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“I would rather be here than anywhere else”: A Case Study of Awo Taan Healing Lodge

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“I would rather be here than anywhere else”: A Case Study of Awo Taan Healing Lodge

by

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A THESIS

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ABSTRACT

This thesis focuses on Awo Taan Healing Lodge (ATHL) - an Indigenous women's emergency shelter located in Calgary, Alberta, Canada. This research assesses how ATHL serves the needs of Indigenous women (and other women) who seek refuge in times of distress. What are ATHL successes and its shortfalls? By analyzing numerous quantitative and qualitative data sources, this research takes the form of an explanatory mixed methods case study of ATHL across three time periods: 2010, 2015, and 2019.

This research intends to expand the literature on Indigenous women's experiences with homelessness and service access. There is a lack of research regarding Indigenous women's experiences of homelessness and domestic violence and how these impact their interactions with service agencies and service providers. This lack of attention leads to invisibility, ineffective service delivery, and inadequate funding for specific groups and their needs.

This research found certain trends that impact ATHL and their clients, such as increased instances of mental health concerns for clients, clients staying for longer periods of time at ATHL, and increasingly violent instances of domestic violence.

Longitudinal trends found in the quantitative data created a framework for qualitative data analysis. Four key themes emerged from the qualitative data, including: (1) ATHL's cultural services were beneficial to their clients, (2) clients' needs were changing, (3) clients needed continued support after they exited ATHL, and (4) ATHL needed more funding and support. Based on the findings of this research I propose recommendations for improvement to services accessed by Indigenous women seeking shelter.

PREFACE

This thesis is original, unpublished work by the author, Jacey Magnussen. The findings reported in Chapter 5 and Appendix E are covered by Ethics Certificate number REB19-0500, issued by the University of Calgary Conjoint Faculties Research Ethics Board for the project, “Accessing Resources for Calgary’s Vulnerable Populations” on September 4, 2019.

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Thank you to my partner, Marco Luk, who has supported me in many ways throughout my time at the University of Calgary. And finally, thank you to my daughter, Maya Magnussen, who impeded the research at times but is my inspiration in all things.

GLOSSARY OF TERMS

Colonialism: The process of domination and exploitation of a country, its people, and land. Colonialism was largely carried out by European nations at the expense of people who lived in areas now known as North America, South America, Africa, and Australia. In Canada this was carried out through settler colonialism. Settler colonialism in Canada focused, “on claiming land and on creating permanent settlements that replicated the social, political, economic, legal, and cultural structures of settlers’ homeland over the new territories and the colonized (Altamirano-Jiménez 2011:107). Settler colonialism has led to poverty, cultural alienation¹, and intergenerational trauma for members of the Indigenous community. Settler colonialism also enables violence against Indigenous peoples, particularly Indigenous women and girls, as they are regarded as insignificant in comparison with white settlers. The impacts of colonialism are still present in Canada today.

Housing-First: A model for housing that, “places emphasis on providing permanent housing first, then providing short- and long-term services that address each individual’s particular needs, such as crisis intervention of addictions counselling” (Fotheringham, Walsh and Burrowes 2014:838). This is in opposition to the Housing-Ready model that emphasizes sobriety and mental health stability prior to accessing permanent housing.

Intergenerational Trauma: The residual trauma that has impacted Indigenous communities as a result of their experiences with the Residential School System, negative interactions with the child welfare system, and the centuries of violence perpetrated against them by settlers and the Canadian government (Menzies 2008; Bombay, Matheson and Anisman 2009). These experiences have resulted in long lasting trauma that has been passed down through generations and impacts individual’s mental health and family connections.

¹ Cultural alienation is a process related to individuals abandoning and devaluing their own culture in favor of a colonial culture (Krishnappa 2020).

Intersectionality: A concept that addresses social inequalities by recognizing the complex realities of individual's lives due to the related systems of racism, sexism, and classism. Intersectionality explores these systems as integrated and impacting an individual's life choices.

