtaining housing and social assistance for survivors. Service providers shared the difficulties they faced with supporting older male children with disabilities. Service providers also detailed the safety risks they encounter at work and in their personal lives due to their work, as well as their experience with emotional fatigue due to their role.

Shelter Policy and Administration

Service providers share their shelters intake, referral and transfer procedure, which included assessments, adherence to shelter criteria and collaboration with other agencies. Service providers addressed their shelters criteria, disclosing the instances where individuals were not eligible for service. Service providers shared their experience collaborating with social service agencies, along with their funding needs.

What Could Be Better (Participant Recommendations)

Survivors and service providers shared their thoughts on how shelters can improve their work with Indigenous women seeking help for IPV in Manitoba. This included:

- Expanding shelter resources, supports, and services
- Offering cultural services for Indigenous survivors
- Addressing staffing shortages and knowledge gaps
- Longer shelter stays and transitional housing
- Increased education and outreach
- Referrals and collaboration amongst IPV services



Our Path to This Work

The Purpose of Our Study

Intimate partner violence (IPV) disproportionately impacts Indigenous women in Canada due to the ongoing effects of colonization and intergenerational trauma in First Nations, Métis, and Inuit communities. Indigenous women are not only more likely to experience IPV compared to non-Indigenous women, but also severe forms of violence such as strangulation, physical or sexual assault, and intimate partner homicide. As a result, Indigenous women access women's shelters for IPV at high rates, which provide refuge, support, and essential services for those escaping violence. However, barriers such as racism/discrimination, a lack of culturally appropriate services, and fears of child apprehension can complicate access to these services. Our work focused on listening to survivors and services providers to learn about their experiences of seeking and providing support for women affected IPV at shelters across Manitoba. What our participants told us will help to create better policy and services so that responses can be improved.

Our Focus

We were focused on four broad objectives:

1. Learning about Indigenous survivors' experiences accessing women's shelters.
2. Understand Indigenous service provider experiences helping Indigenous survivors access Indigenous-led and non-Indigenous-led women's shelters.
3. Understand non-Indigenous service provider experiences facilitating Indigenous women's access and stay at women's shelters
4. Identify ways that shelter services, programs, and policies could be improved to better meet the needs of Indigenous women who experience violence from their partners

Why this Work is Important

This research is important because it identifies gaps and barriers in shelter services for Indigenous women, which is a crucial step towards improving accessibility and cultural safety in these spaces. Additionally, the lessons learned from this research is based on the lived experiences of survivors and centers the voices of Indigenous women in recommendations for change.

This project can also provide a framework for researchers in other provinces and territories in Canada seeking to understand the experiences of Indigenous women at shelters. The framework may also be utilized by researchers in other countries across North America (United States, Mexico), Europe (Sweden, Russia, Finland), and Oceania (Australia, New Zealand), with similar colonial histories and high rates of violence against Indigenous women.



Background

IPV refers to violence perpetrated by a current or former intimate partner. This violence can present itself in various forms, including physical, sexual, emotional, psychological or financial abuse, and coercive control (WaGE, 2025). Numerous negative outcomes are associated with IPV victimization such as social isolation, financial insecurity, mental or physical injury, and chronic health conditions (WaGE, 2025). The most severe cases of IPV can even result in the death of victims, which is referred to as intimate partner homicide (IPH) (VAW Learning Network, 2023).

IPV is a significant issue in Canada. In 2024, there were a total of 128,175 police-reported victims of IPV across the country (356 victims per 100,000 population) (Statistics Canada, 2025). However, regional disparities indicate that the issue is especially prominent in the Prairie provinces. Manitoba, in particular, reported 607 victims per 100,000 population in 2024 – a rate nearly double that of the national average (Statistics Canada, 2025). Violence is particularly high in rural, remote, or Northern areas of Manitoba. According to data from Statistics Canada, IPV increased by 37% in rural areas and 177% in urban Northern areas of the province from 2013 to 2023. (Mansour, 2025).

The issue is highly gendered – impacting approximately 44% of women and girls who have ever been in an intimate relationship (Cotter, 2021). While IPV impacts all women, certain groups, such as Indigenous women, are particularly vulnerable to this violence. Data from Statistics Canada indicates that 61% of Indigenous women, and 86% of Indigenous women who identify as 2SLGBTQ+, have experienced IPV in their lifetime (Heidinger, 2021). In addition to increased prevalence, Indigenous women are also more likely to experience severe forms of IPV, such as physical or sexual assault, strangulation, and IPH (Heidinger, 2021).

Elevated rates of violence against Indigenous women must be understood within the broader context of colonization in Canada. Colonization imposed

patriarchal norms on Indigenous communities, which disrupted traditional family structures and devalued the social, political, and spiritual roles of women (Hanson, 2009). This marked a significant departure from the matrilineal nature of many Indigenous communities, in which women held positions of leadership and authority (Hanson, 2009). Additionally, harmful policies enforced systemic discrimination, cultural suppression, and forced displacement upon Indigenous communities. These historical injustices have produced intergenerational trauma and socio-economic inequalities which have heightened Indigenous women's vulnerability to violence.

Those experiencing IPV can seek help through formal support services, which are structured services administered by professionals with specific areas of expertise. This includes shelter services, which provide temporary housing for women fleeing IPV. Shelters can be considered first-stage, which provide immediate, short-term housing (usually one to three months in duration), or second-stage, which provide longer-term housing (up to two years in duration) (Shelter Safe, n.d.). In addition to housing, shelters provide a variety of services such as counselling, medical care, safety planning, legal advocacy, and program referrals, for those in their care.

As of 2022, there were 23 shelters in Manitoba, providing a total of 366 beds for victims of IPV (Infrastructure Canada, 2024). Shelters were located in various areas of the province – spanning as far north as Thompson, and as far south as Winkler. Some of these shelters specifically offered support for Indigenous communities on First Nations reserves such as Ochekwisipi, Waanibiigaaw, and Giizhigowiniing. However, Indigenous women remain overrepresented as shelter residents across Indigenous and non-Indigenous shelters. According to Statistics Canada, Indigenous women accounted for 29% of shelter residents from 2022 to 2023, despite only comprising 5% of the total female population (Statistics Canada, 2024).





Although Indigenous women represent a disproportionate number of shelters residents, these services often lack the capacity to address their cultural needs. A survey distributed by Women's Shelters Canada found that although 80% of shelters served Indigenous women, only 19% of these shelters could offer culturally appropriate programs "often" (Maki, 2019). A subsequent report from the Congress of Aboriginal Peoples noted that culturally appropriate programming was not offered consistently amongst shelters, despite interest in offering these services (CAP, 2024). Shelters cited a lack of space, training, staffing, and funding as barriers to implementing these programs and services (CAP, 2024).

Indigenous women can also experience other challenges in shelters or barriers to accessing shelters entirely. Instances of racism have been documented in shelter service provision, including discriminatory attitudes and behaviours amongst shelter staff, child apprehension, and a lack of cultural sensitivity (Tutty et al., 2025). Notable barriers to accessing shelters include limited services on First Nations reserves, jurisdictional gaps in service responsibility, and the normalization of violence in Indigenous communities (Rizkalla et al., 2020; Wuerch et al., 2025). The unique challenges and barriers experienced by Indigenous women when accessing shelter services warrants further examination to improve service responses for this at-risk population.

How We Conducted Our Study

To begin this study in a good way, we hosted a sweat lead by Elder Norman Campbell (Redsky) from Crane River First Nation. We conducted a comprehensive literature review to inform our questions and approach. Guided by Indigenous research principles, we worked closely with an Indigenous Advisory Circle, made up of directors from shelters on First Nation reserves across Manitoba. Together, we determined the study's focus, key questions, and the structure for the conversations/interviews. An Indigenous Master of Social Work student conducted all conversations with survivors and service providers, ensuring a culturally grounded and relational approach that honoured community knowledge and perspectives..

Throughout the project, we sought feedback and guidance from the Advisory Circle. At the conclusion of the study, we participated in a talking circle to share our findings and gather input on the final report and our geo-spatial mapping deliverable/website. For participants who were interested, we also shared a plain-language summary of the study's results.

Our Guiding Questions

This research project sought to address the following guiding questions in relation to Indigenous women's shelter experiences in Manitoba:

1. What are Indigenous women's experiences accessing and staying at Indigenous and non-Indigenous-led shelters in rural and urban areas of Manitoba?
 - a. How did they access the women's shelter?
 - b. What are the challenges they faced in accessing the shelter?
 - c. What challenges did they experience while staying at the shelter?
 2. What are the Indigenous and non-Indigenous-identifying service providers' experiences supporting Indigenous women in rural and urban shelters in Manitoba?
 - a. What are the challenges they faced? What worked and did not work?
- 

3. How to improve the existing IPV-specific services for Indigenous women in rural and urban areas of Manitoba?

a. How to improve the experience of Indigenous women's stay at women's shelters? What needs to change?

b. How to improve Indigenous and non-Indigenous service provider's ability to support Indigenous women?

Good Relations (Ethics)

For our study, our approach to ethics was guided by principles of respect, relationship, and reciprocity. Rather than focusing solely on formal procedures, we emphasized building meaningful connections with the communities and individuals involved. This meant working in partnership with our Advisory Circle, listening deeply to participants, honouring their knowledge and experiences, and maintaining accountability throughout the research process. We sought to ensure that the research benefitted those who shared their time and stories, returning results in accessible ways and incorporating their feedback. By centering ethical practice in relationships and mutual respect, we upheld a standard of care that reflects Indigenous ways of knowing and doing.

Additionally, our study was approved by the Research Ethics Board (REB) (Fort Garry) at the University of Manitoba. The application underwent a full board review and received approval on March 19, 2024. Additional amendments were submitted and approved, i.e., to expand recruitment efforts and include additional interview questions as recommended by our Advisory Circle.

Listening To and Understanding Participant Stories

To help us understand the above questions, we carried out our study by engaging in:

1. **Conversations with Indigenous women who accessed and stayed at Indigenous-led and non-Indigenous-led shelters** were conducted across Manitoba. In total, 12 women were interviewed (see Appendix A for conversation guide).
2. **Conversations with service providers** at shelters were conducted across Manitoba. In total, 12 service providers were interviewed (see Appendix B for conversation guide).
3. **Digital mapping tools** (ArcGIS Online) to understand the general locations of shelters across Manitoba and how accessible they are, survivor journeys, and the availability of community, legal, health care, and protection supports (such as RCMP), as well as cell phone and Wi-Fi coverage, and areas affected by climate or weather changes that could impact Indigenous survivors' access to supports or ability to leave violent situations.

All conversations were guided by a flexible interview guide. These guides have been included, labelled as Appendices A (Indigenous Survivors) and B (Service Providers). All conversations were digitally recorded and transcribed word for word. The transcripts were then uploaded into a qualitative analysis software program (Dedoose). After, research assistants organized and coded participant stories, regularly communicating with the Research Coordinator to discuss their work, refine the codes/concepts, and identify common themes in the data.

To better understand and illustrate how geographic location might impact Indigenous survivors' experiences of seeking and staying at shelter, we created a

StoryMap using ArcGIS. ArcGIS is a software platform for creating, analyzing, and mapping geographic information. A StoryMap combines maps, text, and multimedia content to create a digital, interactive, and visual story. The creation of the StoryMap was inspired and informed by the conversations with survivors and service providers, discussion with the advisory circle, and literature on how geographic tools and approaches are used in intimate partner violence research. The StoryMap features maps of survivors' journeys to shelter, the transportation infrastructure in Manitoba, and the location and distribution of resources for IPV help-seeking in Manitoba. The StoryMap can be accessed [here](#).

Inviting Participants to Share Their Stories and Experiences

Participant Recruitment and Eligibility

We invited participants through community partners and their networks. We also reach out to survivors and service providers through social media posts and emails to women shelters.

To participate in the study, participants must have met the following criteria:

Service Providers:

- Currently working or has experience working at a women's shelter in the past 5 years.
- Supported Indigenous women at a women's shelter in Manitoba in the past 5 years.

Survivors:

- 18 years of age or older.

- Identify as Indigenous (First Nations, Métis, Inuit, or other ways).
- Identify as woman (including Two-Spirit and transgender woman).
- Reside in Manitoba at the time of help-seeking for intimate partner violence in the past 5 years.
- Accessed women's shelter because of intimate partner violence (IPV).
- Living safely away from their abusive partner.
- Accessed Indigenous-led and non-Indigenous-led women's shelter (desirable if both) in the past 5 years.

Written or verbal consent was obtained from all participants before participating in conversations with the researcher, who also identifies as Indigenous. All participants (survivors and service providers) received a \$40 honorarium for their participation.

Who we Talked To

A total of 24 participants took part in conversations.

