Colonization, decolonization, and cultural safety:

FAMILY VIOLENCE, INDIGENOUS WOMEN, AND HELP-SEEKING AT WOMEN'S SHELTERS

Literature Review

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Introduction

Despite the fact that Indigenous women experience high levels of gender-based violence, there is "a paucity of literature on the experiences of Canadian Indigenous women abused by intimate partners" (Ogden & Tutty, 2024, p. 16). Further, Ogden's (2022) dissertation that looks at violence against women shelters and Indigenous women's experiences of help-seeking at shelters argues that there is very little research that studies the experience of Indigenous women with intimate partner violence (IPV) on reserves or in rural areas, especially in the Prairies. There is also a lack of research that studies the experience of Indigenous women staying at non-Indigenous women's shelters, as well as the experience of Indigenous 2SLGBTQ+ people (Ogden, 2022).

This literature review is the foundation for a research study that aims to explore Indigenous women's experiences of help-seeking at women's shelters for IPV. Along with this, we also aim to look at service providers' experiences working at women's shelters in supporting Indigenous women seeking help. This research takes place within the context of ongoing settler colonialism and the gendered impacts of settler colonialism on Indigenous nations (Anderson, 2000; Baskin, 2022; Gunn, 2014; Wesley-Esquimaux, 2009). Therefore, we start with the historical acknowledgment of land appropriation and genocide. We also position the Indigenous women's stories within this context. We place our research in the context of ongoing conversations about reconciliation and decolonization, with the recognition that this is an ongoing process and that the Indigenous nations are creating space for in-depth discussions and direct action (see Coulthard, 2014, for example).

Cultural safety has emerged as a concept that can help health and social services to realize the role of power in relation to race, racism, and the culture of Eurocentrism within settler colonial institutions (Ramsden, 2015). In a way, it serves to contribute to equitable treatment of everyone with respect for cultural differences, as well as the rejection of ethnocentrism/Eurocentrism or seeing the ways of White people as the norm. In doing so, we review literature that explores cultural safety and various ways of implementing it within the mainstream institutions, including women's shelters.

From colonization through resistance to reconciliation and decolonization

This section aims to understand and position our literature review within the context of settler colonialism. The history of colonization is central to understanding the current situation of Indigenous communities, families, and women. The process of colonization has been a long process that spans over hundreds of years since the "discovery" of the Americas (Dickason, 1997). Contact between the Indigenous nations of the Americas and Europeans set the stage for the current and continued settler colonialism which includes a history of settlement on Indigenous lands, various strategies to control the lands and territories, and confining the original inhabitants of these lands to the boundaries set by the settler colonial states of the United States and Canada (Dickason, 1997; Lawrence, 2018; Wesley-Esquimaux, 2009). It was not only the political and ideological strategies (such as racism, Eurocentrism, the Indian Act, Catholic Church and religion, etc.) that served the colonizers to subdue the Indigenous nations, but also their philosophy, worldview, and ways of life (Dickason, 1997).

The colonization of the territory now known as Canada was not without a struggle from the Indigenous nations of these lands. Thus, starting from the early 17th century, there were wars and uprisings of the Indigenous nations against the colonizers, such as the Iroquois war (1609-1701), the Mi'kmaq War (1713-61), the Pontiac uprising that took control of the Great Lakes region, and others (Dickason, 2006). To weaken these resistances, the British spread smallpox using blankets, thus, significantly lowering the population of Ojibway, Mingo, Delaware, Shawnee, and other Ohio River nations, killing 100,000 people (Lawrence, 2018). In addition, alcohol was sold deliberately to the Ojibway people (Lawrence, 2018). In 1830, civilian government was established in Canada and "the Amerindians" were considered as "disappearing people" by the government (Dickason, 2006, p. 136). In 1821, there were 750,000 settlers and by 1851, this number increased to 2.3 million (Dickason,

2006). At this time, the fur trade was coming to an end due to the dramatic decrease in animals, such as beaver, buffalo, and even whales, and settlers were "fleeing overcrowding and famines in Europe" (Dickason, 2006, p. 142). Additionally, "armed squatters were allowed to invade and seize lands," including the refugees from the recently established United States of America (Lawrence, 2018, p. 42). The growing population meant that the government needed to look for more land to occupy. Thus, they expanded towards the lands of the Inuit, the Ojibway, the Cree, and other Indigenous nations who also continued to resist and protect their land rights. This was also the time when the concept of reserves for Indigenous nations started to emerge (Dickason, 2006).

The reserves emerged "to protect" and assimilate the Indigenous nations. As land became more expensive, the colonial government pushed the Indigenous nations towards "rural, remote, and economically marginalized lands," thus, displacing them from their territories and acquiring their lands for settlements and various developments, including agricultural development (Cannon & Sunseri, 2018, p. 33; Dickason, 2006). The Dominion of Canada was established in 1867, which led to the further expansion of Canada including the provinces and territories of Yukon, Northwest Territories, Saskatchewan, Alberta, British Columbia, and Manitoba in the early 1870s. During this time, the Indigenous nations still dominated the Prairies and British Columbia. The Dakota and the Sioux people have been fleeing to Canada from the South since the 1820s. There was also an emergence of a new Indigenous nation of Métis during this time. Additionally, the widespread development of agriculture and extractive industries (such as gold mining) also started to threaten Indigenous nations' access to land. More settlers began to move into the Prairies and other new provinces of Canada (Dickason, 2006).

Treaties characterized the relationship between the colonizers and the Indigenous nations from the very beginning of the colonial project (Dickason, 2006). The Indigenous nations of North America have a history and tradition of treaty-making. Leanne Simpson (2018) shares an example of Gdoo-naaganina of her nation (Nishnaabeg) who developed treaties with both the animal world as well as other Indigenous nations with whom they shared their territory, such as the Haudenosaunee. The treaties did not mean the nations gave up their sovereignty. These treaties were living treaties because they were based on respect and relationality (Lawrence, 2018). For example, the Two-Row Wampum that dates to 1613 formalized the nation-to-nation relationship between the Haudenosaunee people (Six Nations Confederacy) and the Dutch traders and the English. The belt signified that these nations were autonomous and respected each other (Cannon and Sunseri, 2018). The Robinson-Huron and Robinson-Superior Treaties were signed in 1850 at the request of the Ojibway leaders ceding the land around Lake Huron and Lake Superior but setting a territory for reserves, annual annuities of $4 per year per person, and hunting and fishing rights on the treaty land (Lawrence, 2018). Following the acquisition of Rupert's Land by the Dominion of Canada, many more treaties were signed.[1]

During the development of these treaties, and immediately following the treaties, the policies and approaches to Indigenous-settler relations continued to encourage assimilation. Thus, in 1876 the Indian Act was developed to enforce assimilation and to assert the power of the state over the Indigenous nations. At the same time, the land was becoming more valuable, and the buffalo disappeared towards the end of the 19th and the beginning of the 20th century. This destroyed the food security of the Indigenous nations in the Prairies. The state also applied cultural and political repression. Cultural repression was exercised through a ban of cultural practices, such as potlatch (banned in 1884), thirst/sun dances (1895), and a ban on all Indigenous dances (1906). Political repression included the introduction of the pass system for the Indigenous peoples in 1885; the persecution of Indigenous political leaders, such as Big Bear, Poundmak-

er, Louis Riel, and others; the imposition of the 1876 Indian Act, the amendments to the Indian Act to enable the expropriation of more lands from reserves for public needs and agricultural lands; and interference in Indigenous governance (Dickason, 2006).

The Indigenous nations understood the importance of education in this new situation of settler colonialism, and lobbied for day schools on reserves during treaty negotiations. However, instead industrial and residential schools were established as a tool of exploitation and assimilation. Thus, starting from 1920, the residential school was made mandatory for all Indigenous children. It is estimated that over 150,000 Indigenous children have attended these schools across Canada. Children experienced torture, malnutrition, maltreatment, racism, sexual assault, forced labour, lack of contact with parents, and other horrendous abuses in these schools (Union of Ontario Indians, 2013). The residential schools only began closing in the 1970s, with the last school being closed in 1996 in Saskatchewan (Union of Ontario Indians, 2013). As residential schools became unpopular, adopting or fostering "neglected" Indigenous children came into practice in the 1950s-1980s. This is known as the "Sixties Scoop." In total, 15,000 Indigenous children were adopted during this time, with 3,000 children in Manitoba specifically (Dickason, 2006, p. 229).

Although these social engineering projects aimed at assimilating the Indigenous nations of Canada, the Indigenous peoples continued to resist this cultural and political domination, asserting their distinctiveness and ownership of the land "at the cost of social and economic inequality" (Dickason, 2006, p. 296). There have been numerous attempts by the Indigenous peoples at seeking self-determination through the League of Nations following World War I, opposition to the 1969 White Paper, and direct action, such as the one at Oka (from 1717 to 2000) that culminated in a 78-day standoff in 1990 (Coulthard, 2014; Dickason, 2006). There were numerous Indigenous land claims within Canadian courts and "land-based direct action" across Canada, including the case of the Nisga'a against the encroachment of settlements in British Columbia, the Lubicon Cree against gas and oil development in

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[1] Treaty I was negotiated in 1871 with the Anishinaabe and Swampy Cree nations in Southern Manitoba; Treaty II was signed in 1871 with the Anishinaabe and Swampy Cree in Central Manitoba; Treaty III in 1873 with the Anishinaabe in Ontario and Southeastern Manitoba; Treaty IV in 1874 with bands in Southern Saskatchewan; Treaty V with Ojibway and Swampy Cree bands in Northern Manitoba; Treaty VI in 1876 with the Plains Cree and Stoney people in Central Saskatchewan and Alberta; Treaty VII in 1877 with the Plains First Nations in Southern Alberta; Treaty VIII in 1899, Treaty IX and X in 1905-6, and Treaty XI in 1921 with First Nations of British Columbia, Saskatchewan, Ontario, Northwest Territories, Northwestern Saskatchewan, Northern Saskatchewan, Eastern Alberta, Yukon, and Nunavut (Dickason, 2006).

Alberta, the Innu resistance against the Canadian Air Force/NATO base in Labrador, and others (Coulthard, 2014, pp. 115-116; Dickason, 2006). These protests and the fear of violent escalation of the Indigenous-settler conflict "forced" the Canadian government to establish a Royal Commission on Aboriginal Peoples in 1991 (Coulthard, 2014, p. 115).

The final report of this commission recommended a "need for a new relationship for Aboriginal and non-Aboriginal peoples, self-determination through self-government, economic self-sufficiency, and healing," as well as the "acknowledgement of harmful actions by past governments," and "reconciliation" (Crown-Indigenous Relations and Northern Affairs Canada, 2010; Dickason, 2006, p. 289). These processes subsequently led to the 2007 Indian Residential School Settlement Agreement, Stephen Harper's apology to the survivors of the Indian Residential School system in 2008, and the creation of a Truth and Reconciliation Commission (TRC) (Coulthard, 2014). Glen Coulthard (2014) argues that this era that started in the late 1960s signified a "shift" in the "modus operandi of colonial power relations in Canada" from "unconcealed structure of domination" to the politics of "state recognition and accommodation" while the "dispossession" of the Indigenous peoples continued (p. 25). What he means by this is that the structural and material basis of Canadian settler colonialism has not been re-negotiated on a nation-to-nation basis, but instead, reconciliation has been imagined and conceptualized as overcoming the "sad," "legacy," and "healing" (pp. 121-125). While Coulthard (2014) and other scholars made this argument before the end of the TRC and the publication of its Calls to Action, the criticism stands relevant, if one takes into account the continued land-based struggles of the Wet'suwet'en in British Columbia, for example (Bean, 2021). Reconciliation rhetoric provides a ground for arguing that the "grievances" of the Indigenous people have been addressed by the government and if the Indigenous people express their continued grievances, they "appear unappreciative, angry, and resentful" (Coulthard, 2014, p. 156).