Second-Stage Shelters: Shelters with longer stay periods. These facilities serve as a bridge between emergency shelters and permanent housing and allows individuals more time to find stability in finances, mental health, employment, and other areas before they settle into permanent housing.

Trauma-Informed Care: An approach that is sensitive to the needs of individuals who have experienced abuse, violence, and the resulting trauma. Trauma-informed approaches help front-line workers to recognize trauma and deliver services in a sensitive and responsive manner. This includes recognizing the trauma that can be present in clients' histories, evaluation of screening and assessment protocols and programming, meeting client needs in a compassionate and collaborative manner, taking steps not to re-traumatize clients, and empowering clients in the context of their own lives to build resilience.

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CHAPTER ONE – INTRODUCTION, RESEARCH OBJECTIVES, AND BACKGROUND

1.0 INTRODUCTION

Homelessness is a problem across Canada. According to Statistics Canada, 8% of Canadians over the age of 15 years have experienced homelessness at least once in their lives, and 18% of those people were unhoused² for more than one year (Rodrigue 2016). Certain factors result in a higher likelihood of individuals experiencing homelessness. For example, Indigenous³ peoples make up 27-33% of the unhoused population, but account for less than 5% of the Canadian population (Gaetz et al. 2016). Indigenous women are 15 times more likely than non-Indigenous women to use an emergency shelter (Schwan et al. 2020). These overrepresentations of certain individuals and communities are not reflective of individual shortcomings, but of systemic inequalities faced by these communities.

Indigenous peoples need targeted programs and services to combat homelessness.⁴ According to the 2018 Point-in-Time Homelessness Count⁵ in Calgary, Alberta 26% of unhoused individuals were Indigenous, despite Calgary's total population being made up of only 7% Indigenous peoples (Calgary Homeless Foundation 2018). These statistics are also likely underrepresentations of the number of Indigenous individuals experiencing homelessness, as Point-in-Time counts focus on shelter users and do not account for individuals who are experiencing hidden homelessness.⁶

² The term “unhoused” or “individuals experiencing homelessness”, is preferred as opposed to describing individuals as “homeless people”. This choice was made because “homeless” carries many derogatory and negative stereotypes. It does not accurately describe the varied people who experience housing crises. Homelessness is an experience that fluctuates for many individuals and is not a sole identity (Parr 2019).

³ The term Indigenous will be used by this research, except where individual participants have identified themselves as Aboriginal, Native, or their specific band. Indigenous refers to groups that have a connection to traditional lands, have unique cultural knowledge, share common ancestry with the first inhabitants of a territory, form a non-dominant group within society, and identify as Indigenous (Minomiya and Pollock 2017). While Indigenous peoples are distinctive in their own cultures, they share a common experience of colonialism and their understanding of the world (Wilson 2008).

⁴ The theme of targeted services and programs will be explored throughout this research.

⁵ A point-in-time homelessness count compiles numbers from various organizations (emergency shelters, hospitals, etc.) on any given night in a particular city or throughout Canada in order to have an inclusive count of all individuals experiencing homelessness on that night.

⁶ Hidden homelessness describes individuals who do not have a home of their own but may live in vehicles, inadequate housing, or are staying with friends or family. This population is missed in homelessness counts as they are not utilizing emergency shelters (Schmidt et al. 2015; McInnes 2016).

Certain subpopulations are not frequently identified in research on homelessness, including women, Indigenous peoples, and LGBTQ individuals. This leads to a lack of visibility, male-centric and ineffective service delivery, and inadequate funding for specific groups and their needs (Milaney et al. 2020; Schwan et al. 2020). This research focuses on service delivery at one Calgary women's shelter from 2010 to 2018 for Indigenous women experiencing homelessness.

New services that assist the unhoused population need to pay particular attention to various subpopulations as tailored services will be key in ending homelessness. Further, there is a lack of research regarding Indigenous women's experiences of homelessness and how this impacts their interactions with service agencies and service providers. Considering this, more research needs to be done on how organizations can best assist Indigenous women to exit the cycle of homelessness.