Group	Number of Conversations
Service Providers	12
Indigenous Survivors	12

Conversations were conducted with 12 Indigenous survivors across Manitoba. All 12 survivors identified as Indigenous. Eleven identified as women, while one identified as Two Spirit. One participant shared that she was in a same-sex relationship

Survivors identified with several Indigenous communities including Roseau River Anishinabe First Nation (n=3), Sagkeeng First Nation (n=2), Bloodvein First Nation (n=1), and York Factory

¹ Two-Spirit (2S) is an Indigenous term used by Indigenous Peoples to describe someone whose gender or spirit is more than just male or female and is connected to their culture, traditions, and community roles.



First Nation (n=1). Survivors also identified as Ojibwe (n=2) or Métis (n=1) broadly, without naming specific communities. Two participants did not provide this information.

Survivors' educational background included some high school (n=6), high school diploma (n=4), some college (n=1), and college diploma (n=1). Regarding employment, one survivor was employed full-time, and the rest were not employed (n=11). Monthly income levels were estimated to be less than \$1,500 (n=6), \$1,500 to \$3,000 (n=2), and more than \$4,000 (n=2). Additionally, one participant stated they were on EIA (without disclosing the amount), and one participant preferred not to share this information. Survivors ranged from 28 to 53 years old in age.

At the time of the conversations, most survivors resided in urban areas (n=8), and the rest resided in rural areas or on reserve (n=4). The same number of survivors reported living in urban areas (n=8) and rural areas or reserves (n=4) when seeking shelter services. Survivors accessed shelter services once (n=3), twice (n=4), three times (n=2), and over nine times (n=2). One participant was unsure.

Most survivors were mothers (n=9). Survivors reported having one (n=1), three (n=2), five (n=1), six (n=3), seven (n=1), and 8 (n=1) children. Most children lived with survivors (n=4) or another relative (n=1), while other children lived on their own (adult children) (n=3) or had an alternative living arrangement (n=1).

Conversations were also conducted with 12 service

providers across Manitoba. Eleven worked in Indigenous shelters and one worked at a non-Indigenous shelter, but all identified as being Indigenous themselves. Service providers worked as Elders or knowledge keepers (n=2), directors or assistant directors (n=4), support workers (n=5), and security (n=1). Length of time in these roles ranged from less than one year (n=6) to 34 years (n=1). The remaining participants held their roles for one year (n=1), two to three years (n=1), and three to six years (n=3).

What Shaped our Study and Results

As noted earlier, our study was guided by relationships, context, and the stories/knowledge shared by participants and our Indigenous Advisory Circle. We invited survivors and service providers to take part in our study based on their lived and professional experience. As noted earlier, we contacted participants through community relationships and networks. This approach enabled us to gather deep, rich insights rooted in specific communities and places; however, the knowledge shared reflects those particular experiences and contexts and is not meant to capture or represent everyone's experiences. Additionally, recruiting a diverse group of participants proved to be somewhat challenging. As such, Two Spirit (or LGBTQIA+) individuals were underrepresented amongst survivor participants, and non-Indigenous service providers were not represented amongst service provider participants.

Results of Conversations with Survivors

Conversations were conducted with survivors of intimate partner violence, who accessed shelters from various locations. During these conversations, survivors shared information about their background, their experiences seeking shelter and supports, as well as residing in shelter.

Stories of Abuse

Survivors told us that they experienced several types of IPV, including:

- Physical abuse
- Emotional or psychological abuse

- Verbal abuse
- Financial abuse
- Coercive control
- Substance use coercion

This violence was described in numerous instances:

She gave me a double black eye. I was all bloody too. (IW 08)

He had actually been living down the hall. He did that as one of his tactics so he could keep an eye on me. (IW 07)

It was really verbally abusive and like controlling me with alcohol 'cause I was an alcoholic. (IW 06) And he continued to escalate, abusively, verbally, emotionally, financially, everything, and the whole - so it wasn't - it was heightened. (IW 07)

Some survivors noted that drugs or alcohol were a factor at the time when their partners abused them, particularly in cases of physical violence.

He was kind of like on drugs and seeing things at the time, I guess he must have saw a mosquito or something on me and he accidentally punched me in the back of the head full force. (IW 05)

We were drinking really hard, and then that's when I ended up in the hospital. Because he had broken my nose before and punched mirrors a couple times before. (IW 06)

We were drinking a lot. We partied for a day, good three days, four days. I just didn't - I just at that time, I just didn't give a shit about my well-being. (IW 08)

Stories About Shelters

Survivors accessed shelters from various locations, including Winnipeg, Wrinkler, Steinbach, Thompson, and provinces outside of Manitoba. Survivors also obtained services from different types of shelters, such

as non-Indigenous Rural (n=3), Indigenous Urban (n=5), Indigenous Rural (n=1), non-Indigenous Urban (n=7). Four survivors visited more than one shelter, therefore the number of shelters exceeds the number of survivors.

Shelter Services

Survivors said that shelters provided cultural supports, such as traditional ceremonies and medicines. Other supports, such as beading, cultural foods, drumming, sharing circles, and access to Elders were mentioned less often and were not always accessible to survivors.

Yes, they did offer. I think I was - I don't know where exactly, but they did mention that they do bring women to a woman's sweat somewhere. (IW 12)

They had bannock, but they had a native cook there. She just cooked bannock, bannock dog, there's stuff like that. (IW 13)

Yeah, weekly and stuff like that, there was a medicine lady there that had all that. (IW 13)

They do beading - bead work there. I think there's a smudging spot there. You can smudge too. (IW 01)

They had drumming we enjoyed going to. Drumming, ceremony, sharing circles, stuff like that. (IW 02)

It was an Elder like once a week, and then you could just go talk to them privately. (IW 06)

Some survivors said that shelters provided counselling to address their emotional well-being and recovery needs.

A lot of counselling, I talked to a lot of the counsellors there. (IW 08)

It was just someone to talk to. It wasn't at a formal appointment... they would tell me that it would be OK... (IW 03)



I met with counselors. They really helped me. (IW 12)

Survivors shared that shelters provided transportation services, giving them access to shelter and other supports. One survivor further noted that transportation was offered to attend appointments as needed. Another survivor talked about getting transportation to shelter.

They provided rides there and back. Bus tickets they provided if you have appointments... And like the doctor appointments, they give you taxi rides. (IW 13)

There was a taxi float. They asked me where I was and then they said "We're gonna call you a cab, wait outside". (IW 08)

Some survivors said they also received support for their children during their shelter stay, including counselling services for children and child-minding to ensure their safety and well-being.

My children, they also met with counselors. I remember at least once a day they would like... have childcare there. (IW 12)

There's women's groups, children's groups, all day long, every day. (IW 12)

I think there was a little daycare or something. (IW 11)

And they helped me, they helped my kids - they used to bring them to this room and counsel them. (IW 12)

Some shelters further supported survivors by assisting with employment income supports, as well as connecting them to housing and legal services.

They were trying to help me out with apartments... they were helping me get an application filled out. And asking me what my income was. I was on EI at that time, so my EI was just running out... I was broke, and then I started looking for a job around [Name of location] at the same time, so they helped. (IW 08)

I received- there was woman's groups and sharing circle and stuff like that... And help with finding a place (IW 04)

And then [inaudible] they did help me with letters - from the housing department out here. (IW 12)

Mainly just, I guess, that protection order... they helped me with that. (IW 13)

A couple of survivors said they were given clothing when they came to the shelter, helping to meet their immediate and essential needs.

The second time we showed up with no clothing and we got a purchase order. (IW 13)

Well, there's clothing, they gave me a clothes voucher. (IW 12)

Challenges Survivors Faced In-Shelter

Survivors described having to deal with complex emotions while staying in shelter. After fleeing an abusive relationship, many expressed a deep need for space and time to process their experiences, regain a sense of stability, and begin healing. They emphasized that empathy and patience from staff is essential.

I think compassionate and empathy. Very gentle, I guess, because I was in shock. I think going into a shelter is daunting too, because you don't know what to expect. I mean, so you're going from one very chaotic, violently explosive situation, and then going into a shelter, and you're still... trying to calm down and realize that you're safe, right? So that's a new adjustment. A lot of times, for me, I just really wanted to be left alone. Didn't want to go to counseling, I wasn't interested in anything. I just needed to calm myself down... it was almost like this, 'How did I get here?'... now I have to kind of move forward in whatever that that looks like, and it can be very daunting... I was grateful that they have the shelter and everything, and for a lot of folks, I think it takes a while for them to





kind of calm down, right? (IW 07)

I was aware of the services that they provided, that they could access. But for myself, I wasn't. I didn't want that, right? ... So as far as the staff providing the support and that they were just there...that's just what I needed, was to know that there was somebody there in my corner ... I knew that there was counselors, there was staff, there was other women that I could talk to... it was just like a reprieve or a resting place that I could gather my thoughts and figure out what I need to do next. So, it was very much needed for me at the time. (IW 08)

Survivors emphasized the importance of shelter staff fostering meaningful relationships with them. One survivor shared how staff could have fostered a deeper connection with them, instead of interacting with them solely for work. Another survivor said that staff need to focus on creating a safe space that provides comfort and reassurance.

They could have talked to us more instead of making it - like it's just their work. (IW 04)

OK also shelters can be, especially women can like - being abused - we're all drunk at all the time, and most of us are on drugs. And we don't feel safe. 'Cause we don't trust anybody. 'Cause a person who we trust the most, he's supposed to be kind and make us feel safe and protect us didn't. So we do drugs and we get high and we drink. If shelters can just reassure us, promise us like, look, we're not after your information. We're trying to help you to feel safe. We wanted to help you give you resources. We can help, you can get your own money or get welfare so you don't have to go back to him. Just like that, instead of just not even listening. There needs to be someone to take more time, more patience and listen. (IW 01)

Survivors thought that shelter staff need to have knowledge on Indigenous cultures and the impact of colonization on Indigenous communities.

I would prefer, to be honest, to go to a Native shelter... because I just felt that they weren't experienced enough, or they had low knowledge of my

Native background or anything like that. So I felt that... they wouldn't know anything of my background, or who I am, or where I come from. (IW 02)

Today I think it would be more culturally sensitive and more culturally aware, understanding the history of residential school, the impact of the 60's Scoop, the day school survivors, intergenerational survivors, there has to be more awareness in regards to that and understanding, respecting, valuing the cultural history of what Indigenous folks went through. That awareness needs to be first and foremost when you have that point of contact, and to understand Indigenous folks. They have their trauma, and at the same point they also have Indigenous gifts and strengths that they have to offer. (IW 07)

A first and foremost, there has to be the cultural sensitive training all across the board for everyone, so they understand the impact of the generational trauma, the history and how folks have used coping skills in order to deal with that trauma in whatever way, shape, or form. It's amazing the strength and the resilience that I find folks dealing with. (IW 07)

A couple of survivors reported experiencing racism, homophobia and transphobia, and discrimination while in shelter. A survivor shared their negative experience at a shelter; they noted that Indigenous women were picked on by staff. Another survivor disclosed their experience with being moved from a shelter due to being Two Spirit.

Well, probably racism. (IW 10)

In... the shelter too like they got that treatment. They got - like picked on. (IW 10)

One of the workers, she was just a part-time weekend worker and she was asking questions about me or whatever and I told her "Yeah I identify myself as a guy but I'm a woman though"... then maybe an hour later





she brings me into the office and is like “hey, we’re going to be moving you.” And I was like, “Why? Why are you moving me?” She’s like “You identified yourself as a man, and this is a women’s shelter. Women and children only.” (IW 08)

I remember saying that it’s clear you want me out. And I told her – I said some shit too, and I was like you’re clearly homophobic and not considerate and I’m actually with a woman too, so a different outlook on a culture thing... I remember crying and I was really upset, but I made it work. (IW 08)

Survivors reported experiencing limited staff support. Survivors noted numerous instances where staff did not connect them to beneficial services and resources. A survivor described feeling that staff were not responsive to their needs.

Depending on the workers, you know, some of them are very informed, they give you all the information that they know or what’s available. But there are a lot of times where there’s some workers where they just won’t take the time. They don’t want to explain it or let you know. (IW 02)

I finally got a worker at the [Name of shelter]. No one ever told me to or directed me to get a personal worker to help me. To show me my resources and where to go. I said “OK, I want to go here, can you help with a bus ticket?” And then they’re like, “Sorry, we don’t do that.” (IW 01)

Well one [Shelter staff] asked me “Why I was there?” “What are you doing here?” (IW 10)

Survivors noted feelings of hesitancy and mistrust towards workers when accessing shelter.

Challenges mostly, when you go to places like that, you don’t really trust if you’re secure enough, if they’re gonna meet your needs, but also you have a sense that they don’t trust you. (IW 03)

I wouldn’t use my real name sometimes ‘cause I was paranoid. (IW 03)

Anyways, I just wanted to see, I was just observing to see how they handle vulnerable women,

younger women. (IW 02)

A survivor shared the challenges they faced accessing support services at a women’s shelter where staff were personally known to them.