The Idle No More movement began in 2012-2013 in opposition to Bill C-45, which "threaten[ed] to erode Indigenous land and treaty rights as well as environmental protections" of the waterways (Coulthard, 2014, p. 24). Under Bill C-45, it would have been easier for the First Nations' band councils to lease out reserve lands" without the community agreement and the proper environmental assessment (Coulthard, 2014, p. 128). Led by four Indigenous women, Nina Wilson, Sylvia McAdam, Jessica Gordon, and Sheelah McLean, and supported by the hunger strike of Chief Spence, Idle No More employed numerous tactics and strategies, such as flash mobs, teach-ins, demonstrations, blockades, and traffic stoppages. This movement brought the environmental, gender, and social justice issues facing the Indigenous peoples in Canada to the forefront of political debates at the national level. It also signified, as argued by Coulthard (2014), a new stage of what he calls "resurgent Indigenous politics" (p. 24). The Idle No More movement, as argued by Pam Palmater, testified to the fact that the "Indigenous peoples were never 'conquered'" (Palmater, 2018, p. 190).

Chief Theresa Spence of Attawapiskat First Nation, Elder Raymond Robinson of Cross Lake in Manitoba, and other fasters finished their hunger strike on January 23, 2013. The strikes ended with the Declaration of Commitment by Native leader Alvin Fiddler and the interim Liberal Party leader Bob Rae (Coulthard, 2014; "First Nations: Working", 2013). The Declaration had thirteen points, including the "enforcement of Treaties;" "resource revenue sharing;" a review of Bill C-45; the practice of free, prior and informed consent; revisions of the "fiscal relationship between First Nations and Canada;" a call for a "national inquiry" into murdered and missing Indigenous women and girls; Indigenous education and housing; the implementation of UNDRIP; and a reform of the "federal government's comprehensive lands claims policy" (Coulthard, 2014, p. 165; "First Nations: Working", 2013).

Since then, the TRC report was released in 2015 and the National Inquiry into Missing and Murdered Indigenous Women and Girls (MMIWG) has been conducted, which published comprehensive reports in 2019. Both the TRC and the MMIWG reports have recommendations, Calls to Action and Calls to Justice. The TRC report includes 94 Calls to Action, while the MMIWG report includes 231 Calls to Justice. However, according to the recent report by Jewell and Mosby (2023) at the Yellowhead Institute, 81 Calls to Action out of TRC's 94 remain "unfulfilled" (p. 4) and only 2 of the 231 Calls to Justice have been completed ("A Report Card", 2023). There remains much work to be done towards reconciliation, justice, and decolonization.

Women and gendered dynamics of colonization and decolonization

Indigenous nations of North America in pre-colonial times had a very different way of organizing their societies and relating with each other. Kim Anderson (2000) explains that there was no gendered hierarchy of labour and that women's and men's labour was equally valued in the Indigenous nations. Men and women also could switch between each other's fields of work. As long as the work was done and completed, men and women did not strictly abide by the public/private division of labour (Anderson, 2000). Women also had leadership roles and political authority in their communities (Anderson, 2000; Dickason, 1997). In many Indigenous nations, such as the Iroquios, social and political life was organized based on matrilineality, as "women had an important role in both the social and political activities" with men owning their "tools, weapons and wearing apparel" and women owning their "household utensils, the house itself, and the land" (Baskin, 1982, p. 43; Dickason, 1997, p. 120). Women elected and could impeach a sachem (a chief) who was often a male. In addition, the Iroquois had equal male and female representation for ceremonies (Dickason, 1997). Similarly, Indigenous women in other nations, such as the Mohawk, Stó:lō, Sioux, and Inuit, played roles of political and spiritual significance (Anderson, 2000). Indigenous nations recognized women as central in their creation stories and to their spiritual ceremonies. For example, sweat lodge is seen "as a symbol of a mother's womb" and "a place of transformation" (Anderson, 2000, p. 73). Further, different forms of sexuality were acknowledged, and persons (wives/husbands) were not seen as someone's property. There were four genders within some Indigenous nations, including man, woman, "the two spirit womanly males" and "the two spirit manly females" (Anderson, 2000, p. 89; also see Wilson, 1996). Children were not confined by norms of masculinity and femininity, instead they were brought up without gender biases (Anderson, 2000, p. 89).

With missionization and colonization, women and womanhood became "devalued" (Anderson, 2000, p. 77; Dickason, 2006; Wesley-Esquimaux, 2009). Missionaries have propagated to the Indigenous nations of the "New World" the values and practices of male domination leading to changes in practices of child-rearing, community relations, and the position of women within their nations (Wesley-Esqimaux, 2009). The complementary roles of men and women started to be replaced by male domination, violence, and patriarchal patterns of behaviour within daily lives, economy, and ceremonies (Wesley-Esqimaux, 2009). Anderson (2000) argues that the economic change from "subsistence to production-for-exchange" within the fur trade, as well as the change in the relationship of women to land, led to the economic marginalization of women. In some nations, the shift in gender relations happened much earlier than in others. For example, among the Cree of Northern Ontario and Alberta, these shifts did not take place until the 1970s. Thus, when the Lubicon Cree of Alberta abandoned their traditional economic activities of hunting, trapping, and gathering in the 1970s, women's labour became less valued than men's because women lost their traditional work. Women were now forced to follow the wage labour economy that was based on the division of public and private spheres and were forced to stay at home with the children without participating in the economy because they lost their land-based economy due to the oil and gas explorations (Anderson, 2000).

Many Indigenous nations did not have prostitution, rape, and family violence, including IPV, due to the communal nature of Indigenous communities (Anderson, 2000; Baskin, 2022). In the communities where there is documentation, these forms of violence were seriously punished, including through banishment and death (Anderson, 2000). From the very beginning of colonization, however, women were exposed to high levels of violence, including sexual violence, from European colonizers (Anderson, 2000; Rind-

fleish, 2020). This sexual violence continues to this day (Anderson, 2000).

There are numerous missing and murdered Indigenous women and girls across Canada. While the exact number is unknown, the Royal Canadian Mounted Police confirmed 1,181 cases of missing and murdered Indigenous women and girls between 1980 and 2012 (National Inquiry into Missing and Murdered Indigenous Women and Girls 1a, 2019). However, the Ontario Native Women's Association (ONWA) suggests that this number is close to 4,000 (ONWA, 2017 as cited in Baskin, 2022).

> *Indigenous women and girls are "12 times more likely to be murdered or missing" compared with non-Indigenous women and can be targeted by those they know or do not know. (National Inquiry into Missing and Murdered Indigenous Women and Girls 1a, 2019, p. 55)*

Indigenous women and girls constitute "50% of all sex trafficking victims," while the Indigenous peoples only represent 5% of the Canadian population (Baskin, 2022, p. 167; Crown-Indigenous Relations and Northern Affairs Canada, 2024).

As the colonizers started to settle, they developed their own representation of the continent. First, they represented the Americas as "a male and female pair," however, starting from 1575 "the Indian Queen began to appear as the sole representation for the Americas" (Green, 1975, p. 702). The "bare-breasted" Queen that appeared "aggressive, militant, and armed with spears and arrows" continued to represent the Americas till approximately 1765 (Green, 1975, p. 702). From then on, during the time of the Independence War in the United States, the Americas was represented by the image of a princess, who was "young, leaner, […] and distinctly Caucasian, though her skin remains slightly tinted […]," wearing "loose, flowing gowns," and "Roman sandals," "she is armed" and "carries a peace pipe" (Green, 1975, p. 702). When this image collided with the reality of settler colonial politics, however, argues Rayna Green (1975),

emerged what she terms "the Pocahontas perplex" – an Indigenous woman defined in her relationship with White men. When the Indigenous woman helped the White male colonizers, she was a "good Indian" and when she resisted, she was a "squaw." She states, "to be 'good,' she had to defy her own people, exile herself from them, become White, and perhaps suffer death" and become "sacrosanct," which limited and controlled her sexuality (Green, 1975, p. 704). Expressions of her sexuality "convert[ed] the image from positive to negative" (Green, 1975, p. 711). "Indian" woman's racialized sexualization represents them as "mere economic and sexual conveniences for the men who […] are tainted by association with her" (Green, 1975, p. 711). In this way, the racialization of Indigenous men was also done through the racialization and sexualization of Indigenous women by denying the Indigenous peoples their sexuality and the expression of love (Maracle, 1996). In Canada, the media propagated the "'dirty squaw'" imagery in the 1800s, eventually representing Indigenous women as "morally reprehensible" versus White women whose femininity then was defined in opposition to this representation of Indigenous women (Anderson, 2000, pp. 102-103). There was a very different understanding of femininity and masculinity (if at all)[2] in pre-colonial Indigenous societies, which differed from the "Victorian norms" (Kehoe, 1983 as cited in Ladner, 2009, p. 70). Again, this historical record demonstrates that the sexualization and racialization of Indigenous women was a colonial tactic that continues to this day and is represented in the high numbers of MMIWG2S people and the continued removal of Indigenous children from their mothers and families by social services (Anderson, 2000; National Inquiry into Missing and Murdered Indigenous Women and Girls 1a, 2019; Rindfleish, 2020).

Brenda Gunn (2014) argues that colonization changed gender relations in the Indigenous communities in Canada. Women have been marginalized by colonialism in many ways, including legal and political (various laws and acts, including the Indian Act), educational and psychological (Indian Residential School system and abuse that led to intergenerational trauma and gendered violence, especially against Indig-

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[2] Based on Ladner's (2009) work with Blackfoot people, it seems pre-colonial Indigenous nations mostly had an idea of personhood, not necessarily based on someone's gender. Ladner (2009) terms this system as "gender-positive, not gender neutral" (p. 71). Also, see Oyeronke Oyewumi's work on Nigeria as cited in Lugones (2016).

enous women), biological (the forced sterilization of women), and social (forced removal of children). All of this had tremendous negative impacts that changed Indigenous nations' social, political, and cultural structures into patrilineal, patrilocal, and male-centric ones (Anderson, 2000; Gunn, 2014; Wesley-Esqimaux, 2009). As a result of these negative impacts and traumas, Indigenous women today are "disproportionately represented" in the criminal justice system; face housing insecurity; experience high levels of gender-based violence, including IPV; lack services, including women's shelters; and are under-protected leading to the epidemic of MMIWG2S (Gunn, 2014, p. 255; National Inquiry into Missing and Murdered Indigenous Women and Girls 1a, 2019; Rindfleish, 2020).