1.1 RESEARCH OBJECTIVES

To assess how to better serve Indigenous women experiencing homelessness, this research takes the form of an explanatory mixed methods case study of Awo Taan Healing Lodge (ATHL). Located in Calgary, Alberta, ATHL is an organization that provides shelter, trauma counselling, health care, and cultural services to women and children, most of whom are Indigenous. The majority of ATHL's clients are Indigenous women between the ages of 25 and 35 who are unhoused as a result of fleeing from domestic violence (Awo Taan Healing Lodge Society 2019). Importantly, ATHL clients have reported high satisfaction rates with the assistance and services they have accessed. According to ATHL (2019), through client exit surveys 97% of clients stated that their lives had improved because of services received at ATHL, while 92% stated that ATHL met their cultural needs. Given this positive feedback from clients, ATHL is a noteworthy organization to demonstrate how to appropriately deliver cultural services to Indigenous women.

Indigenous women are overrepresented in the homeless population, however literature focusing on effective service delivery for this population is lacking. By analyzing multiple mixed methods data sources this research seeks to identify the ways that ATHL is able to successfully deliver services to their

clients, as well as identify areas for improvement. Data sources include client files, interviews with clients, focus groups with Elders who work and volunteer at ATHL, survey data from staff, and government data on client demographics. The data sources come together to complete a case study. Case studies provide an in-depth examination of one organization while also providing understanding of other similar organizations (Berg and Lune 2012).

This research was approached using an intersectional framework. This frames research and methodology in such a way that multiple systems of oppression are analyzed in conjunction with one another (Robinson 2018). Inspiration was also gathered from Indigenous methodologies. The application of Indigenous methodologies ensures that Indigenous participants and their data are used respectfully and for the mutual benefit of both participants and researcher (Wilson 2008).

The goals of this case study include identifying the services available at ATHL, the clients' experiences with those services, and the barriers faced by ATHL as an Indigenous shelter. ATHL Board Members were interested in gathering information on improving services based on client input,⁷ so this research is mutually beneficial for ATHL and for me. ATHL will receive a report on what is working well and what needs improvement at their organization according to their clients. Further, I will be able to complete my thesis requirements while learning about the inner workings of the shelter.

This case study of ATHL evaluates the following research questions:

- (1) What services are available at Awo Taan Healing Lodge?
- (2) Who does Awo Taan Healing Lodge serve?
- (3) What are the most beneficial services for Awo Taan Healing Lodge's clients?
- (4) Are there gaps in services?
- (5) If so, what are they?

⁷ Josie Nepinak, Executive Director of ATHL, Interview by author, 24 July 2019.

1.2 BACKGROUND

This section contains a brief history of homelessness in Canada. This includes factors that led to a larger unhoused population throughout the 1980s, the changing population demographics, and concerns for subpopulations.

1.2.1 History of Homelessness in Canada

It is important to understand the history of homelessness and how it came to be. This helps to assess service delivery for the unhoused population and to provide meaningful recommendations for service improvement. According to Gaetz (2010), the homelessness crisis in Canada started drawing attention in the 1980s when unhoused populations began sharply increasing. The demographics of the unhoused population shifted from single males to a more diverse population, including women, families, and LGBTQ individuals.

Research shows that this situation came about due to a combination of factors that included: (1) cuts to social programming, such as provincial social assistance, (2) cuts to federal funding for affordable housing (3) economic shifts that lead to wage suppression and an increase in part-time work with no benefits, and (4) a belief in trickle-down economics where government policies focused on tax-cuts for high-income individuals (Hulchanski et al. 2009; Rabinovitch, Pauly and Zhao 2016). The combination of these systematically left low-income individuals vulnerable to being unhoused and lead to increases in the unhoused population.