I knew staff... it was a little uncomfortable, there was a little bit of embarrassment, but they didn’t. I didn’t feel any sense of animosity or judgment, and basically I was just focused on myself in trying to create a plan of action or do something that was a positive step forward in trying to get out of that situation and to move forward. (IW 07)

I was able to access the service without my ego getting in the way, and in worrying about judgment, they accepted me just as I was at that moment and in that time and I was very grateful... (IW 07)

Survivors highlighted their discomfort surrounding shelter staff’s language and level of professionalism. A survivor noted unprofessional language staff used in front of them. Another survivor expressed their discomfort with shelter staff’s use of “othering” language.

Their language. It is very... it’s not helpful, let’s put it that way... very unprofessional, some of them. (IW 02)

I know that [Name of shelter] I was sitting in a meeting. They were asking about what can they do to improve... the one thing I’ve noticed with your workers, a lot of them swear. The language isn’t proper for a shelter towards other women. You’re supposed to be there to support them. Not there to act like the people that are coming to use the facilities... That’s not how you run an establishment. So I did say a lot to them, at the time. (IW 02)

I don’t like when workers talk about us and say “us” – or say “them”. They – they and them. (IW 01)

Some survivors said they did not receive counselling or support group services when they came into the shelter.





There's no [inaudible], there's no groups or anything. (IW 10)

I didn't see that they offered it. No one offered. No one would offer. I didn't see anybody talking to anybody. (IW 01)

I had a good experience. Everything was pretty good over there. (IW 12)

Oh, it helped. It helped very much so with that [their well-being]. (IW 03)

Shelter Experiences

Negative Shelter Experience

One survivor reported having a negative experience at a women's shelter, sharing that they would rather stay in their environment than accessing that shelter again.

I don't know, if this were to happen again - And I had to go to the cops and then if they said I have to go to [Shelter Location], I said "I'll just go back" (IW 10)

Neutral Shelter Experience

However, three survivors expressed feeling neutral about their shelter experience. A survivor described their experience as neutral due to the shelters limited activities during weekends and difficulties with accessing housing.

My experience is probably neutral, I like – everyone there liked me. Excluding that one worker. Everyone there liked me. It was good on the weekdays, but the weekends were boring and there were shit. So gotta give it 50-50 like it did work, but it did not work. Because I ended up going back. And top of that, like the housing stuff. There's only so much places to rent in [Location], in small towns. (IW 08)

Positive Shelter Experiences

Most survivors reported having a positive experience at women's shelters, noting that they helped them.

Was always welcome there and I wasn't judged or looked at. (IW 13)

Type of Help Seeking

Formal Help Seeking

Survivors sought assistance from other formal services, such as police, when experiencing abuse. A survivor reported that police responded by arresting the perpetrator, while others shared that police helped them get to women's shelters.

Well, I locked him out and he smashed my window and came into the window and that's when I had to phone the police and had to run out with my kids. (IW 04)

Well, they [police] helped me - the last time. I'm not legally separated. I mean, I'm no longer with him, they... picked him up. (IW 13)

Good, they [police] - they're the ones that took me to [Women's shelter] and like... they took me there. (IW 10)

A survivor sought help from Chief and Council to assist with short-term housing and emergency funds.

So I went to [Name of shelter] and I was there all day making phone calls and emails to Chief and Council asking for help. They paid for my hotel room at the [Name of hotel] for two days so I can just figure out what am I going to do- (IW 08)

When I got picked up, I called Chief and Council... I told them what's happening. And so they gave me emergency fund for 200 bucks. Just so I can buy clothes for myself, because I spent all I got and I have nothing... I reached out to another Council and she right away was – not even after a call or a Facebook message or a call on video or voice call – not even 20 minutes later I just got





an EMT [email money transfer] from our Band. (IW 08)

Survivors discussed accessing counseling services to address their diverse needs and promote overall wellbeing.

Just speaking on my own experience, I'm currently in counseling. I've been in counseling off and on for some years, but this is a different type of counseling. I think before... for different reasons, I needed help... maybe because I wasn't clear or focused on what I wanted, kind of all over the place, there was other factors that came into it, unhealthy coping mechanisms, trying to change my lifestyle and change those behaviours, and replace them with more healthy way of thinking, healthy way of doing, taking small steps. (IW 07)

Yeah, I reach out for help with my girlfriend, counselling, talking... so I had a sense of safety and everything like that, right. (IW 03)

Survivors reported accessing substance use support services.

I was in [Location] for maybe two weeks... then my dad wanted me to go to [Name of treatment centre]. I was there for a month... (IW 08)

And I'm in AFM [Addiction Foundation of Manitoba]. (IW 05)

A survivor received support from a hospital, which helped them access additional services and resources.

The hospital was really good about trying to get me services. And back in November when he sent me to the hospital too, they wanted me to go to [Name of shelter], but I ended up at [Name of shelter]. (IW 06)

Informal Help Seeking

Some survivors sought support from family members when experiencing abuse.

Just my family helped me. (IW 12)

Well, this is my mom, she always- every time I would get beaten up from my husband I'd go to my mom's, but that's about it. (IW 13)

So, my brothers were very protective. So, a lot of times I would go to my brother. (IW 02)

Survivors sought support from friends. A survivor talked about how friends helped support their journey of recovery following abuse by being present when involved with the justice system. Additionally, a survivor shared that friends offered them a temporary place to stay.

I spoke to a girlfriend. I reached out to her because she had previous experience and she understood. She met with some empathy... She was physically there for me when I filed for my protection order. (IW 07)

So when I showed up drunk, she took me to my other friend's place. And this is random... another friend's place. I was visiting - that whole week I was just couch surfing on survival mode. So I ended up going to my friend's place for maybe five days. (IW 08)

A survivor sought support from Elders during their experience with substances. They noted that they were able to talk to Elders and regain their sense of self.

Because I'm younger, and I was dealing with a hardcore addiction. So when I get like that, I really need grounding... When someone is in distress and it was very stressful, and when someone is not feeling OK, we go to our Elders, and they sometimes give us, talk to us, and it brings us back, to in a sense, ourselves. A sense of self being in awareness, just to come back to a good place. (IW 03)

A survivor identified their coworkers as a source of support to them while they were experiencing abuse and substance use concerns.

When I was waiting there, the cops came. I swear to God, our whole street was basically blocked off, well, not literally, but there was at least 10 cop cars... when everyone saw that group chat, it





was late at night, around 9:10, my supervisor and a coworker came to see me at the place outside where all the cops were. They were concerned about me... that's when I felt fucked up. That's when I felt cared for, cared for because they came. They came out of their own bed at that time to come see me. They met with me there. (IW 08)

I had a meeting with my bosses. I was so sick in bed that I couldn't even get up and go to the office... "Well we want you to get help, we want you to go to treatment", so that's what they requested me to do. They told me, "You're not getting fired, we're getting you a leave of absence until you get better." (IW 08)

A survivor shared that they reached out to their community when seeking help and support.

Yeah I always reached like, in the community- I would try to leave and that, but I guess I did informally. (IW 10)

No or Limited Help Seeking

Some survivors also shared that they did not reach out to any supports when the abuse occurred. One survivor shared that they did not seek formal supports due to a prior negative experience.

I didn't, I just dealt with it on my own. So, like I learned how to defend myself when I learned how to stand up, and I learned how not to take any – yeah. So I kind of more or less just fought back. (IW 02)

No, I didn't reach out to anybody. (IW 01)

I was just afraid because I wasn't happy with the services I got in [Location of shelter]. (IW 01)

I didn't want to tell anybody. (IW 11)

Factors Facilitating Access to Shelter

Survivors shared that having a safe and peaceful environment helped facilitate their access to shelter and begin their healing process. One survivor also expressed that having a women's only space helped create another element of safety.

The main thing for me was having a safe place to go. That was key for me, right? Just knowing that I had somewhere safe... and I could figure it out when I- would get there... it was the safe space for me that I needed at that time to take care of myself. (IW 07)

Because there was... it was a – it's a smaller shelter, it's quiet. It's not as open and more peaceful, I guess. (IW 01)

But I was afraid of men, and I was afraid of... just men being horrible. So I felt safe there, so that's why I like going there. (IW 01)

Survivors reported that the shelters they accessed were accessible. A survivor noted that everything was covered financially at the shelter which reduced financial pressures. A survivor mentioned that having a shelter that was close to resources helped lower transportation costs. Additionally, a survivor reported that having a shelter close to their residence helped increase accessibility to shelter.

Surprisingly, it was. It was all covered. I'm not too sure – it's honestly a good question to myself. I don't even know how it was paid for because I was on EI and I don't even know how like they – it was OK for me to sleep there without paying expenses out of my own pocket. (IW 08)

For me it wasn't expensive. The shelters and the resources are normally close together and I would just walk. I walked everywhere, I didn't really spend any money. I didn't have any money. (IW 01)

No and even at [Name of shelter] when I was ready to leave, they...even taxied me. (IW 13)



Oh yeah, it was the nearest at the time. (IW 04)

Survivors shared positive experiences at previous shelters and services, reinforced that there are safe spaces where they can access resources without judgment.

Well, I have left using the services, knowing that there's always a safe place to go again and that's welcome. (IW 03)

I did go there at one time to access program and I went to see what they were offering, what was available for women, what did they have for resources for like - just to check it out right? And I think it was all great. I spoke to a Native woman and she was she was all fine. (IW 02)

Barriers to Help-Seeking

Barriers to Accessing Shelter

Some survivors experienced barriers accessing shelter due to difficulty contacting shelters and being unaware of shelter locations.

[Name of urban shelter], I looked up on their things and I wasn't able to talk to anybody. I either left a voicemail or an e-mail and that's all because I didn't know where they are. Most shelters like that don't tell you their location, right? (IW 01)

Well, for one thing, because I didn't know my address there, I don't know where the street is, I'm not familiar with the area. No bus fare. (IW 02)

They didn't shelter in – on the reserve. (IW 02)

I think that also adds to the precariousness of the situation, like it could be at nighttime or early in the morning, where everything is not accessible between 8:30 to 4:30 Monday to Friday... So that comes into play too. (IW 07)

No, I couldn't, either the Internet was down or were updating our systems... I just had like the longest string of bad luck...I would make a plan

and be like OK, this is what I'm gonna go do today, I'm gonna go to this place. But most of the time, more often than not, I'm not saying it happen all the time, but more often than not, they were closed that day. (IW 01)

I left a message on some, some of them I emailed, and none of them got back to me. (IW 01)

More information, more sharing – not sharing the individuals' information, but shelters. 'Cause most women in the streets are being abused and have nowhere else to go. So they go to the emergency shelters. They should like ask us, if you need a safe place to go, there's this shelter. There's this resource, there's this you can go to. There's hardly any information posted on the walls or anything like that. (IW 01)

A survivor shared that they preferred to access an Indigenous shelter due their prior experience at a non-Indigenous shelter. They express that staff did not have an in-depth knowledge on Indigenous Peoples and communities, as well as their traditions.

I would prefer to go to a Native shelter... they weren't experienced enough, or they had low knowledge of my Native background... (IW 02)

Survivors reported their challenges and limitations with accessing other shelters since they only accepted families.

I couldn't get into [Name of Indigenous shelter]. I tried to get into that one but they only take families at the time I was calling. And so, the only one I could get into was [name of urban shelter]. (IW 06)

They're for families, women with children. (IW 03)

A survivor discussed how their previous negative experiences will impact their access to shelter in the future, sharing that they would rather stay in their environment.



I don't know, if this were to happen again - And I had to go to the cops and then if they said I have to go to [Shelter Location], I said "I'll just go back" (IW 10)

Some survivors had trouble accessing shelters due to feelings of shame and stigma. One survivor shared that they tried to act like they had the perfect family before making the choice to seek help.

I didn't want to stay at the shelter before. I felt embarrassed. I prayed because I didn't want to go. I felt so low myself when I went in because I was embarrassed. I can't even say this though, like I remember I was embarrassed of going into a shelter because I was just embarrassed of what people would think and what people would know eventually. I kept it to myself honestly... (IW 08)

No. I tried to act like we had the perfect family... (IW 04)

But it was hard to ask. Hard to - hard to finally phone and admit it. (IW 04)

Survivors faced barriers with transportation when accessing shelter. A couple of survivors experienced difficulties accessing bus fares to seek shelter.

There are times you didn't have bus fare and the only time you can get bus fare is only if the offices are open during the day. But you know what I mean, to get your bus tickets, but if it's late at night, let's say in the evening late, like 10 o'clock 11, you don't have no bus tickets... You're limited, I will say. (IW 02)

I have trouble getting that there, most places don't give bus tickets for that type of thing. And I even told him I said, "Well, I didn't get my welfare for a couple of months. Like I have nothing." And they said "Sorry, we don't offer bus tickets for anything." (IW 01)

Due to shelters limited capacity and long waiting lists, some survivors shared having to sleep outside.