In Canada, the colonial legal interference began in 1850 with An Act for the Protection of Indians in Upper Canada from Imposition, and the Property Occupied or Enjoyed by Them from Trespass and Injury. This Act set out terms of enfranchisement for "Indian" men, women, and their children. Since then, there were other Acts that regulated enfranchisement, especially threatening women's social and political status (Anderson, 2000; Gunn, 2014). The Indian Act of 1876 imposed patrlineality, whereby "Indian" women married to non-"Indian" men lost their status. "Indian" women could not participate in band elections, inherit property from their husband, or marry outside of their band without losing their status and right to reside on reserve of their band (Gunn, 2014). In 1951, after an amendment to the Indian Act, there were several changes that further marginalized Indigenous women despite granting women a right to vote. First, all children of women who gained status through marriage for two generations (from mother and grandmother) lost their Indian status (a "'double-mother'" rule) when they reached 21 years of age. Second, if the woman "married out," she now would lose her status, could not have property on reserve for more than 30 days, and "would be given a buy-out of treaty money (twenty years) plus a share of the band's capital held in trust" (Gunn, 2014, p. 246). Losing status for these women meant losing their connection to the culture, ability to live in their cultural and linguistic environment, and they could not pass this knowledge to their children. They also could not get any social services, including schooling, nursery, or daycare for their children and "did not qualify for tax exemptions" (Gunn,

2014, p. 247). The implications of the Indian Act have been tremendous for Indigenous women, as they experienced "exclusion, stigmatization, loss of cultural practice, loss of sense of belonging, and an inability to participate in ceremonies" (Gunn, 2014, p. 248). These women were excluded from their own communities, and yet were not accepted into the dominant White society (Gunn, 2014).

This marginalization of women under the Indian Act led to the "internalisation of colonialism" and also started women's activism against the Indian Act both inside and outside of the Canadian courts (Gunn, 2014; Ladner, 2009, p. 65). The Supreme Court of Canada heard the case of Jeanette Lavell and Yvonne Bédard in the 1970s. Sandra Lovelace filed her case to the United Nations Human Rights Committee in 1981. This activism of Indigenous women led to Bill C-31, which "removed 'marrying out' provisions, and reinstated women who had lost their status through marrying out provisions and gave status to their children" (Gunn, 2014, p. 248). Following changes to the Indian Act, band councils now could define their membership on their own and reinstated women and their children who previously lost status. However, these policies had long-lasting impacts on the Indigenous nations. As argued by Brenda Gunn (2014), "many Indigenous communities have internalized and institutionalized sexism, including the colonial tools of sexual violence" (p. 249; also see Ladner, 2009). This also led to deep "divisions within Indigenous communities," because women have been excluded from political discussions since the interference of colonial government into the social and political affairs of Indigenous nations. This has been expressed most recently in band politics and the politics of institutions such as the Assembly of First Nations, the Metis National Council, the Native Council of Canada, and the Inuit Taparisat of Canada, as suggested by Gunn (2014).

The Indian Residential School system had a gendered impact. There are at least 80,000 to 86,000 survivors of the system alive today and approximately 380,000 have been either directly or indirectly affected by the legacy of the residential schools (Stout & Peters, 2011). Residential schools aimed to assimilate children. This often meant "entrench[ing]" Western values, including patriarchal beliefs onto nations that were not patriarchal per se and had their own

ways of organizing the gender structure (Hanson, 2016, p. 3; Lugones, 2016). The schools aimed to assimilate all Indigenous children into the mainstream society, however, women and young girls were disproportionately affected by this for several reasons. Young girls learned to be "subservient and submissive to male authority", which "increased women's dependence upon men, decreased their agency, and silenced" them (Hanson, 2016, p. 4). Children were not allowed to speak their languages and were denied their cultural values. This then led to the loss and a lack of appreciation of Indigenous ways of relating to each other and of child-rearing. In addition, children were physically, sexually, and emotionally abused and this contributed to the family and community breakdown; women and children were "the primary victims" of this breakdown because they were discriminated against not only on the basis of their race and class, but also of their gender (Government of Manitoba, 1999 as cited in Hanson, 2016, p. 3; Klingspohn, 2018; Stout & Peters, 2011). Indigenous women were impacted by violence within residential schools and were often on the receiving end of the violence from men who also went through the residential school system and "adopted" patriarchal attitudes towards women over time (Anderson, 2000; Baskin, 2022, p. 165; Gunn, 2014). At the same time, it is important to note that research indicates that about half of Indigenous women who experience IPV experience it from non-Indigenous men (Ogden & Tutty, 2024).

Prior to colonization, Indigenous communities had their ways of controlling reproductive health. However, with colonization, this knowledge was either "discounted" or "made illegal" (Action Canada for Sexual Health and Rights, 2021). Therefore, women face numerous barriers in accessing reproductive health services. Thus, women who would choose to access abortion may find it difficult to access on reserves and often have to travel to urban centres for these services (Keer et al., 2022). On the opposite side of the spectrum, Indigenous women were and continue to be forcibly sterilized (McKenzie et al., 2022; Stote, 2012). Karen Stote (2012) argues that the Canadian government has been forcefully sterilizing Indigenous women, often without their consent and knowledge. For example, in the province of British Columbia, there were 57 women sterilized between 1935-1943 and many of these women were Indigenous. Stote (2012) further argues that the sterilization of Indig-

enous women aimed to terminate "the legal line of descendants able to claim Aboriginal status, thereby reducing the numbers of those to whom the federal government has longstanding obligations" stemming from treaties or the occupation of Indigenous lands (p. 139-140).

> *Recent research by Holly McKenzie and colleagues (2022) demonstrates that Indigenous women continue to be coerced either into abortion or birth control methods, such as sterilization, sometimes at a very young age without their free, prior, and informed consent.*

A Mi'kmaq scholar, Pam Palmater (2020), argues that mass incarceration of Indigenous people serves Canada's primary interest of clearing the lands for settlements and development. Indigenous people, and especially Indigenous women, are often victims of violent crimes in Canada. For example, in 2014, 28% of Indigenous people were victimized compared with 18% of non-Indigenous people – but they are also more likely to be incarcerated (Department of Justice Canada, 2023, p. 1-2; Palmater, 2020). Today, Indigenous peoples represent 30% of those incarcerated in federal prisons, with youth representing almost 50% and Indigenous women representing 42% of the prison population. In Manitoba, numbers are even higher with 80% of prisoners being Indigenous. Numerous inquiries held across Canada have found, she argues, that these rates of incarceration are a reflection of racism within the justice system against Indigenous people; historical injustice suffered by the Indigenous people, including the residential school system; and the apprehension of Indigenous children and youth by Child and Family Services (CFS) (Palmater, 2020).

Cindy Blackstock and colleagues (2007) write that Indigenous families have been "providing for their children for thousands of years" before colonization (p. 60). However, the "cultural and socio-economic poverty" that resulted from Indigenous land appropriation and colonization made it difficult for Indigenous families to provide for their children (Blackstock et al., 2007, p. 60). Policies of assimilation, such as residential schools, and oppressive structures have led to further marginalization of children within Indigenous communities. Due to the advocacy of social work-

ers in the 1940s, there was a push to expand social services to the Indigenous reserves (Blackstock et al., 2007). Later, changes to the Indian Act in the 1950s allowed the provincial offices of child welfare services to work on-reserve (Blackstock, 2011). The social workers seeing poverty, social exclusion, and other impacts of ongoing colonization in Indigenous families assumed that the Indigenous families were not taking care of their children and started to remove Indigenous children from their families, placing them in residential schools or with non-Indigenous families (Blackstock, 2011). This era is known as the "Sixties Scoop" (Blackstock, 2011, p. 188). To this day, CFS continues to remove Indigenous children from their families (Baskin, 2022; Blackstock, 2011). Thus, in Manitoba, over 90% of all children in care are Indigenous (Government of Manitoba, 2021). Families can become involved with CFS due to maltreatment, neglect, violence, or exposure to violence, such as IPV (Blackstock, 2011; Nixon et al., 2013; Robertson et al., 2022). The "overrepresentation" of Indigenous children's involvement with CFS is not due to "substantiated child sexual, physical or emotional abuse reports," but neglect (Blackstock, 2011, p. 189). Neglect is often connected to poverty (Blackstock, 2011).

> While today there are Indigenous and non-Indigenous CFS, these services continue to exist within the Canadian structure that does not allow for innovative and creative approaches in addressing children's well-being in Indigenous communities (Blackstock, 2011). In 2019, the Canadian government passed Bill C-92, An Act Respecting First Nations, Inuit and Métis Children, Youth and Families, which aims to recognize Indigenous self-determination, yet also has the potential to perpetuate past harmful approaches (Metallic et al., 2019).

Indigenous women in Canada continue to experience high levels of gender-based violence that specifically targets Indigenous women, girls, and 2SLGBTQ+ people (National Inquiry into Missing and Murdered Indigenous Women and Girls, 1a, 2019). Anderson (2000) writes about the prevalence of violence against women in Indigenous families. The absence of family violence is seen as "the exception not the rule" (Anderson, 2000, p. 55). Family violence, including IPV, is a major problem facing Indigenous women

and Two-Spirit people today (Holmes and Hunt, 2017; Hunt, 2016; RESOLVE, 2022).

> *Indigenous women are more likely to have experienced IPV and to experience severe forms of abuse, such as homicide, choking, or sexual and physical violence. (Department of Justice, 2024a; Heidinger, 2021)*

A review by Holmes and Hunt (2017) demonstrates that the issue of family violence within Indigenous communities and families should be seen within the framework of ongoing colonization, which comes with the enforcement of heteronormativity and the narrow definition of family. There are indications that IPV is highly prevalent in Two-Spirit communities, as experienced by Two-Spirit women and men (RESOLVE, 2022). The violence they experience in their intimate relationships intersects with other forms of violence, such as racism, homophobia, transphobia, and sexism, as well as the inaccessibility of services (e.g., justice, police, and other social services, such as shelters) for Two-Spirit individuals (Hunt, 2016; RESOLVE, 2022).
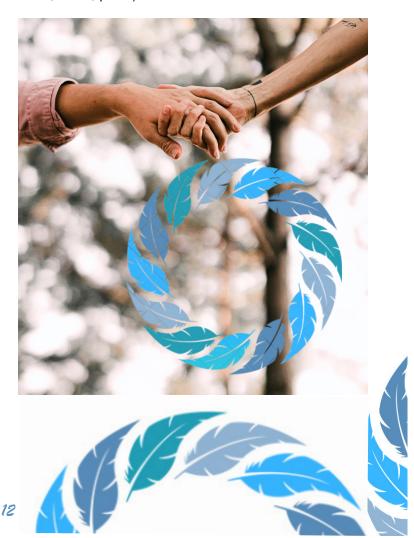
Keira Ladner (2009) and other researchers argue that because colonisation had such a negative impact on gender relations in Indigenous communities, any struggle for Indigenous sovereignty should not be separated from a struggle for gender rights and against heteropatriarchy (p. 70; also see Coulthard, 2014; Gunn, 2014; Hunt and Holmes, 2017; Hunt, 2016). Gender then should be central to the struggle for decolonization, and ecolonization should be a "gendered project" –

> *grounded in Indigenous understandings of gender – understandings that may speak of multiple genders, understandings that, while reifying strict categorisations of gender roles and responsibilities, do so within a context of respect and gender neutrality or positivity (Ladner, 2009, p. 72).*

This work would involve the decolonization of femininity and masculinity and the conceptualizations of

gender as they were imposed in the process of colonisation. This involves an "affirmative repositioning of the legal and social status of women with respect to men" or giving up "assumptions, privileges and benefits […] inherited from a system based in sexism," "tak[ing] responsibility in […] interpersonal relations for histories of discrimination and violence against women and children," and "work[ing] to (re)empower women and their children within their communities and families" (Barker, 2006 as cited in Ladner, 2009, p. 72). Decolonization should lead to "stronger and healthier communities" (Gunn, 2014, p. 275). At the same time, it is important to recognize the context of settler colonialism and centre the importance of treaty nation-to-nation relationships while acknowledging gender as one of the key aspects of decolonization (Ladner, 2009). This may mean ensuring that the Indigenous communities have not only "jurisdiction" and "legal responsibility" but also "financial resources to determine their own local priorities, standards, and organizational capacities to address all aspects of family violence interventions" (Baskin, 2006 as cited in Holmes and Hunt, 2019, p. 47).

Current structures of preventing and addressing family violence can be state-led or community-based. State-led structures include the police and criminal justice systems. Criminal justice system responses have been criticized as ineffective due to high risks of revictimization, and also because they do not address the root causes of gender-based violence and further erode family relationships by "isolating the offender from their family and community" (Holmes and Hunt, 2019, p. 36). There have been initiatives to introduce restorative justice approaches, however, there is a lack of belief in its efficacy among some Indigenous women and scholars because it can be manipulated, peace or reconciliation can be enforced, these initiatives have not involved feminist voices, and it seems that the approach can divert funds to work with violent men, instead of supporting women. Community-based approaches aim to change cultural norms that have formed as a result of ongoing colonization and suggest the need for "cultural and political resurgence" – this includes revitalizing kinship relationships, Indigenous gender roles, and involving the whole community in the work to address gender-based violence and promote community peace (Holmes and Hunt, 2019, p. 38). This may mean seeing family violence as "a violation of the relationship

the person has with others," and not an "individual act or behaviour" in line with Indigenous legal traditions (Campbell, 2007 as cited in Holmes and Hunt, 2019, p. 38). In this understanding, friends, family, and community leaders (not only political leaders, but also local anti-violence workers and cultural leaders/Elders) are the primary actors in preventing and addressing family violence. The approach aims to unite families and communities, instead of separating "men from women" and "offenders from victims" (Holmes and Hunt, 2019, p. 39). To encourage this work, there is a need to support local Indigenous women to have leadership roles in their communities (including women's shelters and other community-based initiatives), and to involve more men in anti-violence work with an aim to revitalize Indigenous men's traditional fatherhood roles and their "responsibility to others" (Holmes and Hunt, 2019, p. 42). The aim is to create a "circle of care," which is a kinship-based concept of caring for one another that runs against the Euro-Western conceptualization of the nuclear family (Holmes and Hunt, 2019, p. 42).

Racism and cultural safety within service provision

DiAngelo (2016) defines racism as a "form of oppression in which one racial group dominates others" (p. 107). In settler colonial states, such as Canada, the dominant group is White (DiAngelo, 2016; Taylor et al., 2007). Racism in these contexts is "White racial and cultural prejudice and discrimination, supported intentionally or unintentionally by institutional power and authority, used to the advantage of Whites and the disadvantage of people of color" (DiAngelo, 2016, p. 107). This means that even when White people oppose racism, as long as there is racism, they benefit from it. This is referred to as "White privilege" (DiAngelo, 2016, p. 108). People of colour may also hold prejudice against people of a different race, including White people, however, this can be understood as race/racial prejudice and not racism because racism functions with "collective social and institutional power and privilege" (DiAngelo, 2016, p. 109). In Canada, racism and white supremacy explain the ongoing resource extraction of Indigenous lands, "the high push-out rate of Indigenous students in public education, recently bolstered trespassing laws that stoke racialized fear, and ongoing deaths of Indigenous peoples in police custody" as well as the violence against missing and murdered Indigenous women (Gebhard et al., 2022, p. 3; National Inquiry into Missing and Murdered Indigenous Women and Girls 1a, 2019; Taylor et al., 2007).

Anti-Indigenous racism can be systemic (systems that disadvantage Indigenous peoples expressed in laws, institutions, regulations, etc.), epistemological (racism within knowledge creation and acknowledgment), overt (direct racist expressions), and subtle (expressed in microaggressions or microinvalidations) (Efimoff, 2022). Efimoff (2022) also identifies internalized racism among their research participants (when Indigenous peoples distance themselves from their own identity when they face racism, for example). Efimoff (2022) studied racism experienced by Indigenous students at the University of Manitoba. However, anti-Indigenous racism is also widespread within service provision (Gebhard et al., 2022).

A recently published book "White Benevolence: Racism and Colonial Violence in the Helping Professions" edited by Amanda Gebhard, Sheelah McLean and Verna St. Denis examines White superiority within helping professions. In the Canadian context, whiteness is expressed in several ways. First, through white privilege that can be seen in higher wages of White people, access to quality health care, access to education, and protection in the justice and legal system. Second, whiteness carries "internalized dominance" because White people believe themselves to be superior. And, third, through the assumption of whiteness as normal and central. Thus, what most White people consider "normal" is also seen as "Canadian." In addition, there are several ways through which White privilege is justified:

1. Abstract liberalism (e.g., meritocracy, equal opportunity, etc.);
2. Naturalization (biological explanation for racial inequality);
3. Cultural racism (culture can be used to explain shortcomings of racialized persons); and
4. Minimization of racism (accusing the Indigenous peoples of "playing the race card").

Social services have emerged with these "colonial scripts" as central to their establishment (Gebhard et al., 2022).

The authors of the edited book demonstrate how racism is rampant within social services in Canada. For example, Sheelah McLean (2022) demonstrates how whiteness is performed within schools by individualizing racism (presenting racism as an individual experience and denying its systemic and structural nature), silencing racism (not speaking up when witnessing racism), accusations of playing the race card (denying the experience of racism) and normalizing racial segregation (ignoring existing racial segregation).

Willow Samara Allen (2022) reflects on White settler women's role in colonization and white supremacy by "constructed innocence and helplessness of White femininity" (p. 86). White women are socialized into helplessness through patriarchal dynamics of settler families where fathers play a central role in socializing their daughters in segregation and anti-Indigenous racism. In this context, White men may see their role as protecting White women from the Indigenous peoples. The innocence of White women is based on the image of "good White girls" and has been central to the colonial project with White women presented as "mothers of the 'White race,' caretakers of 'respectable' homes, supporters of racial segregation, and 'benevolent' actors in settler public institutions and civil society organizations" "through benevolent 'civilizing' and saving roles in schools, churches, hospitals, social services and more" (Allen, 2022, p. 90). Today, White women still comprise the majority of the workforce in these social institutions and can still hold onto the ideologies of helping professions as civilizing agents through saviorism that is based on a desire "to appear concerned, empathetic, virtuous and sensitive" (Allen, 2022, p. 98; also see Hantke, 2022).

Previous research suggests that the experience of racism within service provision is one of the factors that makes Indigenous women reluctant to report IPV and other forms of violence to social services (Jackson et al., 2015).

> *To break away from white supremacy within service provision, Allen (2022) suggests leaving the "cultural scripts of protection and helping," learning to regularly ask for consent, and respecting sovereignty of the people that service providers serve (p. 99).*

Sharissa Hantke (2022) calls for the implementation of cultural safety that considers colonization and encourages self-reflection. A cultural safety approach encourages not only to learn about Indigenous ways of being and healing, but also about the processes and harms of historical and ongoing colonization. Cultural safety does not focus on cultural differences and cultural ways, but its goal is a recognition of harms perpetrated against the Indigenous peoples, recognition of ongoing colonialism and racism, and "safety

for Indigenous Peoples" – this means "addressing the roots of inequities and reducing racism and discrimination through organizational change" (Lavallee & Harding, 2022, p. 64).

Ramsden (2015) developed the concept of cultural safety as a result of her research on ensuring equity within health-related service provision in New Zealand. Previously in New Zealand, they used such terms as biculturalism, cultural differences, cultural awareness, and cultural sensitivity when discussing issues and challenges related to Maori healthcare. However, through her work, Ramsden (2015) found that these terms often failed to recognize colonization and its impact on Maori people. Cultural safety as a concept challenges multiculturalism and its assumption that there is inherent equality between individuals without considering systemic challenges and barriers that Indigenous Maori experience as a result of colonization and racism.

Cultural safety as an approach was developed in the context of nursing but can be applied in other social services (Allen, 2022; Hantke, 2022; McKenzie, 2023; Ramsden, 2015). It recognizes and understands "the powerlessness" of patients/clients and "the power" of nurses or service providers vis-à-vis their clients (Ramsden, 2015, p. 15). In this process, when practicing or implementing cultural safety, nurses (and service providers) must be reflective of their own positionalities, prejudices (including racism), and limitations, and be mindful of the cultural, historical, and social context of the people they serve (Allen, 2022; Hantke, 2022; McKenzie, 2023; Ramsden, 2015).

Family violence, Indigenous women, and women's shelters in Canada and Manitoba: Issues and concerns

Family violence is "any form of abuse, mistreatment or neglect that a child or adult experiences from a family member, or from someone with whom they have an intimate relationship" (Department of Justice Canada, 2024b). In this review, we largely use family violence as pertaining to violence in intimate relationships. We use both terms family violence and intimate partner violence (IPV) to refer to this social problem. Violence against Indigenous women and girls is a primary concern of Indigenous women's activism (Green, 1993; National Inquiry into Missing and Murdered Indigenous Women and Girls, 1a, 2019). According to data from Statistics Canada, approximately six in 10 Indigenous women (61%) have experienced some form of IPV in their lifetime, compared with four in 10 non-Indigenous women (44%) (Heidinger, 2021). Even though this number is quite high, it is also possible this is an underestimation because many women in rural areas are not contacted (Ogden, 2022). In addition, the numbers seem to differ based on the location of the study or methodology, with some studies reporting levels as low as 25% or as high as 90-100% (Rizkalla et al., 2020). Indigenous women are also likely to experience more severe and life-threatening forms of abuse, such as homicide, choking, or sexual and physical violence (Heidinger, 2021). The high levels of family violence lead to "disproportionately high rates of physical injury, mental health issues," and "familial homicides" (Fiolet et al., 2021, p. 370). The high levels of IPV among Indigenous women can be due to "the intersecting effects of colonization, racism, classism, and sexism" (Smye et al., 2021, p. 1589).

Within the literature, researchers identify formal and informal forms of help-seeking (Barrett & St. Pierre, 2011; Gauthier et al., 2021). Formally, individuals who experience family violence can seek help from medical practitioners, police, and/or social services, including shelters (Gauthier et al., 2021; Tutty et al., 2007). Informally, they can seek help from relatives, friends, neighbours, coworkers, and others (Gauthier et al., 2021). Help-seeking in the context of violent relationships is often understood as leaving an abusive partner (Smye et al., 2021). However, this is often neither desirable nor feasible for Indigenous women, and other women who may experience financial difficulties, housing insecurity, threats and post-separation violence, concerns about their children and childcare, and other issues after leaving their abusive partners (Barrett & St. Pierre, 2011; Gauthier et al., 2021; Smye et al., 2021). Therefore, it is important to keep in mind that not all women access help when experiencing violence.