I had to sleep outside because they were fully capacitated and also too there was short staff so

they couldn't take in anymore people. (IW 02)

I tried to sign up for a woman shelter, the woman shelter has a really long waiting list. And then I only had the emergency shelters available to me. They told me that I wasn't able to get in. (IW 01)

They turned me away for reasons that were un-called for. But when there's like minus 50 outside. The best thing they could have did was allow people in and they should never be able to turn people away because of how cold it is. (IW 05)

And also for [Name of shelter] from their limited capacity... they turn away - a lot of these shelters do - turn you away when they are overfilled... So you don't have very much options afterwards. You can walk around all night or go to a friend's house, if you're close to a friend's house and if they have a couch available for you, or even floor. If they answer their door. But sometimes they don't even answer their door. (IW 02)

Barriers to Accessing Cultural Support Services

Some survivors noted that they didn't take part in cultural supports during their shelter stay, while another survivor observed that many people would not join cultural events at the shelter they stayed at.

At that time, for my [inaudible word], I think I wasn't thinking about that. (IW 07)

I did, but I never attended (IW 04)

A lot of people do refuse it and say "No, I don't want to participate". But I said, "Of course I'll be a part of it". (IW 02)

A survivor shared how their experience with addictions impacted their access to cultural services, expressing their feelings of paranoia and mistrust during that time.

'Cause I was paranoid and high and didn't trust it. (IW 01)



A survivor shared that they did not sign up for cultural services due to the fear that they may be suddenly unavailable or closed for the day, this was based on previous experiences accessing services.

I thought if I signed up for it, they would end up being closed anyway. I was too afraid to cause of my past experiences of a lot of my trying to help myself. They would be either closed for the day or the workers not in for the day. Or stuff like that. So, I just wouldn't even bother. (IW 01)

Barriers to seeking Formal Supports

A survivor expressed their feelings of fear, shame, and judgement when seeking formal support at a resource centre. They shared the impact of manipulation, coercion, and fear of retribution from a partner makes it difficult to seek help.

It's one of the staff called right away. She was very supportive. Of course, I was embarrassed and I really didn't want people to know what I was going through because of that stigma and that shame, the embarrassment, people judging me. I didn't disclose or open up to anybody because I was dealing with that at home. Never mind trying to maneuver the judgment from friends or family. So I didn't say nothing to nobody about it. And of course found myself pretending that everything was okay, when in actuality, it wasn't. Right? So, that was a process in itself. I guess, when I finally did reach out to them. (IW 07)

So I think a lot of the time it's the stigma associated with, you know, and also there has a lot to do with the fear of more retribution from your partner, because they use slight, slight coercion tactics, threatening you, and blaming you... So they keep you frozen in fear in order for them to, for whatever reason, be provoked the next time, and then attack you, and then blame it out on you. So it's a very conniving manipulation tactic that you find yourself in. And you're overwhelmed, you don't know what to think, because there's also such an insidious amount of brainwashing that's involved for folks and they obviously begin to believe what their abuser is telling them, if they've been with them for a while, or however the abuse happens. So there's that stigma, the shame, the fear, there's guilt... (IW 07)

A survivor who identified as Two Spirit shared that they did not seek help from police due to their gender expression, disclosing that the police would prioritize their partner's recount over theirs.

I didn't want to go to the cops because every time the cop is involved, I always get the least end of the stick because I look like a guy, and the women in the relationships they believed them first and then the dominant. That's how it is. That's how it is every time. So, it's really hard to even trust cops and stuff like that because I was - I feel like they don't believe me. They're homophobic, racist, and stuff like. (IW 08)

Results of Conversations with Service Providers

Conversations were conducted with service providers who worked at women's shelters in rural and urban Manitoba. During these interviews, service providers shared the type of shelters they worked for, shelter

services they provide, challenges they have seen survivors face, as well as challenges they face in their role. Additionally, service providers detailed their shelters administration procedures.



Shelter Information

Service providers worked at two types of shelters, including Indigenous Rural (n=10), Non-Indigenous Urban (n=1), one service provider did not specify the type of shelter they worked at.

Shelter Services

According to service providers, shelters offered several culturally grounded, traditional supports. The most discussed supports were ceremonies, access to Elders, and medicines. However, sharing circles were also facilitated to support healing.

Actually, we just started up a couple ceremonies - or a full moon ceremony that we're starting to do. (SP 12)

We do smudging and sharing circles, arts and crafts, dream catchers, medicine, picking, things like that. (SP 06)

We have a traditional room, and we practice traditional teachings. And just sort of a meditation room, smudge, teach with smudges, and we smudge weekly. (SP 04)

We do smudging and praying in the mornings. (SP 08)

Shelters provided counselling to survivors, offering personalized support to help them address their specific needs and challenges.

We have wellness workers here that when they're ready, they will come in and talk to the wellness worker about what, whatever issues they have in that area. Our wellness will sit and listen and talk, and if needed more, they'll direct them to another therapist or mental health they need... (SP 07)

So we have an outreach program that helps with housing applications, second stage housing, we have an on-site counselor, and then we have mental health. (SP 05)

So we do that type of stuff, and we also offer on site counseling. So we have three on-site counselors at all times here in the shelter. (SP 01)

Shelters also provided essentials such as hygiene kits, baby formula, and diapers to families at their shelter, along with clothing.

We also provide for every one of them, a hygiene kit. So it'll have hygiene and just personal hygiene items in there and that, until they have finances or whatever, we'll provide baby formula and diapers. (SP 11)

We have a boutique as well, so they can have access to the boutique where it's all secondhand clothing. (SP 01)

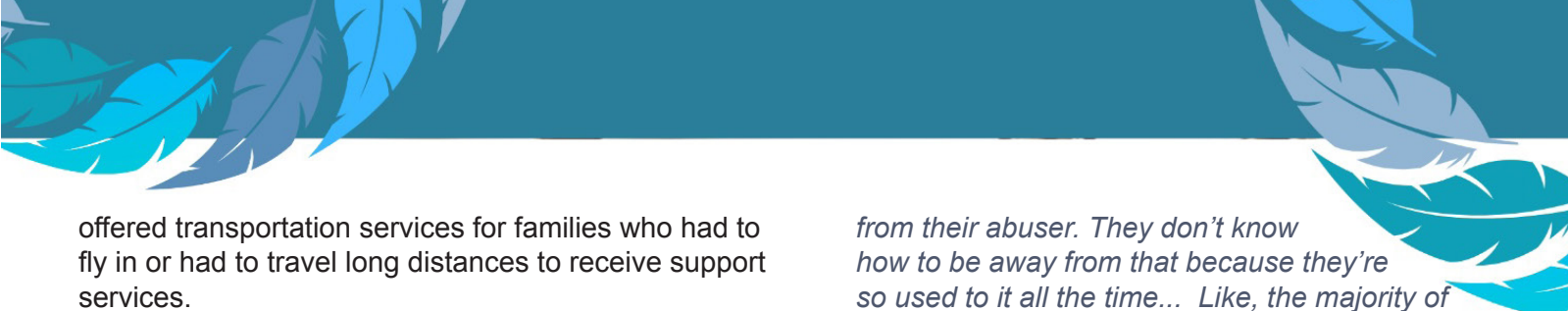
Shelters supported survivors by helping them obtain identification documents, access healthcare, secure housing, enroll in educational programs, and connect with essential community resources.

When the women come in, we help them with their - say they need IDs, safety first is the number one... and then we deal with like their health. So if they need - we take them for their doctor's appointments and stuff like that. (SP 05)

We have outreach programs. So that lady helps the clients with IDs, banking, taxes, and then connecting them with second stage housing. (SP 01)

We go to the bank, we go to all the different resources, taxes, school, education, we look up - we get them applications for different education programs, medical support, legal support, definitely housing. So we fill out all the housing applications for them or with them, and then help with social assistance, getting up on social assistance, doing your taxes. (SP 01)

Service providers also discussed transportation services provided by shelters and other community shelters. Many service providers reported assisting survivors with transportation when in shelter. Service providers also noted that other community shelters



offered transportation services for families who had to fly in or had to travel long distances to receive support services.

We actually do help with transportation, just like around the community and accessing the resources. So we drive them around the community. We give them a tour. We go to the bank, we go to all the different resources. (SP 01)

Yes, they flew... two different families. One of them flew, I think, to [Location], and then drove to here. Both times they got here we just accepted them, but the other shelter... provided transportation. I think that one of them might have drove, on the winter road... and they had like two vehicles, because it was a larger family. (SP 08)

I think if the referral comes from their community, I think they transport them here, and they are given gas, and I'm thinking, a meal. It all depends on how far... because I had to - transport someone to another area, and it cost, I think it was \$405. (SP 07)

Challenges Survivors Face

Service providers observed that some survivors experienced feelings of loneliness due to separation from their families, communities, and, in some cases, even their abusers. These feelings were further intensified by the limited activities at shelters. A service provider also highlighted the added stressor of navigating a new environment, uncertain about where services and resources are located increases the sense of isolation.

I think it's things to do. There's not much to do. We try to come up with activities, the child support worker took the kids sliding one day. I just didn't think we need more things to do for the woman at the shelter, we've done crafts and stuff. We have board games, but so not enough. One of the things that woman complain about is there's nothing to do out here. There's nowhere to go. (SP 08)

I think the biggest one that I see is the separation

from their abuser. They don't know how to be away from that because they're so used to it all the time... Like, the majority of them, end up going back to their partner because they just have a hard time with that separation. (SP 05)

I would say loneliness and just being alone, no one to talk to, no family, no friends, no partner. So they're really alone... and isolated feeling. So in the shelter, imagine if you're in a community where you're not even from, and feeling that as well. It's like a layered loneliness. (SP 01)

So sometimes that is a huge barrier for women, and especially if you're not from the city, especially where our shelter is located. Like I said, we're not centrally located, so if they're coming to an area that maybe they don't know. And so trying to navigate the city, even if they aren't from Winnipeg, generally the women that are coming into our shelter are not familiar with this area and so they don't know where the local... banks are. They don't know where those things are... it's very isolating to come over here as well, and especially for sometimes when women have come from a situation that they've already been isolated... (SP 03)

Service providers also noted that some survivors initially encounter challenges adapting to shelter rules, including adjusting to new schedules and routines.

Shelter rules, for sure, it's hard, but you're coming from a lifestyle where it's your own life. You live however you want, right? And then coming into shelters, you're living what these people are telling you to live. You have to wake up at 9 am, you have to cook, you have to clean, you have to do this and that. And it kind of gets a lot if it's new and but once everyone's on that routine, it does work. (SP 01)

I always see when someone comes into shelter, living their first two weeks is just really rough, or their first 10 days, it's just really... hard adjusting. After that, once they got their rules down, they're following the chores, they're sailing, and it's not even an issue anymore. And actually a lot





of times they're thanking us, "Well, now my kids have a bedtime"; "We all have a bedtime now, and we're all getting eight hours of sleep and we're eating properly". Before she felt like she couldn't eat or cook in her own house and being controlled in different ways by an abuser, and then trying to separate that from the control that the shelter has to have. It's so hard trying to explain that to them why we have rules, and we don't want to come off as controlling, but we want to make sure that shelter living is cohesive for all families living in the building. (SP 01)

I think that it's a culture shock sometimes for women that are coming. Even urban, if you're used to living in a certain area, and there's certain things that you're used to doing and then coming here it definitely is a culture shock... I would find it extremely difficult coming and living in a shelter. (SP 03)

A service provider reported the challenges survivors face when accessing housing. Some survivors experienced racism at non-Indigenous shelters and when viewing and applying housing. Additionally, some survivors are on income assistance, while others may not have a rental history which adds another layer of complexity.

And again, finding housing is another barrier for women, especially if they've lived on reserve, never renting a home before, they don't have rental history and then places generally give women a harder time who are on income assistance or, you know, they've had that experiences. So women get labeled a lot here. (SP 03)

The racism that the women experience when going on viewings and applying for places. (SP 03)

Service providers reported that policy limitations restrict older male children from staying in shelter with their mothers. A service provider shared that mothers with boys over the age of 12 would have to arrange alternative housing arrangements for the child. A service provider recognized how this policy could prevent women from accessing shelter.

They usually come with their children but it's be-

sides their older sons that are over 12 years old, and so they usually end up having to find a place to stay... which is so sad, but they have to go and live with either grandparents or an auntie, just so that the mom could come to the shelter for safety. (SP 01)

Well, when they're over 15 or 18, they can't come to the center... because it is a woman shelter... it makes it hard on the person that comes in with the kid that's older, but they have to find resources to house that kid in... (SP 04)

I don't know, I can't see the women coming here and having to leave one of their child at home because he's over the age of 11. (SP 12)

I think just being separated from their child, nobody wants to leave their child in order to seek housing... we did have that issue because this [teenage boy] that was here was getting aggressive, and her executive director asked his mom for him to go stay somewhere else, she had said, "Why?" Like she had a 10 year old daughter, why would I abandon one child but keep the other? So it's difficult... And a lot of times there might not be nowhere for that child to go. (SP 08)

I understand the reasoning, but I believe it'd be hard for a mom leaving a traumatic situation and having to leave her child behind and where's that child to go, and they've already obviously lived in an environment that was unhealthy, and now you're gonna split them up and have that abandonment issues? (SP 08)

Service providers noted that some survivors experienced withdrawal symptoms while in shelter. In response, staff supported survivors in accessing addiction treatment resources and related support services.

We've had some substance issues, we try to - like the one I talked about, the drinking... We weren't checking bags to see if people were bringing hairspray or anything, these are things that we didn't think about when we first opened. But we got her into detox in (Location), so we took her to





the hospital after the fact the next day, and got her to detox. Another client openly expressed that she wanted to leave because she wanted to drink, and we tried to talk to them about getting into treatment... she wasn't hearing it. She's just wanted to leave... so we look for support somewhere else. We can help them get into treatment. I know that's another issue because of long waitlists or a lot of money. (SP 08)

Well... women that come into the shelter, you could almost know that they're going cold turkey... Although dealing and knowing people that went through substance abuse, you could see signs in their behavior. And that moodiness, because there's a lot of changing in your mood, even your eating patterns, the way you take care of your yourself, and when they're recovering from that (SP 09)

Service providers noted that transportation was a barrier for survivors seeking shelter. A service provider shared that some shelters don't provide transportation services to survivors seeking shelter outside of the city, creating a barrier for individuals seeking support outside of their community.

Unfortunately, transportation to us. Being able to call us... (SP 11)

I think for me, what I've noticed was for them to get here - transportation, because if they're coming from, let's say... Winnipeg, and they were referred from Winnipeg, then they're going to have a hard time, because they don't provide transportation from there to here, so I think that's one of their challenges. (SP 07)

A service provider highlighted difficulties survivors face with obtaining income assistance, detailing the complexities survivors face with navigating provincial and federal processes, gathering the required ID's, bank statements, documents, and creating bank accounts.

Some of the other barriers are because some of our women are receiving income assistance from their band, which is federal money and... for whatever reason, they require them to be on provincial income assistance, so I mean that's a lengthy

process trying to get them off band assistance and onto provincial assistance and acquiring the required documents that they need. So they must have ID, they must have bank statements. They must have a bank account ID for their children. (SP 03)

A service provider noted that some survivors encountered difficulties finding the shelters contact information. Another service provider shared that families were unaware about their shelter's existence, calling for the need to engage in more information sharing.

I would - from when I started in October, we've accommodated maybe two families. I think we're still new, and people are just still finding out about us like these past new ones, they just found out about us. I think the more we talk about it and let people know, and hand out leaflets, I think women are gonna know that they have somewhere that's closer they could come to. (SP 07)

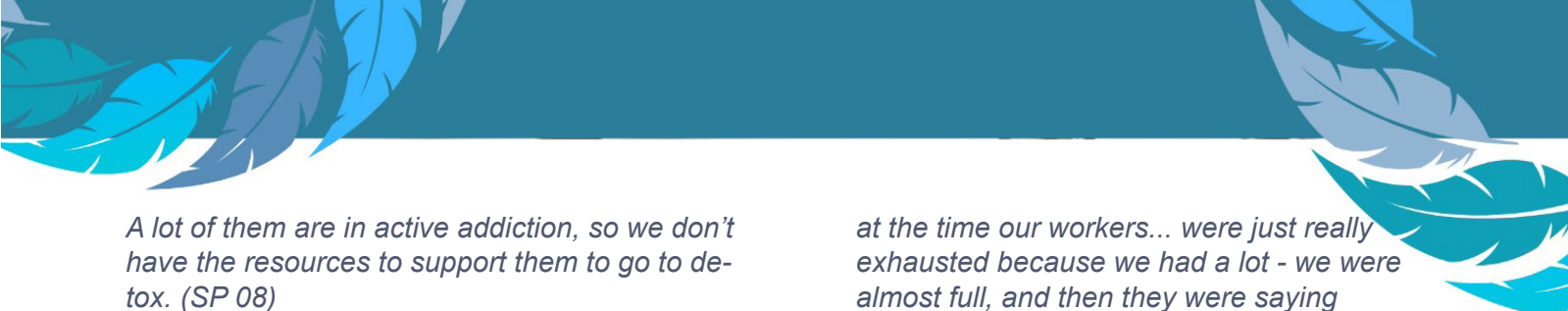
Just being able to find the intake number or the intake referral... it's hard to go through... they have to do little bit of work to find the number... (SP 04)

Challenges Shelter Staff Face

Service providers highlighted the need for increased substance use resources and support on reserves and rural Manitoba.

That's a big need. So the nearest is in Winnipeg, and it's at the Winnipeg project, or what's called Main Street project, and our people are too scared to go there, like they don't even want to go to Winnipeg. They don't want to go to Main Street project, they're terrified to even go to Winnipeg. And so we need to have something local here in the community of some sort... because then the next wait list too. There's a wait list, and by the time they're even set up to go get the help that they need, they have to wait a couple weeks, and then they end up getting stuck back into a cycle again. (SP 01)





A lot of them are in active addiction, so we don't have the resources to support them to go to detox. (SP 08)

The other one is about addictions...we don't have the capacity to support that through a detox. We would have to transfer them out... see if I could get them into detox the same day... but right now it is a barrier, there's just not enough spots in detox. (SP 11)

Service providers detailed the barriers they face when accessing housing for survivors in their shelters, they share the limited availability of housing.

So housing would be an issue for many communities. (SP 06)

See, like most of them will get sick of just being here and end up going back because the housing situation is hard to get them into. (SP 12)

I think the number one challenge we have, is finding housing. That's been the issue, the wait list for government housing, which is what most people can afford is insane. (SP 08)

60 days is the how long the stays are supposed to be. Most of our clients stay beyond 60 days because it was really hard to find housing. So I think we had one girl here that was here for six to eight months. Because she was one of our first clients we were having an issue finding our housing. We didn't want to put her back out there because she had come here from the hospital... So usually they're longer than 60 days. (SP 08)

Well, some of the facilities don't provide the services that we provide, like housing outside the area where they're from. They only do housing in their community area. They don't do it outside - if they like past 50 kilometers or past 100 kilometers... (SP 04)

And the reason why I say that is just the last three ladies that we have helped get into second stage housing into their own living situations, was 70 days. They've been here for 70 to 90 days, and almost all of them - those last five ladies, they were all in that range of 70 to 90 days. And I remember

at the time our workers... were just really exhausted because we had a lot - we were almost full, and then they were saying that's too long we have to discharge them. (SP 01)

Something needs to be done about housing... women in shelters used to get priority in Manitoba Housing and stuff. If something like that could be done, that'd be amazing... It's like impossible to get into government housing in two months. It's even impossible to find a private rental in two months, especially if these women, they don't have any references from prior rental history. That's probably the definite issue. And if we could find housing faster, the 60-day limit wouldn't be as bad, but the 60 day limit we extend anyway, so I guess that's not really an issue... but it could be longer possibly. (SP 08)

Another challenge service providers face is connecting survivors to social assistance highlighting its lengthy process.

Our main challenge when we transfer women to provincial shelters is getting women on their social assistance, so kind trying to speed up that process, because if leaving on reserve social assistance to provincial social assistance... it's the hardest thing to do for some reason, and there's a big wait period. And so once they get into a provincial shelter, they're going to have to wait for another month before they're even seeing any kind of social assistance come in... by that time, their month is up, their 30 days for their stay. (SP 01)

Challenges that they face is income. It's been a challenge to get them onto EIA. We're working on the process and getting it more streamlined, but possibly they should be getting some income from the band... and it's been a battle with our social department to get that. I don't know how soon we'll be able to get that problem solved. (SP 11)

Although service providers noted the barriers survivors face with the policy restricting older male children from staying in shelter. They highlighted the



difficulties they face with supporting older male children with disabilities.

We do have that. We didn't in the beginning because we had a [teenage] boy here, but we took him on because he had serious mental health issues and it was very challenging to all the workers and mom, but not to say that every kid that age would be like him - but we did have people that knew how to deal with him. [Name] would just love this boy... He could deal with that kid and quickly... when he was on the case, he knew that whatever the issue was would be resolved. But I think that's the issue is, if you're going to have older boys, you do need to have males working here and able to support them and to have activities, and you need to be able to support them in all the four areas. And so that can be a challenge. (SP 11)

And we did have a 16-year-old boy that came here with his Mom, but he had autism and something else, so he wasn't acting as a 16 year old. But then the issue we had with him is he was aggressive, so - and that's another thing that people say, if you had a 16 and 17 aggressive male, how are we going to be able to handle that? (SP 08)

Service providers also reported encountering safety concerns in both the workplace and community settings.

I know the shelters really try to accommodate women when they get calls, right? They don't want to ignore that... for example, when we first started, there was staff that were going...to pick up clients, women in our community. And I was always against that, because I have to look at the big picture as a director, so I would tell them never to do that. And then, after a while, one place that they went to, the guy pulled out a knife, these things you don't know when they'll happen or if they'll happen, but you always have to be prepared. And there's times when they have guns, so that's scary. (SP 02)

Sadly. I have a male that walks by our driveway weekly, swearing at me, calling me horrible names, me and the other workers. I have men

*in the grocery store that stare me down and try in-
timidating me, scoff or give me dirty looks, or call
me a bitch underneath their breath. (SP 01)
I now - when I get out of my car, I look
around... the parking lot. I look around our
building... I've been very alert and same with
the staff, the workers, they're the same way. They
practice those little safety tips, where we check
who's in the parking lot, or check who's in the
store or who's in the band office, and it sucks, but
I mean, we have to have those extra little flags
up. (SP 01)*

*But the other is when a community member from
here comes in. It's like we have to really be on
the lookout. Because in case their... partners usu-
ally threaten to come here and not. (SP 12)*

Service providers also reported experiencing emotional strain associated with their roles.

*I think I'm good at handling, not burning out. Like
I said, I've been in this field for a long time. What
I'm noticing though in the last little while is that
I'm experiencing maybe some, PTSD. (SP 03)*

*There has been a lot of burnout, and I've had to
set up counseling in this year, I've had
to set up counseling to release
everything that's here, and I do what -
we do, meditation and yoga here for
staff. (SP 10)*

Shelter Policy and Administration

Intake Procedure

Service providers shared the intake procedures at their shelters which involve assessments, ensuring that the individual meets the criteria and if needed make transportation arrangements.

*We just completed all the paperwork. At first we
were a team and going through their belongings...
We have to get them to wash and dry all their
clothes. We always get them a tour of the shel-*

ter... just getting them all their guiding and stuff is already in their room for them... Get them usually talking to the wellness worker after the intake, the next day talk to the wellness worker again, just to see if they have any questions about what's going on. (SP 08)

Say it's like a referral, then we get a brief description from them, but we do have to speak to the women themselves. We just ask them questions, when the last abuse, when the last contact, just questions like that for her safety and to see if she fits criteria. (SP 05)

So they all go to the executive director, and they make the arrangements for pickup or drop off, and then whoever's on shift, which is usually a wellness worker and a shelter support worker, they would do the intake. (SP 06)

So, women call the crisis line to complete an assessment over the phone. We do also have a texting line... if they're within the city limits, a taxi can be provided, transportation could be provided for them to enter shelter if they have a safe location of where they can come in from, and then once they come in they're met by a staff person. They go through bagging, bagging all their belongings for part of some of our procedures, and then, depending on what time or what the needs are of the woman, she's offered something to eat, shown her room, given a tour. If she's feeling up to it, a counselor will meet with her to do some paperwork and talk with her. Or if she just needs some time to kind of collect herself, we give her that opportunity. (SP 03)

They come in... they get asked questions over the phone... And then once they pass that, we go pick them up, and they come in and they give us all their information, and we give them the information about the lodge... (SP 04)

They have to self-refer, to be able to come into our shelter... Sometimes we get agencies that try to refer, but we have to directly speak with the woman. (SP 03)

They call- they make a request. We accept them. And they get their time. (SP 04)

Mostly referred from another shelter. (SP 12)

Generally I would say that on our part, we get referrals, people call from other shelters, non-Indigenous or Indigenous, and we typically don't work with the staff. We tell them that the woman needs to call on her own and self-refer. (SP 03)

Just by telephone call. Because, like, we don't have a fax line or anything like that... So I think it's mainly word of mouth. And there are other shelters that are aware of us... if they get a client and need to refer to us. (SP 06)

It's normally from resident support workers to resident support workers... They call on behalf of their clients, stating whether they need programs or whether they just want to be in an Indigenous shelter. So, then we just work with them. (SP 05)

Transfer Procedure

Service providers discussed their transfer process between other community shelters. Many mentioned initiating the transfer process via phone.