In the general population, women who tend to access formal support services are likely to be women who are "economically disadvantaged, caring for dependent children, currently coping with health problems," but also who are able to access information about available services (Ford-Gilboe et al., 2015 as cited in Gauthier et al., 2021, p. 3122). Conversely, "less socially integrated women" or women who do not have any information about supports are less likely to seek help at all, formally or informally (Gauthier et al., 2021, p. 3134-3135). Based on findings from the 1999 Canadian General Social Survey (GSS), Barrett and St. Pierre (2011) argue that more than 80% of women who experienced IPV accessed at least one form of informal support, and 66% of women accessed one type of formal service. In addition, their research also finds that visible minority women and women with less income accessed less support compared with non-visible minority women and women with higher income (Barrett & St. Pierre, 2011). Immigrant and older women also accessed less social supports, which indicates that women with greater social isolation and lower socio-economic status are more likely to experience barriers when help-seeking (Barrett & St. Pierre, 2011). Similarly, Gauthier and

colleagues (2021) find that women who seek help from both formal and informal networks tend to be women who are "socially integrated" and/or are "more advantaged women" who are educated, employed, connected to the community they reside in, and married (Gauthier et al., 2021, p. 3135). Research also indicates that most women in Canada (and this is the case for Indigenous women as well) tend to prefer to seek help informally (Barrett & St. Pierre, 2011; Gauthier et al., 2021).

One of the places where women seek help formally are women's shelters (Tutty et al., 2007). Shelters are "among the most common referrals" and "save lives" (Beattie & Hutchins, 2014, p. 3; Tutty et al., 1999, p. 923). When women decide to leave abusive relationships, they depend on these and other services (Smye et al., 2021). Shelters were a result of women's activism and aim to help women who are seeking refuge from IPV (Tutty & Rothery, 2001). The first shelters in Canada were established in Langley (British Columbia), Saskatoon (Saskatchewan), Calgary (Alberta), and Toronto (Ontario) in 1973 (Tutty & Rothery, 2002). Crisis shelters provide safety and protection planning, transportation services, food, necessities, referrals, advocacy, and counselling supports (Beattie & Hutchins, 2014).

Shelters can be short-term and long-term. Short-term shelters provide a safe place to stay for one to 11 weeks and are often referred to as "first-stage emergency housing" or crisis shelters (Beattie & Hutchins, 2014, p. 4). Long-term shelters, also called second-stage housing, offer housing for three to 12 months (Beattie & Hutchins, 2014). In addition, there are also women's emergency centres in Canada that provide housing for one to 21 days. Across Canada, there are 557 residential facilities (short-term and long-term) that house survivors of abuse (Statistics Canada, 2022). These facilities provide 6,775 short-term beds and 1,273 long-term units in total (Statistics Canada, 2022).

In Canada, Indigenous peoples (First Nations, Métis or Inuit) represent 4% of women aged 18 and older and 8% of children aged zero to 17 (Maxwell, 2020). However, within residential facilities for survivors of abuse, Indigenous women and children may represent up to 20-25% (or more) of residents across Canada (Maxwell, 2020; Moreau, 2019; see Giesbrecht et al., 2022; Jackson et al., 2015). The representation of Indigenous women and children is three to five times higher at women's shelters compared to their representation in the Canadian population (Moreau, 2019). This demonstrates the overrepresentation of Indigenous women as survivors of violence as well as the importance of urban and rural residential facilities to Indigenous women and their children.

> *Out of over 500 crisis and second-stage shelters for survivors of abuse, in 2020/2021 there were 93 Indigenous shelters across Canada representing 17% of all shelters in the country (Maxwell, 2022).*

Thirty-six of these shelters were located on reserve and 74 shelters were located in a First Nations, Métis, or Inuit community (Maxwell, 2022). Many of these facilities offered a short-term stay, with seven facilities offering a long-term stay representing 8% of all Indigenous shelters. This contrasts with 25% of non-Indigenous shelters offering long-term stays (Maxwell, 2022). In Manitoba, there are 26 women's and second-stage shelters in total. Of these, 11 emergency and second-stage (3 second-stage) shelters are associated with the Manitoba Association of Women's Shelters (MAWS) and are funded provincially; 6 Indigenous-led emergency shelters work under the umbrella of Circling Buffalo Inc. and are funded federally. There are other emergency and second-stage women's shelters that are not connected to neither MAWS nor Circling Buffalo Inc., such as Wahbung Abinoonjiiag, Ka Ni Kanichihk, Indigenous Women's Healing Centre, ChezRachel, Holy Names House of Peace, and others (RESOLVE & The Women's Resource Centre, 2022). These shelters are based in urban centres of Manitoba, such as Winnipeg and Brandon. The Indigenous-led shelters under the umbrella of Circling Buffalo Inc. are mostly situated on-reserve and serve Indigenous communities rurally.

Burczycka and Cotter (2010) report that in Manitoba, 48% of all off-reserve shelters reported serving Indigenous clients who came to women's shelters from reserves. According to service providers who

work with rural women in Manitoba, the majority of those who come to women's shelters are Indigenous women (Kardashevskaya et al., 2022). This finding is corroborated by similar dynamics in Saskatchewan (where around 75% of women seeking help are Indigenous) and Alberta (where 61% of women seeking help self-identified as Indigenous) (Giesbrecht et al., 2022; Jackson et al., 2015). Tutty and colleagues (2007) report that 74% of women who stayed at the shelters who participated in their study were Indigenous. Another source quotes that over 50% of women accessing the women's shelter on any given day are Indigenous (Tutty et al., 2007). On the other hand, Maxwell (2022) reports that 17% of women at non-Indigenous shelters identified as First Nations, Métis or Inuit, which is still an overrepresentation given that Indigenous women constitute 4% of the general population. Even though there seem to be different numbers presented in the studies on the shelter population, the significant overrepresentation of Indigenous women, even when we consider the lowest estimates, suggests that there is not only a need to fund more Indigenous-led shelters in larger population centres across the province, but also an urgency to implement culturally safe services in non-Indigenous-led residential facilities for survivors of abuse.

Usually, shelters provide various services aside from temporary housing, such as counselling, safety planning, and advocacy (Ogden, 2022). Shelters can differ in terms of what kind of services they provide because of how funding is arranged (Tutty et al., 2007). Shelters are an important service that can be crucial in moments of need (Tutty & Rothery, 2002; Tutty et al., 2007). Thus, women tend to access shelters when they are deciding to leave their abusive relationships, can receive emotional support, and plan their next steps (Ogden, 2022; Tutty & Rothery, 2002). This can include returning to the abusive partner (Tutty & Rothery, 2002). Second-stage shelters aim to provide long-term support to women in need of such support. For example, some women may not feel safe to live on their own and can stay at these types of shelters from three to 12 months (Ogden, 2022, p. 184-185).

There is a shortage of second-stage shelters across Canada, with only 3% of survivors being admitted into second-stage housing in Manitoba. (Beattie and Hutchins, 2015 as cited in Ogden, 2022, p. 185; Tutty et al., 2007)

In addition, most second-stage shelters are in urban areas, not in rural areas (Tutty et al., 2007). This can be especially challenging for Indigenous women because to access a second-stage shelter, they must leave their home community (Ogden, 2022). For example, in Ogden's (2022) research many women were not able to access shelters and/or counselling. Tutty and colleagues (2007) also found that the second-stage shelters were almost always full and were mainly accessed by women from urban areas. The waiting list for these was three months (Tutty et al., 2007).

Beattie and Hutchins (2014) demonstrate that women seek shelter most often for emotional and physical abuse. Women also experience financial abuse, threats, harassment, sexual abuse, and other forms of violence. In addition, women indicate that human trafficking, protecting their children from abuse or witnessing the abuse, housing insecurity, mental health or substance use issues are other significant concerns for which women access shelter. Similar experiences are described by women accessing help at Indigenous shelters, however, women at Indigenous shelters experienced higher levels of harassment and human trafficking (Maxwell, 2020). The majority of women at all shelters were under the age of 45 and half of women had children (Beattie and Hutchins, 2014). At Indigenous shelters, women tend to be younger with four in 10 women being under the age of 30 (Maxwell, 2020). The protection of children from all forms of violence is expressed as a concern (Maxwell, 2020). More women and children at Indigenous shelters suggested they had a disability (18% vs. 11%; 10% vs. 6%). Many women were living in common-law partnerships at both non-Indigenous and Indigenous shelters with slightly more women at Indigenous shelters reporting common-law partnership (Beattie and Hutchins, 2014; Maxwell, 2020). After staying at the shelter, women went to different places, including new housing, friends or relatives, their abusive partner, another shelter, and the hospi-

tal (however, some women did not report where they were going) (Beattie and Hutchins, 2014). Women staying at Indigenous shelters (34%) went back to the house where their abuser lived or went to their friend's or relative's house (26%) (Maxwell, 2020).

Indigenous shelter workers identified a lack of alternative housing as one of the key challenges they face when supporting women (Maxwell, 2020; Olsen Harper, 2006). Women were turned away from shelters most often because of shelters being full, substance use, mental health issues, or being on the caution list (Beattie and Hutchins, 2014). Indigenous shelters turned away women for similar reasons. In addition, there were reasons of transportation, women were seeking shelter for other reasons, lack of pet space, and house dynamics (Maxwell, 2020). Women are often re-admitted into shelters. For example, in Manitoba 64% of women were re-admitted into shelters (Burczycka & Cotter, 2010). Maxwell (2020) reports that there tends to be a slightly higher occupancy rate at Indigenous shelters compared with non-Indigenous shelters.

Despite this, Maxwell (2020) reports that in 2017/2018, 36% of Indigenous shelters identified underfunding as one of the major issues they face. This seems to be a difficulty that the Indigenous on-reserve shelters have not been able to overcome since the early 2000s (Olsen Harper, 2006; Tutty et al., 2007). Indigenous shelters either lack core funding or cannot get funding from provincial, regional, and municipal governments. Their only source of funding is the federal government (Olsen Harper, 2006). In addition, non-Indigenous shelters cannot be reimbursed for Indigenous clients and the federal government does not provide funds to provincial shelters who accept Indigenous clients (Olsen Harper, 2006). In 2020/2021, 52% of Indigenous and 71% of non-Indigenous shelters received funding from the provincial/territorial governments in Canada. Fundraising was a funding source for 3% of Indigenous shelters and 12% of non-Indigenous shelters. An additional 33% of funding for the Indigenous shelters comes from the federal government and 6% for the non-Indigenous shelters (Maxwell, 2022). A large majority of funding is allocated to employee salaries, with 67% of the funding for the Indigenous shelters and 70% of funding for the non-Indigenous shelters supporting salaries in 2022/2023 (Maxwell, 2024). The funding

schemes only fund the in-house care and not outreach and follow-up (Tutty et al., 2007). Off-reserve shelters receive 70-100% of their operating funds from the provincial government, whereas on-reserve shelters receive their funding from the federal government. It is unclear what percentage of their funding they receive from the federal government. Generally, funding that on-reserve shelters receive from the federal government is less than what provincial shelters get from the provincial government, thus, Indigenous on-reserve shelters are underfunded and/or funded insecurely (Tutty et al., 2007; also see Ogden, 2022). Provincial shelters may receive additional funding from United Way (Tutty et al., 2007). This underfunding of Indigenous shelters means that the Indigenous-led on-reserve shelters are at a higher risk of burnout, can do less outreach, and can't hire as many staff members (Tutty et al., 2007). Additionally, in cases where there are Indigenous and non-Indigenous shelters, the worst cases are sent to Indigenous shelters. This increases the load of Indigenous shelter workers, putting them at a higher risk of burnout (Olsen Harper, 2006). Further, Maki (2019) notes that the funding for women's shelters has not kept up with inflation even though the services offered are more complex and demanding with "trauma-induced substance use, severe mental health concerns, and disabilities such as traumatic brain injury" (pp. 1-2). Many shelters expressed a need for more training in supporting clients with mental health and substance use issues (Maki, 2019). The underfunding of women's shelters leads to other additional challenges for shelter management affecting the quality of the services, such as staff turnover and a lack of appropriate services (Maki, 2019). Further, many shelters need physical repairs, as 19% of all Indigenous shelters and 18% of non-Indigenous shelters expressed the need for repairs (Maxwell, 2020). The lack of budget for renovation also affects their accessibility and the kinds of services they can offer to their clients (Maxwell, 2020).

Shelters in rural areas serve women from a vast geographic area (Maxwell, 2020). Women in rural and remote areas do not have direct access to shelters and often have to leave their home communities to access shelters (Kardashevskaya et al., 2022). To address this gap, some shelters offer transportation services (Ogden, 2022). In addition, not many services are available in these areas and a lack of

housing may be one of the major issues women encounter (Maxwell, 2020). Public housing units may be available rurally, however, long-term second-stage shelters are not available in rural areas and on reserves (Maxwell, 2020; Tutty et al., 2007). There are numerous housing-related issues on reserve, including overcrowding, lack of access to clean water, and discrimination of women due to the Matrimonial Real Property law, whereby property was under a man's name limiting women's choices. After their stay at the women's shelter – they could either only go back to their abusive partner or live with other family members (Tutty et al., 2007). Since then, there have been revisions under the Family Homes on Reserves and Matrimonial Interests or Rights Act, providing a mechanism for First Nations to create their own laws about matrimonial real property and a set of provisional rules (Indigenous Services Canada, 2022). However, we will have to see how this improves women's access to housing.

> If women decide to return to reserves after living off-reserve, it can be difficult for women to establish themselves. Alternatively, women may be forced to reside in urban areas where they experience racism and discrimination. Racism makes it very difficult to access social services because social services expect women to be "White and middle class, but also completely innocent. She is expected not to act out to protect herself, to have no mental health or addiction issues" (Tutty et al., 2007, p. 88). Indigenous women may also be unfamiliar with the way things work in urban areas, and may not have all the required documentation, such as social insurance or identification cards. Thus, when Indigenous women leave abusive relationships, they "lose everything, house, land, everything. They leave not only their spouse but also the community" (Tutty et al., 2007, p. 89).

Most women's shelters tend to serve heterosexual women and transgender women may experience a high level of discrimination (Haller et al., 2022). Shelters in Canada need training to better serve members of 2SLGBTQ+ communities, and there is also a need to establish shelters that specifically serve 2SLGBTQ+ communities (Haller et al., 2022; Kardashevskaya et al., 2021; Maki, 2019). In Ogden's (2022) research, women who identified as

2SLGBTQ+ did not access women's shelters. As suggested by Ogden (2022), this may be due to the fear of discrimination in these spaces. Service providers in RESOLVE's research on 2SLGBTQ+ individuals' and rural women's experiences of IPV indicated the need to develop services that can respond to the needs of 2SLGBTQ+ individuals and/or train women's shelter workers about ways to support members of 2SLGBTQ+ communities (Haller et al., 2022; Kardashevskaya et al., 2022).

Many urban shelters have access to essential services, such as hospitals, medical/health centres, mental health supports, Victim Services, and police nearby, however, this is not the case for rural shelters. Rurally, there is a lack of public transportation and mental health supports, and police detachment may be farther away and irresponsive due to distance, busy schedules, personal ties to abusers, and prejudice (Kardashevskaya et al., 2022; Women's Shelters Canada, n.d.). Indigenous on-reserve shelters may face additional challenges in developing interagency collaboration with the police forces and other social services due to the lack of cultural safety, racism, and discrimination (Gebhard et al., 2022; Kardashevskaya et al., 2022).

There is also a lack of a unified data collection at women's shelters (Tutty et al., 2007). Individual shelters use their own data collection systems and techniques. Thus, for example, shelters inquire about the women's identity. If the non-Indigenous shelter identifies a First Nations woman's Band number, then they can claim the expenses associated with her stay from the Department of Indian Affairs and get reimbursed this way. The information about who stayed at the shelter remains confidential. Due to the lack of data collection methods, we also do not have understanding about who does not get to access the shelter, however, Tutty and colleagues (2007) posit that it might be "women who have mental health problems, drug problems, and disabilities" (p. 64). They may be given a referral, but they are not admitted.

There is no data that shows what happens to these women. The report mentions that it may be 20% of the population that gets turned away from women's shelters. It is not clear why they get turned away and the data also does not get communicated to other government agencies to understand who these women are and what happens to them subsequently (Tutty et al., 2007). Therefore, there seems to be a need for a comprehensive data collection system across all Indigenous and non-Indigenous shelters that aims to represent the population accurately and to understand the dynamics that take place at shelters, including the ones that have an implication to cultural safety of Indigenous women and other women, such as immigrant, refugee, or 2SLGBTQ+ individuals.

Indigenous women's experience of help-seeking, barriers they experience, and a lack of cultural safety at women's shelters

Data from Statistics Canada demonstrates that the number of women who access help in cases of IPV is almost the same among Indigenous and non-Indigenous women, even though rates of IPV among Indigenous women are significantly higher (Fiolet et al., 2021; Heidinger, 2021). This suggests that Indigenous women may experience more barriers in terms of accessing help for IPV (Fiolet et al., 2021; Heidinger, 2021; Letourneau et al., 2023). Women in rural and remote areas do not have direct access to shelters and often have to leave their home communities in order to access a crisis or a second-stage shelters, which can be stressful for women who are already facing a difficult situation (Kardashevskaya et al., 2022; Ogden, 2022; Rizkalla et al., 2020). However, there are limited options to leave one's community, especially for women who do not have informal supports and struggle to access these resources (Ogden, 2022). They also may have limited access to services such as police, due to the shortage of these services in rural areas (Heidinger, 2021; Kardashevskaya et al., 2021; Letourneau et al., 2023). Service providers

in research by Letourneau and colleagues (2023) pointed out that Indigenous communities lack access to public transportation. Instead, they may only have access to a medical van, which can be used to access a shelter. In addition, on-reserve shelters may face situations where women need to be flown out to access services, which is expensive. These costs are usually covered by the government, however, it is a barrier that women seeking help and women's shelters supporting them have to overcome (Tutty et al., 2007). Women may also not be aware of existing services for family violence (Fiolet et al., 2021). The accessibility of services can also be affected by the wait times and a lack of space for women who are seeking help, which relates to the lack of sufficient funding for women's shelters (Ogden, 2022).

A comprehensive review by Fiolet and colleagues (2021) finds that Indigenous women in various contexts face numerous barriers when seeking help for family violence, including shame, tight-knit communities, and inappropriate service provider responses

causing mistrust and fear. Indigenous women may mistrust social services to a greater degree (Heidinger, 2021; Letourneau et al., 2023). Several research studies indicate that women are generally treated poorly by the police when seeking help and police responses can be "delayed," "lacking," or punishment can be "too lenient" (Gauthier et al., 2021, p. 3120). In addition, social services have a legal responsibility to report if there is a child involved in a case of suspected IPV. This may make many women unwilling to report, especially taking into consideration the trauma of continuing child apprehensions (Baskin, 2022; Rizkalla et al., 2020). However, Indigenous women staying at Indigenous shelters were more likely to report to the police compared with women who stay at non-Indigenous shelters (Maxwell, 2020). Ogden (2022) argues that some Indigenous women who stayed at women's shelters expressed that shelter staff did not seem to care about helping them and were only working for the money. Further, women in Ogden's research suggested that shelter staff used "control and power tactics" against women (Ogden, 2022, p. 145).

One contributing factor to the negative experiences of Indigenous women with social services could also be an individualized case management model, which emphasizes "individually driven, outcome based interventions that can be quantified and measured" as mandated by funding requirements (Jackson et al., 2015, p. 6; Ogden, 2022). Ogden and Tutty (2024) also found that negative experiences of women at shelters were related to "rigid adherence to programming, feeling unheard and judged" (p. 13). Positive experiences, on the other hand, were related to "feeling respected, heard, and supported" (Ogden & Tutty, 2024, p. 7). Additionally, 18.2% of women "perceived their counselors to be inexperienced, judgmental, and/or racist" (Ogden & Tutty, 2024, p. 13). Research also finds that there seems to be a lack of Indigenous approaches to counselling and "Indigenous-specific approaches to IPV are rare" (Ogden & Tutty, 2024, p.14).

There could be some jurisdictional considerations in terms of accessing services. In urban areas, the provincial government may refuse services to women because they are seen as the responsibility of the federal government (Tutty et al., 2007). Additionally, some women may not be able to access certain services if they are outside of their home province (Rizkalla et al., 2020). In Rizkalla and colleagues' (2020) research, for example, medical workers were unsure about whether they can refer out-of-province residents to the federal or provincial shelters. Sometimes, when Indigenous women access off-reserve women's shelters, they may be asked for their status and their stay at a provincially-funded women's shelter can be charged to their Band (Tutty et al., 2007). This jurisdictional uncertainty makes it difficult for Indigenous women to access social assistance in urban areas (Tutty et al., 2007).
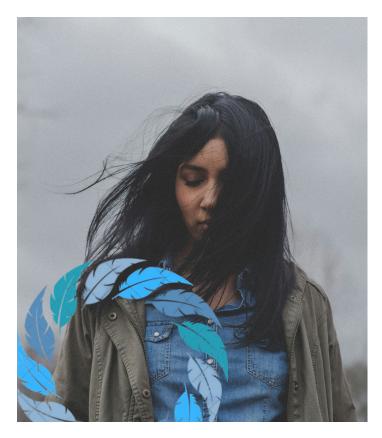
Some women may have confidentiality concerns when going to an on-reserve shelter because their abuse will not be hidden anymore, especially in small, close-knit communities (Fiolet et al., 2021; Ogden, 2022; Tutty et al., 2007; Yao, 2023). If the abusive partner is in a position of power, this can be even more stressful for the woman because she would be concerned about the consequences for her reputation and safety (Ogden, 2022; Rizkalla et al., 2020). One woman in Ogden's (2022) research, for example, indicated that confidentiality was not respected in the on-reserve shelter, and she had to leave. Similar concerns around confidentiality have been expressed by service providers in research by Letourneau and colleagues (2023), whereby Indigenous women preferred to seek shelter in non-Indigenous shelters despite having on-reserve Indigenous-led shelters. However, in some situations women may find themselves in a dilemma of choosing between an on-reserve shelter where their confidentiality could be compromised and an off-reserve non-Indigenous shelter where their needs are not met (Yao, 2023). Even though Yao (2023) writes about experiences in Australia, similar experiences can exist in the context of Canada. This means Indigenous women are at a disadvantage whichever path of help-seeking they choose (if they decide to seek help at all). This can be especially difficult in a context where women may be expected to keep their families intact by their informal support network (Yao, 2023). In addition, privacy also has a special meaning in an Indigenous context (Rizkalla et al., 2020). Shame within Indigenous communities is related to the importance of communal relationships for Indigenous women, and women are "more likely to be ashamed of community awareness

when they are victims" (Rizkalla et al., 2020, p. 1033). Women may be afraid to share their experience of violence because of the shame that they are choosing to stay in the relationships or from fear of being forced to leave the relationship (Rizkalla et al., 2020; also see Smye et al., 2022).