So we don't have - we've never had a formal transfer process between us and any of the shelters in Winnipeg, Selkirk or in like an RM community. So we never actually established any kind of formal process to transfer. I know that between provincial shelter to provincial shelter, they actually have forms that they fax to each other, and then they complete them together over the phone, and then they work together on this. (SP 01)

So I find when I'm wanting to do a transfer I phone, I'm the director, so I will phone... Then I hand over the phone to the worker... we had a lot of bumps in the road with making transfers,

Referral Process

Service providers also discussed the referral process at their shelter. Some service providers shared that survivors were referred from other shelters, while others mentioned they solely accept self-referrals.



having successful transfers, a lot of times, their shelter is full, but we do pay a fee. So we pay a membership fee to the province of man [Manitoba] association of women's shelters... with that membership fee, it gives us weekly updates on vacancy rates amongst all the other shelters in Manitoba. So that's helpful, but a lot of times it's not really accurate, or it's not updated... So when that happens, I usually turn to a First Nation shelter and ask them to take in our woman. (SP 01)

So a couple of the shelters in Portage la Prairie and Dauphin quite often, they will call us for transfers, or we can call them for transfers, and they're open to it where some of the other shelters aren't as much so. (SP 08)

The shelter transfers we got were from the Pukatawagan shelter, so it was like their ED [Executive Director] talking to our ED [Executive Director] and setting up a transfer... (SP 08)

homeless. A lot of them are in active addiction, so we don't have the resources to support them to go to detox. They need to go to treatment. A lot of them might not say - or I shouldn't say a lot, but a few of them do not want to actually leave their partners. They just came here because they were forced to, because there was domestic violence, and then their partner got charged, and so the RCMP forced them to leave. (SP 08)

If they're currently, actively using, we don't accept them... because it's a non- drug and alcohol facility. (SP 04)

We would refer them to other services prior to getting them, we'll try to get them help before they come to the shelter. So, suicidal ideations, we have a mental health [inaudible] here... and if it's too far gone, then we just can't accept. (SP 05)

Just the questions, the screening process, you have to be good at it. You can't just get somebody that has a addiction and has to get off the street for a while. It has to actually fit our criteria, and it's pretty hard to do. So you have to have a good ear and a good set of questions. (SP 04)

Shelter Criteria

Service providers noted the shelter criteria they have to adhere to when accepting survivors into their shelters. Service providers reported being unable to accept individuals experiencing addictions, mental health, or seeking shelter due to homelessness.

But a lot of times we do have to turn women away that are that are homeless or that are struggling with addiction. Or that have mental health issues, or they just came out of a psych ward, and then they have nowhere to go. (SP 01)

Sometimes it's like they're arguing with their mother-in-law, or their sister, which is - that's family violence. But we do family violence here as well, but we prioritize domestic violence or gender-based violence, and then we have a second selection of criteria for those that are experiencing family violence. We've had ladies that were homeless being transferred to us. (SP 01)

I think we've had to turn away some women because they don't, they don't fall under like domestic violence, so they're just they're

Networking

Service providers shared their positive and negative experiences of networking with other social service sectors. Service providers disclosed challenges they faced with communication and establishing clear boundaries regarding service capacity and limitations. Meanwhile, other service providers described having positive connections with community shelters, specifically Indigenous women's shelters.

Well, the challenges, I think that communication is a big one. Communicating with other agencies. Communicating... sharing the information that's needed for women, with either band or other agencies that maybe the woman has worked with in the past... (SP 03)

They don't - there's not a lot of networking, far as I could see. I mean we had a fairly decent



relationship with CFS, but that was because we had to work at it, and we had to put boundaries. It started off with - when kids are in care... They were with her mom, and they wanted to do supervised visits in our shelters... but then they took advantage of it... because they would just come and drop the kids off and they'd be gone. So then it was a responsibility of the shelter workers to look after that. (SP 02)

I noticed a lot of the rocky networks that we had established with CFS and the police... so we actually hosted [Name of event] ... it was only frontline staff that respond to crisis were invited. We sent out special invitations. We had a venue space. We had a nice meal plan. And it wasn't just an agenda with items and a speaker. We actually had a performance. So we had an art display with interactive art, and they could walk around and look at all the different art on the walls. And then we had performance art. So we had the youth come in and perform a domestic violence skit... and just trying to create our approach, or change our approach... like our bringing awareness to an issue. And that went really well. (SP 01)

I think we have a more closer connection with the state of the shelters up north, because they kind of get our situation with our women on reserves, as opposed to the in the city is kind of just like by the book. So the ones up north, they kind of understand our ladies a little bit better. Yeah. (SP 05)

And then in terms of Indigenous women's shelters, we actually meet with the First Nation shelter directors in Manitoba twice a year,

sometimes three times a year, and we look forward to those meetings. We do in depth, sharing best practices. We share common themes in terms of challenges in the community when it comes to addictions and what is our approach to those type of concerns in the community. (SP 01)

Funding

Service providers reported that funding would be beneficial to help support shelter programs and services, to ensure that survivors' needs are being properly met.

I would like to see our programming having core funding, so specifically our [Name of program]... That way it will help alleviate some of my operational costs, and I could do some really good raise increases and pay scale. (SP 01)

If you want to get a charter out of a northern isolated community, it's over \$2,000 ... all of the directors are very compassionate, so they take it from their budget, which is really not fair, right? And this is why they came out with this specific directive. (SP 02)

I would say, not having the either financial or - resources to be able to support the women for their needs. (SP 03)

And I think having more funding for... culture stuff... like an in-house Elder would be here once a week or something, would be amazing. (SP 08)

Improving Shelter Experiences for Indigenous Survivors

Survivor and service provider participants shared the ways in which shelter experiences can be improved for Indigenous women in Manitoba. These recommendations included expanding shelter resources, supports, and services; offering cultural services for

Indigenous survivors; addressing staffing shortages and knowledge gaps; longer shelter stays and transitional housing; increased education and outreach; and referrals and collaboration amongst IPV services.

Expand Shelter Resources, Supports, and Services

Participants described the need for additional resources, supports, and services at shelters, including:

- Referrals to additional resources, supports, and services (and navigators to aid in accessing services)
- Gender-inclusive supports
- Mental health and addictions support
- Supports for perpetrators
- Supports for people with disabilities
- Evening and weekend activities
- Materials and infrastructure (necessities like food, toiletries, and blankets)

These were described in numerous instances:

Help set up appointments, like, housing, how to look for housing. And, for the welfare out there even connect - even have a worker come into the shelter. (IW 10)

Mental health and addiction specialists are needed to service our clients. A mobile nurse would be great to have a nurse come in. If a lady has bruises on her face and she doesn't want to have to go to the clinic where the whole community is there, it would be great to have a nurse come in and do a physical here. (SP 01)

I remember they were saying they need to have something on the weekends... to keep busy because I remember we were bored. (IW 08)

Just the resources that we need, like food and laundry soap, maybe sometimes linens and blankets. We need to be able to build stuff around the shelters and for the children, play structures or something that'll keep them busy outside. For the adults, pretty much just group activities. (SP 04)

Offer Indigenous Traditional /Cultural Services

Participants also described the need for more Indigenous traditional/cultural services within shelters, including:

- Access to Elders (specifically female Elders, grannies or aunties)
- Sharing circles (including spaces to reflect on dreams)
- Ceremonies and cultural gatherings (full moon ceremonies, pow wows, jingle dress classes)
- Beading and art-based services
- Language classes
- Smudging

These were described in numerous instances:

For Indigenous women, probably have more – a female Elder. [...] If we had more grannies and aunties type of workers to talk to and help and listen. Like an auntie space or something, or a granny space. (IW 01)

Dreams are important to us. Where we learn and stuff and we need to talk about our dreams. If there's a dream, come and talk about your dreams or learn what dreams are about. (IW 01)

Evening programs for families and to get together. [...] To do outings, beading, or artwork or stuff like that. (SP 05)

Like I said, they need to have that life skills component here. So, they get their strength through ceremony sharing circles. They build their self-esteem and learn who they are as Anishinaabe, also for non-Aboriginals, there's an actual - they can see the good stuff we're doing. And it's okay to come and participate. (SP 09)

One service provider also underscored the impor-



tance of offering cultural supports frequently and consistently. They explained that although their employer offered some cultural supports, they were not available often, which made it difficult for survivors to access.

We offer the [Name of program]. We just started this week offering a sharing circle that's going to happen twice a month... And [name of program], I think happens every couple of months. So, depending on a woman's stay, she may not be here to be able to access that cultural support or that cultural stuff. So, I think that my agency thinks that they've checked off the box because they offer those two things. But do I think that it is enough? Do I think that the women feel like it's enough now? Absolutely not. (SP 03)

Additionally, one survivor and one service provider stressed the importance of traditional cultural practices for Indigenous survivors. If these practices cannot be supported at shelters, they stressed the need to connect survivors with external programs and services that could do so.

When they offer the workshops or your one to one support or group sessions, take into account that women have their own cultural traditions that they have grown up learning from the reserve, or from not, passed down from generation to generation, if they choose to practice those traditions or cultural values or ideas or beliefs or whatever, to give them the time and space to be able to do that, to provide that information in those workshops to become aware so it's not another, stigmatized or how do I put it? It's not another stigmatization on a woman who is already trying her best to better herself. (IW 07)

Yeah, that there needs to be more understanding and more allowances for that when traditional things happen, for them to be recognized for there to be art or information around, about those things. And if we're not going to offer them here, then knowing what agencies and supports out in the communities do offer these things and encouraging women to access those. (SP 03)

Address Staffing Shortages and Knowledge Gaps

Shelter staffing considerations were discussed in multiple instances. Service providers, in particular, stressed the need to address understaffing in shelters to better support survivors and facilitate programming. One Indigenous survivor also underscored the importance of hiring staff with lived experience – both with IPV and other challenges survivors may face.

At our shelter, well, to be fully staffed and more like more programming and more child development workers so we can do the programming with the moms and to solve our kitchen and mealtime issues. (SP 06)

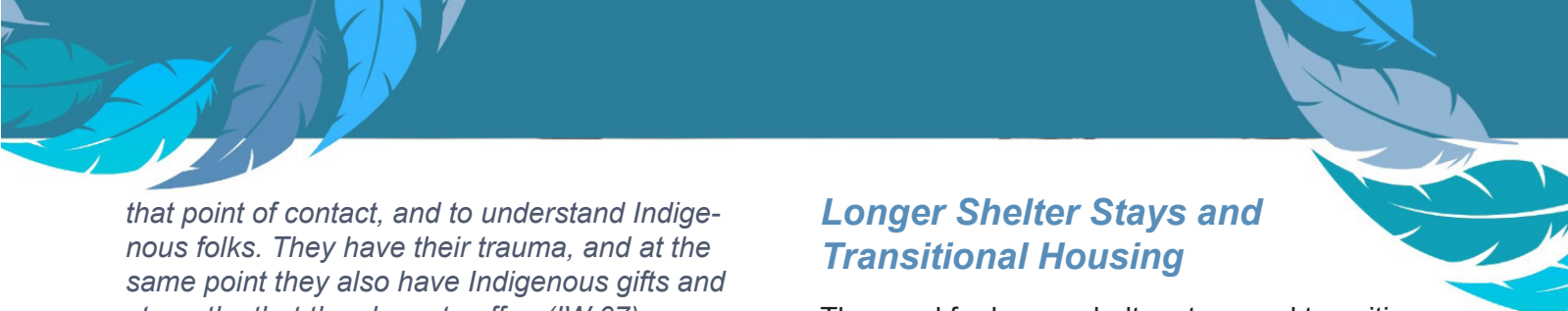
I think it would be great if I could have a worker per family and that way - so we have eight units. Let's just say the four, let's just say all four units on one side were full. And I have Susie, she has four kids. And then I have Mary, she has two babies. And then I have this other lady, she only has one kid, and then this other lady is single. So right now I just have one RSW that is on site, 24/7, and they come to that one RSW. I would love to assign one RSW to each unit, and then that way we're able to adapt to all their needs specifically. Because all the all their needs are different, right? (SP 01)

Find better workers, experienced workers, workers who have been on the street, workers who have experienced all of the kinds and forms of abuse. (IW 02)

Both survivors and service providers also discussed the need for training amongst shelter staff, with a specific emphasis on cultural sensitivity and the history of Indigenous communities.

Today I think it would be more culturally sensitive and more culturally aware, understanding the history of residential school, the impact of the 60's Scoop, the day school survivors, inter-generational survivors, there has to be more awareness in regards to that and understanding, respecting, valuing the cultural history of what Indigenous folks went through. That awareness needs to be first and foremost when you have





that point of contact, and to understand Indigenous folks. They have their trauma, and at the same point they also have Indigenous gifts and strengths that they have to offer. (IW 07)

I think it's imperative that we have staff that are trained, in knowing about barriers that Indigenous women face and understanding those things. And how those affect women on a regular basis or, depending on their experience, I think listening, to - where the woman is at and that maybe she might be experiencing something, or she reacts to certain things because of based on her past experiences. (SP 03)

Additionally, patience and support were discussed in the context of relationships between survivors and staff. Participants on both sides stressed the importance of these virtues when in shelters to achieve the best possible outcomes.

OK also shelters can be, especially women can like - being abused - we're all drunk at all the time, and most of us are on drugs. And we don't feel safe. 'Cause we don't trust anybody. 'Cause a person who we trust the most, he's supposed to be kind and make us feel safe and protect us didn't. So we do drugs and we get high and we drink. If shelters can just reassure us, promise us like, look, we're not after your information. We're trying to help you to feel safe. We wanted to help you give you resources. We can help, you can get your own money or like get welfare so you don't have to go back to him. Just like that, instead of just not even listening. There needs to be someone to take more time, more patience and listen. (IW 01)

Yeah, patience, patience. But don't give up on us, we'll get there to whatever... however, we have to change things to be able to meet in a good way. Sometimes it's not going as smoothly as you think. Also to be understanding of our funding limits, and our constraints and our chief and council issues, the lack of support from Chief and Council. (SP 11)

Longer Shelter Stays and Transitional Housing

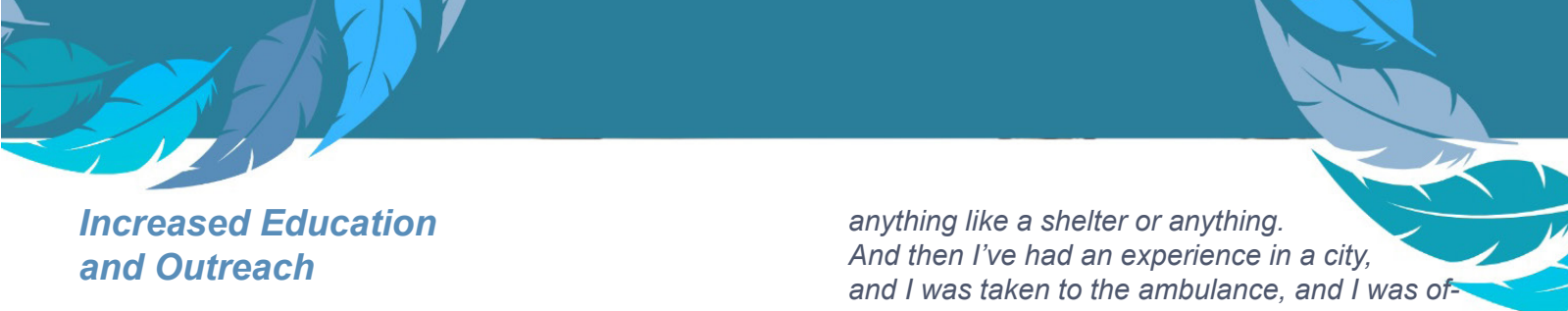
The need for longer shelter stays and transitional housing was identified as a top issue. Service providers specifically noted that the 60-day limit on shelter stays should be extended to 90-days, as this provided more time to find transitional housing or housing in the public and private markets. Extended stays were also seen as beneficial to survivors, who had more time to access resources and services to begin rebuilding their lives after abuse.

The two month process of keeping them at a shelter, it should be extended to three months, because one month you basically have to jam like crazy to get into a place when you're not probably going to get in two months - you have a 50% chance of getting in a place, and three months, you have like a 60 to 70% chance of getting in a place. (SP 04)

The last three ladies that we have helped get into second-stage housing, into their own living situations, was 70-days. They've been here for 70 to 90-days, and almost all of them, those last five ladies, they were all in that range of 70 to 90-days. (SP 01)

Additionally, service providers felt that structural changes in provincial housing programs would be beneficial for survivors - specifically prioritizing IPV survivors for social housing under Manitoba Housing programs.

Something needs to be done about housing... I know a long time ago, I think that, women in shelters used to get priority in like Manitoba Housing and stuff. If something like that could be done, that'd be amazing, because that's finding housing for the women that come here is our top issue. It's like impossible to get into government housing in two months. It's even impossible to find a private rental in two months, especially if these women, they don't have any references and stuff from prior, prior rental history. That's probably the definite issue. And if we could find housing faster, the 60-day limit wouldn't be as bad. (SP 08)



Increased Education and Outreach

Service providers described a lack of awareness about shelter services in Indigenous communities, warranting the need for more community outreach amongst the public. Some suggested attending community events to spread information and awareness about shelter services, while others suggested contacting community services directly, such as schools, healthcare centres, welfare workers, daycare workers, NADAP workers, and Head Start workers. One service provider also noted that this outreach could help recruit potential employees for shelters as well.

I think more outreach, have them going out to communities on possibly Treaty Days and setting up a booth and letting our women know that there is a place out there, close to home, where they could access it if they need it. (SP 07)

Just to share that you know, that we exist and where we are, that we're available for Indigenous women, that that we support them, whether they're traditional or not traditional, we accept everybody, and also, they could support us through, I guess it's kind of indirectly, but educating friends and family members to be potential employees through community service worker programs, or that kind of education, get their family members educated so they can come here and apply and get a job that you know, it's a workforce. (SP 11)

Referrals and Collaboration Amongst IPV Services

Finally, service providers described the need for a more collaborative approach to IPV service provision. Referrals across sectors working with IPV survivors (police, emergency responders, healthcare providers, etc.) are needed to connect survivors with shelter services – particularly in rural, remote, or Northern areas (including reserves). Partnerships could also help fill gaps in service provision at shelters – particularly for cultural services.

I've had experiences where I was abused at home here on reserve, and it took long for even a paramedic to come and then - I wasn't offered

anything like a shelter or anything. And then I've had an experience in a city, and I was taken to the ambulance, and I was offered to go to a shelter. [...] I've noticed it's different when you come from a reserve, other than the city. (SP 10)

I'm seeing here that we're not working collaboratively. We're not partnering with another agency. We're not partnering with maybe an agency that does offer cultural supports and saying, "Hey, you guys are offering full moon ceremonies, maybe we could provide transportation to our women to attend." We're not. We're not building those partnerships. And I'd like to see us do that more. (SP 03)

The need for more collaboration and information sharing across shelters was also noted – although one service provider did note that steps have been taken in this area.

We're having - this is the first ever, I don't know what we're calling it, if it's a conference or whatever, but we're bringing the provincial shelters and the Federal. So, all the shelters, 10 provincial and probably eight to 10 of our shelters that are on board with our networking at this point. We're bringing them together. We're in the planning stages, and that, to me, is significant, because we've talked about this for many, many years. I've been to many meetings with the provincial shelters. [...] So I think that's something that's way overdue. It's so long, I hope that it gets people talking about issues, about what's happening, and I'm really, really interested in how this research is gonna play out. I think that's it is very significant. (SP 02)

Reflections and Key Learnings

The results of this research project provide an overview of Indigenous women's experiences in shelters across Manitoba. The results (summarized below) show that while shelters play a critical role in providing immediate safety for IPV, Indigenous women can face challenges in accessing these services, and once they enter the shelter system.

Survivors experienced multiple forms of IPV including physical, emotional, verbal, and financial abuse, as well as coercive control. This violence escalated over time and occurred in the context of substance use. Survivors accessed both Indigenous-led and non-Indigenous shelters across rural and urban locations, with stays ranging from (insert time). While at shelters, survivors accessed various cultural supports, including ceremonies and medicines (although availability varied), along with other services like counselling, legal assistance, and housing. Although most survivors described positive experiences with shelters and valued the safety and supports found in these spaces, some faced challenges such as limited activities, inconsistent engagement with shelter staff, and difficulty building trust. Additionally, some survivors faced barriers to accessing shelters that included difficulty contacting shelters, shame or stigma, and previous negative experiences. Overall, shelter experiences were positive and helpful, but discrepancies were noted based on staff, cultural safety, and resource availability.

Service providers described shelters as offering culturally grounded supports (ceremonies, sharing circles, access to Elders) alongside counselling and assistance with identification, healthcare, housing, income supports, and basic needs like clothing and hygiene items. Although shelters supported survivors' health and wellbeing in many ways, service providers observed challenges amongst residents such as loneliness, difficulty adjusting to shelter rules, and substance withdrawal. Shelter staff also faced professional and personal challenges including housing shortages that prolong shelter stays, policies restricting older male children from staying with their mothers in shelter, and significant emotional strain from burn-

out. Additionally, shelter administration involved difficult tasks such as adhering to strict criteria when accepting survivors into shelters, which often excluded marginalized populations like survivors experiencing addiction or mental health challenges. Ultimately, service provider narratives underscored the complexity of service provision and system gaps that pose challenges to survivor's wellbeing.

Finally, recommendations to improve responses to Indigenous women in shelters across Manitoba were shared. This included expanding shelter resources, supports, and services; offering cultural services for Indigenous survivors; addressing staffing shortages and knowledge gaps; longer shelter stays and transitional housing; increased education and outreach; and referrals and collaboration amongst IPV services. These recommendations emphasized the need to increase service capacity within shelters to effectively respond to Indigenous survivors, as well as the importance of culturally safe, trauma-informed, and survivor-centered responses that recognize the ongoing impacts of colonialism, intergenerational trauma, and systemic inequalities.

This study is an important contribution to the body of research examining Indigenous women's experiences of IPV and help-seeking in Canada. Through centering the voices of Indigenous women, and those working closely with them, it provides critical insight into the factors shaping access to shelter services and supports. However, further research in this area is needed to gain a more comprehensive understanding of access to shelters for Indigenous survivors across the provinces and territories. Future research should utilize Indigenous-led, community-based, and intersectional approaches to consider how experiences differ between First Nations, Métis, and Inuit communities across urban, rural, and Northern contexts.



References

- Congress of Aboriginal Peoples (CAP). (2024). Domestic violence shelters: Bridging gaps for Indigenous families. <https://abo-peoples.org/wp-content/uploads/2025/04/CAP-2024-Bridging-the-Gap-Final-WEB-EN-.pdf>
- Cotter, A. (2021). Intimate partner violence in Canada, 2018: An overview. Statistics Canada. <https://www150.statcan.gc.ca/n1/pub/85-002-x/2021001/article/00003-eng.htm#n12-refa>
- Hanson, E. (2009). Marginalization of Aboriginal women. Indigenous Foundations. https://indigenousfoundations.arts.ubc.ca/marginalization_of_aboriginal_women/
- Heidinger, L. (2021). Intimate partner violence: Experiences of First Nations, Métis, and Inuit women in Canada, 2018. Statistics Canada. <https://www150.statcan.gc.ca/n1/pub/85-002-x/2021001/article/00007-eng.htm>
- Infrastructure Canada. (2024). Shelter capacity report 2022. <https://housing-infrastructure.canada.ca/alt-for-mat/pdf/homelessness-sans-abri/reports-rapports/shelter-cap-hebergement-2022-en.pdf>
- Maki, K. (2019). More than a bed: A national profile of VAW shelters and transition houses. Women's Shelters Canada. <https://endvaw.ca/wp-content/uploads/2019/04/More-Than-a-Bed-Final-Report.pdf>
- Mansour, M. (2025). Rural crime fact sheets, 2023: Manitoba. Statistics Canada. <https://www150.statcan.gc.ca/n1/pub/85-002-x/2025001/article/00006/mb/mb-eng.htm>
- Rizkalla, K., Maar, M., & Pilon, R. (2020). Improving the response of primary care providers to rural First Nation women who experience intimate partner violence: A qualitative study. BMC Women's Health 20(209). <https://doi.org/10.1186/s12905-020-01053-y>
- Shelter Safe. (n.d.). About shelters. <https://sheltersafe.ca/about-shelters/>
- Statistics Canada. (2024). Canadian residential facilities for victims of abuse, 2022/2023. <https://www150.statcan.gc.ca/n1/daily-quotidien/240410/dq240410b-eng.pdf>
- Statistics Canada. (2025). Trends in police-reported family violence and intimate partner violence in Canada, 2024. <https://www150.statcan.gc.ca/n1/en/daily-quotidien/251028/dq251028a-eng.pdf?st=PbrqGTml>
- Tutty, L. M., Nixon, K. L., & Thurston, W. (2025). "It's a valuable service but a hard place to be": Women's views about violence against women shelters. Violence Against Women, 31(9), 2219-2244. DOI: 10.1177/10778012241257244
- VAW Learning Network. (2023). Domestic homicide, gender-related homicide, and femicide: Making sense of the terms. <https://www.gbvlearningnetwork.ca/our-work/backgrounders/gender-related-killings/Domestic-Homicide-Gender-Related-Homicide-and-Femicide-Backgrounder.pdf>
- Women and Gender Equality Canada (WAGE). (2025). Intimate partner violence. <https://www.canada.ca/en/women-gender-equality/gender-based-violence/intimate-partner-violence.html>
- Wuerch, M. A., Giesbrecht, C. J., & Hampton, M. R. (2025) Barriers to leaving and accessing services: Perspectives of service providers working with rural women experiencing intimate partner violence in Saskatchewan, Canada. Journal of Family Violence. <https://doi.org/10.1007/s10896-025-00940-y>
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Appendix A

Guide for Conversations with Indigenous Women

Date: _____

Participant Number: _____

Location of participant at time of interview: _____

Thinking of the last incidence of abuse, what was your location at this time: _____

Type of interview (telephone or in-person): _____

I. Background/Demographics:

1. Can you please tell me your age? _____ (in years)
2. Are you currently employed?
 - a. No _____
 - b. Yes – full time _____
 - c. Yes – part time _____
 - d. Yes – casual _____
3. What is the highest grade/level of education you have completed? _____
4. What is your total monthly household income (approximate)? _____
5. With which Indigenous nation do you most identify with? --- _____
6. A. What is the relationship status with your abusive partner/ex-partner?

a. Married	_____	Separated/Divorced	_____
b. Common-law	_____	Single	_____
c. Dating	_____	Widowed	_____
d. Other (specify)	_____		

B. Is this a same-sex relationship? Yes _____ No _____
7. Do you have children?
_____ Yes _____ No (if "No" skip to question 10).
8. If yes, how many? _____
9. What are their ages?