In some situations, women's abusive partners may be in a position of power. For example, in Ogden's (2022) research, one woman wanted to provide a statement to the police against her abusive partner, but the police refused to take the statement because her partner was a firefighter. Similarly, in RESOLVE's research on rural women's experiences of family violence, male service providers tended to protect other men who were in a position of power, known to them, or with whom they felt professional solidarity (Kardashevskaya et al., 2022). This can be termed as patriarchal solidarity, because it is men acting in solidarity with other men. Service providers, such as police, may know women personally and may be prejudiced against them due to what they know about them (Ogden, 2022). Some women experience barriers because of this, but there are other intersectional considerations in these contexts, such as disability and substance use (Ogden, 2022).

In smaller communities, it is difficult for women to look for housing after staying at the shelter. Shelters can connect women to social housing, although the process can still take a couple of months despite the fact that women who experience IPV get priority. This depends on several factors, such as what housing becomes available and the time period of the abuse. So, if the woman became homeless first, then experienced IPV, she may be ineligible to get priority listing. Or if the woman is away from their abusive partner and experiences stalking and needs to apply for social housing, she does not get priority housing unless it is immediately following the abuse and she proves that she has been living together with her abusive partner. In addition, women can be given social housing in unsafe areas for themselves and their children, putting children at risk of exposure to gangs and drugs (Tutty et al., 2007). There is research that indicates that poor Indigenous women are more likely to experience IPV (Daoud et al., 2013 as cited in Ogden, 2022). This means that socio-economic challenges may be more pronounced for Indigenous women who seek help at women's shelters.

As mentioned previously, some service providers in Tutty and colleague's (2007) study indicated that substance use can be one of the reasons why women are refused services at women's shelters. However, it has become more widely recognized that women who experience family violence may use substances as part of the abusive relationship or other reasons, such as coping with stress and self-medication (Hovey and Scott, 2019). Therefore, overcoming this barrier is important for those women who try to access shelters and are subsequently denied due to substance use. In recent years, women's shelters have started to implement a harm reduction approach to substance use. Harm reduction approaches encourage service providers not to judge women who use substances and instead acknowledge the substance use and work with women towards the goals they set for themselves (this may involve access to safer kits, education, use of non-judgmental language, etc.) (Hovey and Scott, 2019). A study by Hovey and Scott (2019) at a shelter that implements harm reduction practices indicates that there is a need to see how the experiences of all women and children can be improved, as well as clarity around duty to report and how to overcome relationship hurdles that can be created by this policy.

Fear of being reported to CFS can be one of the barriers to accessing help at women's shelters and other services (Baskin, 2022). Research by Smye and colleagues (2021) found that most of the Indigenous women who experienced IPV had their children removed from their care. Many Indigenous participants expressed that it was difficult to regain care of their children after apprehension, especially if they were also facing poverty and housing insecurity. This phenomenon, they argue, tends to turn into an intergenerational problem (Smye et al., 2021). Even this recognition of the intergenerational impacts of colonization and systemic racism seems to stigmatize Indigenous women and mothers as "empty vessels" and "unfit mothers who make bad choices" because they did not have positive parenting examples growing up, did not have educational opportunities, do not have a job or a profession, experience poverty, and lack social support (Smye et al., 2021, p. 1593-1594). In addition to this, allegations of child abuse can be a part of the abusive experience itself (Smye et al., 2021). In this case, the removal of children by CFS does not address the intergenerational effects of colonization or stop the abuse that Indigenous women experience from their intimate partners (Smye et al., 2021).

Rizkalla's (2019) research explored service providers' experiences of working with Indigenous women who disclose or experience IPV on Manitoulin Island in Ontario. She found that one of the concerns that non-Indigenous service providers expressed was a lack of understanding of what was culturally appropriate when responding to Indigenous women's disclosure of IPV (Rizkalla, 2019). Indigenous service providers stressed that some of the services and approaches (for example, in counselling) may be inappropriate and "awkward" for Indigenous peoples (Rizkalla, 2019, p. 59). Hughes (2020) explored the experience of women staying in crisis shelters in Manitoba and found that overall women's experience was positive and empowering. However, several Indigenous participants expressed difficulties with the cultural norms, rules, and regulations within shelters. Advocates who participated in the study expressed that they try to accommodate differing needs but only within the framework that exists. Therefore, Hughes (2020) recommends exploring the norms within shel-

ters, how norms are maintained, the experience of women from diverse cultural backgrounds, and how their needs are met (or not) within shelter services. As demonstrated by Rizkalla and colleagues' (2020) research with service providers, not all social workers have been trained in First Nations' cultures and the history of colonization. Without training, service providers may have the wrong ideas about the culture and history of Indigenous nations in Canada. Lack of training for staff at social service agencies can be seen as one of the barriers for Indigenous women accessing these services (Ogden, 2022).

> *Many Indigenous women who experience IPV do not access shelters (Ogden, 2022). Some Indigenous women who access shelters expressed that they felt judged by the service providers in shelters, with some staff members discriminating on the basis of race (Ogden, 2022).*

In Ogden's research (2022), one woman witnessed racism when she was treated differently than a White woman. Women often felt "unheard" or "judged" and sometimes counsellors would tell them what to do (Ogden, 2022, p. 145). Smye and colleagues (2021) report that many women who participated in their study experienced stigma and discrimination when seeking help – which was especially pronounced for women with children. Baskin (2022) explains that Indigenous women may also be reluctant to contact the formal services, such as the police, for fear that their partners will be treated unfairly by the police and the justice system. Indigenous women face layers of fear when contacting social services, including "fear of further violence, of their children taken away, and of their partners going to jail, […] police inaction, racism, and victim-blaming" (Baskin, 2022, p. 157-158).

The helping professions stem from Western philosophy, which may be focussed on things that are not necessarily central to Indigenous well-being. Counsellors, for example, may be informed by Western theories about the balance of mind and body, which may not necessarily be suitable for Indigenous people because Indigenous philosophy goes beyond the mind-body framework to address interactions with the land, environment, and relationships. Therefore,

counselling strategies may differ and may not be suitable for Indigenous women at shelters (Ogden, 2022). Indigenous women may alternatively appreciate the teachings of Elders and traditional ceremonies, such as sweat lodges (Ogden, 2022). Culturally appropriate and safe services may be absent for children of women staying at shelters as well (Ogden, 2022).

When women are on-reserve they can access traditional healing and cultural teachings. One woman in Ogden's (2022) research was able to access this from their band and appreciated the opportunity. However, not all Indigenous women follow the cultural teachings. In Ogden's research (2022), under half (42.5%) of women saw cultural teachings as significant to their healing journey. For those women who appreciated cultural teachings, it was a way to challenge colonialism, the impact of colonization, and also a way to gain respect, dignity, and guidance (Ogden, p. 151). For those women, cultural teachings can be a powerful healing tool (Ogden, 2022).

Even though women find many counsellors to be helpful, sometimes counsellors can be inexperienced or tell women what to do, which can pose difficulties (Ogden, 2022). In addition, counsellors may be too westernized for Indigenous women. Indigenous women may find it difficult to sit in a room "to try and figure out what is wrong with them" – they might prefer to take a walk or do other land-based activities (Rizkalla et al., 2020, p. 7).

Tutty and colleagues' (2007) comprehensive report finds that Indigenous women experience a lack of cultural sensitivity and racism when accessing services. In addition, there could be issues with language and certain practices that may not be culturally appropriate. Women's shelter workers mentioned in this study stated that they do not have enough funding to incorporate cultural programming for Indigenous women (Tutty et al., 2007). The shelters also often do not have resources to help women who experienced IPV and have mental health or substance use issues. High priority women are abused women with children.

Six Circling Buffalo Inc. shelters have Indigenous leadership and an Indigenous approach to working with women. Out of 13 MAWS emergency and second-stage shelters, only one shelter mentions an Indigenous approach as central to its vision, mission, and practice, while all other shelters have land acknowledgements, but do not state that they apply Indigenous approaches on their website.

Beattie and Hutchins' (2014) report states that in 2013/2014, 63% of shelters offered culturally sensitive services and 46% offered culturally sensitive services for children, with some shelters offering services in the Indigenous languages.

Some shelters may receive training in cultural safety, but in Ogden's (2022) research, for example, Indigenous women who participated in the study were not aware of this. There is also a shortage of Indigenous-led shelters that offer relevant services (Ogden, 2022). Indigenous-led on-reserve shelters are underfunded, as mentioned previously (Ogden, 2022).

For the majority of shelters, cultural safety provisions were identified as one of the major challenges

or minor issues they dealt with (Maki, 2019). Maki (2019) identifies a lack of cultural safety training as one of the needs of shelters, following the recommendation of the National Aboriginal Circle Against Family Violence. Atlohsa Native Family Healing Services Inc. (2018) wrote a letter to the Status of Women Committee where they also expressed that there is a need for shelters to understand the cultural needs of Indigenous women. They expressed that they are frequently working "at or over capacity" because Indigenous women choose to come to their Indigenous shelter (Atlohsa Native Family Healing Services Inc., 2018). When women are referred to the non-Indigenous shelters, women "choose to return to unsafe situations or sleep outdoors" (Atlohsa Native Family Healing Services Inc., 2018). Despite this, Maxwell (2020) reports that 97% of all Indigenous shelters reported offering culturally sensitive services to Indigenous clients. The services included "traditional healing methods," involvement of Elders, and the "integration of Indigenous cultural norms and beliefs" (Maxwell, 2022, p. 13).

Protective factors of Indigenous women and implementing cultural safety

The literature on general protective factors in relation to family violence indicates that Indigenous women draw strength from positive self-identity, family connection and supports, and traditional knowledge and practices (Goulet et al., 2016). Traditional knowledge and practices in the Indigenous context include "spirituality, knowledge and use of Elders, and knowledge of oral traditions" – which are also widely acknowledged as protective factors for Indigenous women against IPV. Family connections and supports serve as a protective factor for all women, however, for Indigenous women this may have a special meaning because of the centrality of the "web of relationships," including kin relationships, for the Indigenous nations in Canada (Kirmayer et al., 2003 as cited in Goulet et al., 2016, p. 18). Due to the centrality of relationships to Indigenous philosophies in Canada this can also be a powerful protective factor for many Indigenous women who find strength in their families and kin. Smye and colleauges (2021) found that when Indigenous women have to leave their communities, they leave not only family, friends, housing, and means of financial and social support, but also the land and culture. On the other hand, in their healing journeys, re-connecting with their Indigenous heritage can give them strength. Positive self-identity is the third protective factor identified by Goulet and colleagues (2016). Again, this factor is important for all women, however, in the context of ongoing settler colonialism, past assimilationist policies, genocide, racism and racializa-tion, this can have a special meaning for Indigenous women (Goulet et al., 2016; see Maracle, 1996). At the individual level, it is important that Indigenous women have a positive self-identity that can be achieved by re-discovering one's Indigenous identity and the practice of "traditional healing practices" (Goulet et al., 2016, p. 19). Similarly, in research by Ogden (2022) and Ogden and Tutty (2024), the authors argue that Indigenous women may find strength in talking with Elders, participating in ceremonies, and connecting with nature and land. Ogden and Tutty (2024) found that many (17 out of 40) Indigenous women who experience IPV tend to want to use traditional ways of healing, even if they were not born into traditional Indigenous families. Traditional ways of healing included traditional healing/spirituality, Elders/Healers, smudging, prayer, sweats, and circles. Family and community connections serve as a foundation for many Indigenous women (Ogden, 2022). Women who have more connections to the community through involvement in traditional spheres, such as country food exchanges, are more likely to seek help for family violence. This suggests that drawing on the power of Elders and their role in ensuring that no woman is excluded from building social and economic connections, and promoting politics of inclusion, especially for those women who have weaker kin connections in the community, can be a powerful preventive strategy (Gauthier et al., 2021). Baskin (2022) argues that:

> **" Programs that are based upon the cultures and tradition of Indigenous Peoples and that involve Indigenous methods of healing have a much greater chance of succeeding than do programs developed and managed by non-Indigenous agencies. In keeping with the principle of Indigenous self-government, it is the right and responsibility of Indigenous communities to take control of family violence services and healing. [...] Indigenous communities must have the jurisdiction, legal responsibility, and financial resources to determine their own local priorities, standards, and organizational capacities to address all aspects of family violence. (p. 160) "**

This suggests that the implementation of culturally safe services is essential in the work of women's shelters as well that work towards the elimination and prevention of family violence, including IPV.

Ritland and colleagues (2020) reviewed interventions that aim to increase cultural safety of pregnant Indigenous women who experience issues of substance use, and found that Indigenous women tend to appreciate culturally safe programming. Cultural safety involved understanding the cultural context, history and impact of colonization; the recognition of barriers that women may face; and ways to address these barriers. Similarly, a study by Firestone and colleagues (2019) describes a program in Canada for homeless people with issues of substance use called Niiwin Wendanimak. Cultural safety here is expressed in Indigenous staff, the incorporation of Indigenous ways of relating to one another in the work, availability of food, the space itself, and the geographic location. In addition, it is a safe space where only Indigenous people can participate. There are also Indigenous languages and access to traditional ceremonies and teachings. It was also important for staff to know the history of colonization and the history of the Indigenous peoples. It is situated in a place that was a historic gathering place for the Indigenous people. According to Firestone and colleagues (2019) "this interconnection between physical spaces and relationship building has been identified as an essential component of best practices in providing culturally

safe services to Indigenous people" (p. 411). Another important component of cultural safety was flexibility and allowing time to get to know the people. Smye and colleagues (2021) research shows that hiring Indigenous liaisons can help Indigenous women to feel safe, communicate their needs, and negotiate their rights.

To be culturally safe, service providers need to become aware of their own biases and practice reflexivity (Pokharel et al., 2023). While Pokharel and colleagues' (2023) recommendations are relevant for primary care providers, some of the recommendations can also be useful for non-Indigenous shelters. Pokharel and colleagues (2023) write that cultural safety can be achieved by becoming genuinely interested in other cultures and being attentive to the descriptions of their experiences. Service providers also need to personally commit to anti-oppression and anti-racism. One of the main fears of women from non-dominant cultures is the stigmatization they may experience if they disclose their experiences of violence. In order to avoid this, service providers can ask questions and seek to establish rapport with women. If needed, interpretation services need to be provided. There can be great cultural variation of how women prefer to disclose and address their situation, therefore, listening intently and learning about women is crucial in assisting them to find solutions to their situation. In working with women, service providers also can gauge whether it is appropriate to involve relevant cultural organizations. At the policy level, this means supporting the "use of interpreters, culturally competent activities, recruitment of diverse workers, and staff development and organizational investment" in equipment that allows this service enhancement to meet the needs of culturally diverse women (Pokharel et al., 2023, p. 938).

These arrangements also influence budgeting at the organizational level. Budgets need to be built to ensure these additional expenses, as well as a culturally safe space and communications materials in multiple languages (Pokharel et al., 2023). Data recording can ask questions regarding preferred languages, family composition, familial support required, length of their time in the country, sense of support they have in their new country, immigration status, etc. (Pokharel et al., 2023). All staff should be provided with training in cultural safety and cross-cultural communication,

how to use interpreters, and other aspects of providing culturally safe care (Pokharel et al., 2023).

The Native Women's Association of Canada (NWAC) (n.d.) provides a broad definition of safety based on their discussions with family members and survivors of the MMIWG2S genocide. Participants in their workshops identified emotional safety, safe housing, cultural safety, and safety for the 2SLGBTQ+ communities as important aspects of conceptualizing safety (NWAC, n.d.).

> *Emotional safety means being "understood, seen, heard, and valued as Indigenous women" which is often found in informal support networks (NWAC, n.d., p. 6).*

They also expressed the importance of sharing circles with other women for their emotional safety, which comes from compassion and knowledge about Indigenous nations' experiences of colonization (NWAC, n.d.). Safe housing also provides a sense of safety. Safe housing is properly designed housing that allows for ceremonies and intergenerational cohabitation. This can be an important consideration for the design of shelters, for example. Despite some research studies suggesting that on-reserve shelters bring a risk to women's confidentiality, NWAC's sharing circle stresses the importance of on-reserve shelters because women can still have access to their families and culture in these environments (NWAC, n.d.). Families also expressed their appreciation for ceremony, language, and land. Dedicated spaces for smudging and other ceremonies, as well as respect for cultural protocols, can increase the feeling of safety. The ceremonies also need to be inclusive of 2SLGBTQ+ people to ensure safety for all.

Rizkalla and colleagues (2020) recommend, among other things, to train service providers in cultural safety. Within the healthcare setting, they have been introducing Sany'as training that aims to increase and implement cultural safety as an approach. Similar training for workers who support survivors of IPV at women's shelters would be beneficial (see Brown et al., 2021). The cultural safety in Rizkalla and colleague's (2020) work is conceptualized as "support-

ive, non-judgmental care that suits a patient's specific needs and is not assumed" and it may include facilitating access to "smudging, sweat lodges and other ceremonies" (p. 10). They also stress that some Indigenous women may also choose non-traditional ways. Indigenous men who perpetrate violence can also benefit from supportive services (Rizkalla et al., 2020). It is important to remember that in IPV cases involving Indigenous women, in Ogden's (2022) research almost half of perpetrators were White men. In couple work, it can also be possible to involve Elders, knowledge keepers, and others (Rizkalla et al., 2020).[3] Burczycka and Cotter (2010) describe that those shelters who provide culturally sensitive services to Indigenous women provide "traditional healing and mediation practices" and counsellors "with knowledge of Aboriginal languages and customs" (p. 16).

Recently, there have been initiatives to implement cultural ways of working with Indigenous women in shelter environments. For example, in Saskatchewan, Giesbrecht and colleagues (2022) have used Indigenous innovative intervention nato' we ho win ("the art of self-healing" in Cree language) to encourage healing following IPV. Jackson and colleagues (2015) have engaged women in shawl-making that encouraged storytelling which allowed women to share their perspectives. Jackson and colleagues (2015) observe that women who participated in their research expressed "considerable wariness about interacting with non-Indigenous service providers off reserve, doubting their ability to understand their life experiences and anticipating formidable discrimination" (p. 20). They suggest that there is a need for more Indigenous-led trainings for service providers; a need to increase access to Elders within shelters; to make shelters more accessible to family and friends; and create spaces that allow for smudging, praying, and other activities.

Tremblay and colleagues (2023) define cultural safety as "a decolonizing, transformative and participatory approach to health care aimed at achieving health care that recognizes, respects and nurtures the unique needs, rights and cultural identities of Indigenous peoples" (p. 166). Their literature review identifies how various studies conceptualize cultural safety. It finds that there are several ways through which

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[3] Their research focussed mainly on the clinical setting.

cultural safety can be actualized. This includes:

1. Having a facilitator "Indigenous lay navigator" that "helps patients and their families access existing health and social services" (however, this model was criticized because it does not aim to change or transform the system that perpetuates unequal access to services);

2. The integration of ceremonies and "traditional health practices" and hiring "Indigenous professionals" (however, it is unclear how integrated these professionals become into the healthcare system and as part of a care team); and

3. Building the capacity of "various actors within health organizations" which aims to change the organizational culture and not only patients as the previous two models (Tremblay et al., 2023, p. 171).

The authors conclude that all three sets of changes are important to ensure cultural safety and ensure that change is not only at the level of individuals but also at an organizational/institutional level.

Olsen Harper's (2006) report provides several comprehensive recommendations about improving Indigenous shelter services, including the implementation of cultural safety. These recommendations relate to location, which needs to be accessible, aesthetically pleasing, and inconspicuous (Olsen Harper, 2006). It can also be beneficial for second-stage housing to be located in urban areas to facilitate easy access to employment opportunities (Olsen Harper, 2006). Physical safety is another important factor for shelters, which includes enough space for residents; a strong physical structure to provide a safe living environment; accessibility accomodations for survivors with disabilities; a "child-proof" environment for young children; and regular maintenance for smoke, fire detectors, and alarms, among others (Olsen Harper, 2006). There should also be a language policy at shelters that requires establishments to have at least one person who speaks their native language or the language spoken most often in that specific geographic area (Olsen Harper, 2006). Olsen Harper (2006) recommends this only for Indigenous shelters, although a cultural safety approach would require this

of all shelters (Ramsden, 2015).

It is important for Indigenous shelters to liaise and connect with each other, argues Olsen Harper (2006). We would add that this is crucial for all shelters who work to support women in one province. There should be ways to overcome the jurisdictional hurdles. It would also be important for all shelters to support each other and work with everyone in a given province to develop protocol about building relationships with the police and other services. Olsen Harper (2006) adds that "communication between police and victims should take place with a shelter worker present or using female police officers, since clients are generally better able to communicate with them than with male officers" (p. 29). This can be achieved by having a role of a liaison officer. The programming needs to include cultural values of the Indigenous nations without adopting Western-based values and ceremonies. Meetings and sessions should be conducted by Indigenous service providers. In doing this, there needs to be a recognition of cultural diversity within Indigenous nations. Shelters also need to develop special programming for Indigenous children that is respectful of their identity and culture, as "Aboriginal clients are more comfortable in Aboriginal shelters; they tend to feel more valued and have less adjustments to make" (Olsen Harper, 2006, p. 43). It is important that Chief and Council are consulted and that shelters have a good relationship with them because if they do not build rapport with Chief and Council, this can hurt the women who stay at shelters (Harper 2006, as cited in Ogden, 2022).

One challenge that can arise when one implements cultural safety is the existing diversity within Indigenous nations in Canada. Thus, if shelters are unaware of diverse Indigenous practices, they may offer ceremonies that are not in line with the individual's cultural background. This can be acceptable for some, but controversial for others (Ogden, 2022). Ogden (2022) recommends that an understanding of colonization and decolonization needs to be added to social workers' educational curriculum. Social workers need to understand Indigenous healing practices and there is a need for greater funding of Indigenous child welfare agencies. Indigenous healing practices need to be considered not as additional support but as "interventions in and of themselves" (Ogden, 2022, p. 200).

Conclusion

In this literature review, we have explored the history of colonization in Canada, the impact of colonization on Indigenous understandings of gender, and women's experiences of marginalization since first contact with colonial powers. The historical and ongoing impacts of colonization have led to disproportionate rates of violence against Indigenous women, girls, and Two Spirit individuals, including IPV. Indigenous women's experiences of IPV and help-seeking were also examined in this review, including the use of formal and informal supports, experiences at both Indigenous and non-Indigenous shelters, and barriers to help-seeking. Lastly, the importance of cultural safety was also emphasized, along with the several ways that cultural safety can be interpreted and implemented within the helping professions to address racism and discrimination that Indigenous individuals experience when accessing services. This review provides a foundation for further exploration of Indigenous experiences when help-seeking for IPV – particularly amongst women and 2SLGBTQ+ communities. Although the current literature provides an understanding of the issue, further research is needed in order to fully comprehend the nuance of experiences for Indigenous help-seekers, including the ways in which factors such as gender identity and sexual orientation, geographic location, and specific Indigenous identities impact help-seeking.

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