10. Do your children live with you? Yes _____ No _____

a. If yes, how many of your children live with you? _____

b. If some of your children live elsewhere, where do they live?

[Check all that apply]

Father/Mother _____

Grandparents _____ or other relative _____

Child welfare: temporary placement _____ or permanent placement _____

Children live on their own (adult children): _____

Other (describe): _____

11. How many times did you access women's shelter within the last 5 years?

12. When you accessed shelter within the last 5 years, which women's shelter did you access? (can choose multiple):

a. Indigenous/on-reserve _____

b. Non-Indigenous/rural _____

c. Indigenous/urban _____

d. Non-Indigenous/urban _____

i. How long did you stay at the Indigenous women's shelter? _____

ii. How long did you stay at the non-Indigenous women's shelter? _____

13. At the time you sought help from women's shelter, where did you reside?

a. On-reserve _____

b. Off-reserve _____

c. Rural area _____

d. Urban area _____

e. Other _____

14. Which community do you consider as your home community? _____

a. Are there any other communities that you are associated with through your intimate relationship? _____

In this conversation, I would like to hear your story. I will start asking you to tell me about your help-seeking journey and how you accessed the women's shelter. Then, I will ask about your experience of staying at the women's shelter. Finally, I will ask questions about how to improve the existing services.

II. Help Seeking Journey/Accessing shelter

I understand that you have accessed a women's shelter when seeking help for your experience of abuse. So, I would like to ask questions regarding your experience of seeking help in general but also specifically at women's shelters.

1. Before seeking help from shelter, did you seek help informally elsewhere or think of reaching for help informally? Can you describe this experience? (*family, friends, co-workers, neighbors, Elders, knowledge keeper/holders, faith leader*).

a. Why did you reach out to them?

b. Was it difficult to find help?

2. Before reaching out to the shelter, did you reach out to other formal services, such as *Police/RCMP, Band Office, Victim Services, lawyer, medical personnel, counsellor, crisis line, Child and Family Services (CFS), and others?*
 - a. *If yes, how was this experience?*
3. What was the story of you reaching out for help to a shelter?
 - a. How did you reach out? Were you referred? If so, by whom?
 - b. What kind of support did you hope to receive at the shelter?
 - c. Was it difficult to access their supports? Why?
 - d. Did you come with your children?

Probes: isolation, lack of information, lack of space at shelters, the experience of abuse itself, lack of access to technology (cell connection/phone/other), a lack of transportation, shame/confidentiality concerns, racism/lack of cultural safety, lack of services in your area, fear of child removal by CFS, care of pets, a lack of housing/funds, fear of leaving the community, housing insecurity, health-related issues, concerns related to children, etc.

4. Did you experience any other difficulties when accessing shelter, for example, in relation to receiving social assistance?
5. How did you come to the shelter? (car, busses, trains, planes, taxis, other means).
6. What were your concerns, if any, while using these modes of transport? (expenses, safety, distance, lack of road, etc.).
7. How long did it take you to reach the shelter from where you lived/your home community? How expensive this trip was for you/and your children, including gas for vehicles, bus tickets, plane tickets, etc.?
 - a. Does the community/communities you resided in at the time of help-seeking provide regular bus/transportation out if you wanted to seek help elsewhere?
8. Were there any other additional expenses for you when you were seeking help, such as additional food costs, parking costs, childcare costs, and other such costs?
9. Was the shelter you accessed help from the nearest to you at the time? If not, why did you decide to seek help from the one that was farther away/closer from/to where you lived?
10. How did leaving/staying in your community to access a shelter affect your experience of help-seeking?
11. *For mothers:* How did concerns about your children affect your experience of help-seeking? Accessing shelter?
12. Were there any other considerations when you were seeking help for the abuse?

III. Staying at shelter

1. Can you tell me about your experience of staying at the shelter? What kind of help did you receive?
2. Did you experience any difficulties throughout your stay? Did you have any concerns?
What worked for you at the shelter? What did not work for you at the shelter?
3. Do you think your experience was overall positive or negative? Why?
4. *If the woman stayed both at Indigenous and non-Indigenous shelters:*
How was your experience at Indigenous-led shelter different from your experience at non-Indigenous-led shelter?
Prompts:
Did you trust the services?
Did you feel the shelter was accessible?
Did you feel the shelter was an advocate for you? (housing, legal assistance, child welfare, court (testifying at the court), Victim Services, etc.)

- 
- Did you feel that there was prejudice against you in some way?
- Did you feel that the approach was not meeting your needs?
- Did you have issues with racism and lack of cultural safety? Cultural services?
- Did you have access to an Elder/Knowledge Keeper?
- Did you have access to traditional foods (fish, wild meat)?
- Did you have access to traditional medicines?
- Did you have access to ceremony?
- Did you have access to translation/interpretation (if needed)?
- Did you children have access to these (above) supports?
- Did the shelter have appropriate services for your children? Did you experience any difficulties with caring for your children while at the shelter?
- Did you experience difficulties with freedom of movement or access to food?
- Was there anyone you knew personally working at the shelter?
- Did you have any confidentiality concerns while staying at the shelter?
- How was the counselling service (group or individual) you received? Did it meet your needs?
- If substance use is an issue for you, do you feel your recovery has been supported?
- If mental health is an issue for you, do you feel you received an adequate support?
- Were services relevant to you? Did they make you feel comfortable?
5. Looking back at your experience of staying at the shelter, what other challenges come to mind that you would like to share?

IV. Recommendations

1. How do you think the experience of staying at non-Indigenous-led shelters could be improved for other Indigenous women like yourself?
2. How do you think the experience of staying at Indigenous-led shelters could be improved for other Indigenous women like yourself?
3. What were your hopes at the time when you stayed at the shelter and how this could have been better supported by service providers who work at shelters?
4. Are there any other recommendations you must improve the existing services for Indigenous women?]

Anything else you would like to share before we finish our conversation?

Thank you for taking the time for this interview and for sharing your thoughts and experiences. This can be a difficult topic to talk about, and your responses are very valuable in helping us to understand the experiences of Indigenous women.

Appendix B

Guide for the Conversations with Service Providers

Interviewer: _____ Date: _____ Participant #: _____

Location of participant (city or town): _____

Type of interview (telephone or in-person): _____

I. Background/Demographic Information

1. Location of the shelter: _____
____ Indigenous
____ non-Indigenous
2. Occupation of participant: _____
3. Years in current position: _____
4. Do you identify as Indigenous? ____ Yes | ____ No
If so, are you ____ First Nation ____ Métis ____ Inuit ____ Non-Status ____ All of the above

II. Women accessing women's shelters

1. How would you describe women who seek help at your shelter?
2. Do you have Indigenous/non-Indigenous women seeking help at your shelter?
3. On any given day, what is the ratio of Indigenous and non-Indigenous women accessing your shelter?
4. Where do Indigenous women come from? (urban, rural, northern, reserve)
5. How do Indigenous women access your shelter? Are they usually referred by others? How far do they travel? Do women leave their home community to access your shelter? What is the cost of these trips, from your knowledge?
6. Of the Indigenous women you serve, what percentage have children (i.e., are mothers)? Do their children typically come with them?
7. How full are you on any given day? i.e. what percent of maximum capacity are you at?
8. How does the intake happen? What are the procedures?
9. How long can women stay at your shelter and how long do they end up staying? Do you typically have to request extensions for many women?
10. From your knowledge/experience, what challenges do Indigenous women face when accessing the shelter?
11. From your knowledge/experience, what challenges do Indigenous women face when residing at the shelter?

III. Working with other women's shelters

1. How do you work with other non-Indigenous/Indigenous women's shelters? Is there a difference in how you work with the Indigenous and non-Indigenous shelters?
2. Do you get referrals from Indigenous/non-Indigenous shelters? If yes, how do these referrals happen? What kind of challenges do you face in responding to these referrals?
3. Do you refer to other women's shelters and do you face any challenges in this process of referring women to other women's shelters?
4. Do you face difficulties when working with other shelters (Indigenous/non-Indigenous)? What are these difficulties if you could share with us?



IV. Women staying at women's shelters

1. What kind of supports do you provide for women at your agency? (advocacy, transportation, counselling, housing, accessing legal help, medical appointment assistance, court-related issues, social assistance, etc.)
2. Do you provide specific cultural supports to Indigenous women and their children? What are these? (access to Elders, ceremonies, traditional medicine, language-related supports, etc.)
 - a. What services lack at your shelter for Indigenous women and their children?
3. What are the needs of Indigenous women when seeking help?
4. Do you have any unique needs that you can't attend to? (2LGSBTQ+, disability, mental health issues, etc.). How do you address these gaps in your service provision?
5. How do you address substance use and mental health issues that Indigenous women may experience?
6. How is childcare arranged? Do you experience any challenges with taking care of children at your shelter?
 - a. Do you provide cultural supports for Indigenous children? If so, what are these?
7. What do you think works and does not work in supporting Indigenous women who come seeking help at the shelter?

V. Shelter workers' experiences supporting Indigenous women

1. What are the challenges that you face in your work? Probe: security, local Chief and council-related, ISC-related, funding-related, pets, communal violence/use of firearms, slow police response, burnout, relationship with other service providers, networking, etc.
2. Do you face any specific difficulties serving Indigenous women? (a lack of cultural knowledge, related to communication, language-related difficulties, addressing health-related concerns, racism, not meeting food and diet needs, ceremony-related needs, etc.)?
3. What are the difficulties that non-Indigenous service providers face when serving Indigenous women based on your knowledge and observation/experience?
4. Do you experience any challenges supporting Indigenous children staying at the shelter? Do you have a policy that prevents older male children from accompanying their mothers in the shelter? If so, in what ways does this create challenges or barriers for Indigenous mothers? How do you overcome these challenges?
5. Have you received training specific to Indigenous women's experiences with IPV, mental health, and substance use?
6. Have you been trained in cultural safety? Was this specific to Indigenous cultures? If so, how do you practice it in your work?

VI. Shelter Staff

1. Working at a crisis shelter can be difficult work (i.e., compassion fatigue/burnout, vicarious trauma), how do challenges supporting women and working at the shelter affect your well-being?
 2. Do you experience any safety and security issues in your work at the women's shelter?
 3. Have you experienced racism (or other forms of discrimination) while in your capacity as a shelter worker - from colleagues, leadership, or those working in other organizations or sectors. Please describe.
 4. Do you receive supports for any of the above challenges that you face at your workplace?
 5. What supports do you need to maintain your health and well-being at your workplace and from the management?
- 

- 
- a. *For Indigenous staff only.* What supports do you need to maintain your health and well-being? Do these include traditional ways of healing? Do you receive traditional supports from shelter management?

If the service provider is in a management position:

VII. Shelter management

1. How do you build your relationship with CFS? Do you experience any challenges in building, maintaining these relationships?
2. How do you build your relationship with the RCMP/police? Do you experience any challenges in building, maintaining these relationships?
3. How do you fundraise? Do you experience any challenges in relation to funding your activities?

VIII. Recommendations

1. What are the ways one can improve services for Indigenous women at your shelter?
2. What needs to happen to improve the working experience of service providers supporting Indigenous women?
3. How can the inter-shelter referral system be improved?
4. What can be done to improve the accessibility of services to Indigenous women and their children who experience family violence?
5. What kind of support do you need to improve the work of your shelter? (prompts: training, supervision, networking, partnership, etc.)
6. What do you require from your shelter management team to support your health and well-being?

Is there anything else you'd like to share or think is important for us to know about the Indigenous women's experiences of violence and help-seeking, and your experience supporting them?

|

Thank you for taking the time for having a conversation with me and for sharing your thoughts and experiences. Your responses are very valuable in helping us to understand the experience of Indigenous women and their children.