Furthermore, beginning in the late 1980s and early 1990s, Canada began to rely heavily on the non-profit industry for social assistance, including food banks and emergency shelters. For example, Canada's food banks experienced a 91% increase in usage between 1989 and 2006, with over 700,000 national users in 2006 (Gaetz 2010). The existing infrastructure of homelessness services was not prepared to respond to the fast growth in the population, and these services were not designed to efficiently respond the unique needs of subpopulations including women, youth, or Indigenous peoples. Despite the severe marginalization experienced by this population, the organizations that assist them are

often underfunded and unable to address the unique needs of different subpopulations. The next sections explore the subpopulations of women and Indigenous peoples among the unhoused population.

1.2.2 Women and Homelessness

Growing diversity within the unhoused population and the waning social services led to an increase in women experiencing homelessness. Prior to the 1970s women accounted for only 3% of the unhoused population whereas, in 2018 women accounted for 36% of Canada's unhoused population (Government of Canada 2018). The 2018 representation is 11 times that of the 1970s.

Further, women represent a large portion of individuals who experience “hidden homelessness”, meaning they may not be accounted for in homelessness counts because they are staying with family or friends, live in vehicles, or have inadequate or unsafe housing (Schmidt et al. 2015; McInnes 2016). The fact that a large portion of women's homelessness is hidden means that this issue is poorly understood and the full extent of women's homelessness is uncertain. This results in “policy invisibility”, which occurs when the focus is placed on those who are “visibly homeless”, such as men who rough sleep and/or use emergency shelters (Whitzman 2006). Invisibility ultimately leads to a lack of women-focused services and inapplicable funding priorities. For example, research on the effectiveness of the Housing First model shows the “typical participant” as being a man in his early 40s, thus leaving women's experiences⁸ out of this model and does not address any areas for improvement or inclusion (Milaney et al. 2020).

The research conducted on unhoused women reveals that most of this population are unhoused due to fleeing domestic violence. A Canada-wide *Point-in-Time Homelessness Count* (2012) found that 74% of women accessing emergency shelters cited domestic violence as their reason for needing shelter. Women often experience a combination of domestic violence, socioeconomic strain, and a lack of affordable housing, and must choose between abuse and homelessness (Whitzman 2006; Milaney et al.

⁸ For example, unhoused women are more likely to be accompanied by children, thus needing bigger units which are more difficult to secure.

2020). Additionally, there is a high correlation between economic stresses and family violence. Hamby (2000), states that “economic stresses both increase the likelihood of violence occurring and severely curtail victims’ abilities to effectively respond to violence once it has occurred” (561).

The next two sections explore the purposes of emergency shelters and the barriers they encounter due to low funding.

1.2.3 Women’s Emergency Shelters

Women’s emergency shelters primary goals are to provide refuge and meet individual’s basic needs such as food and accommodation. Many shelters also provide counselling, housing assistance, childcare and support, outreach services, and advocacy and support in accessing external resources.

Canada’s first five women’s emergency shelters all opened in 1973 in Toronto, Aldergrove, Vancouver, Calgary, and Saskatoon (Maki 2019). All were small grassroots organizations. From the 1970s on, emergency shelters for women began emerging across Canada, first in urban centres and then in rural areas. These organizations began in response to the needs of women who needed shelter from violence and homelessness. Today there are over 560 women’s shelters across Canada, with 37 in Alberta (Maki 2019; Government of Alberta 2020). These include emergency women’s shelters and second-stage women’s shelters⁹ in rural and urban areas.

Alberta has the highest rate of shelter users per-capita in Canada¹⁰. Across the province 4,235 individuals access shelters every day, with 840 of those in women’s emergency shelters due to domestic violence (McDermott, Harding and Randle 2019). Among the unhoused population 28% percent identify as women. Data shows that the population that emergency shelters accommodate are diverse and have a wide variety of needs. Unfortunately, these shelters are chronically underfunded leading to an inability to implement programs and changes to serve this diverse population, as explored below.

⁹ Second-stage shelters are organizations with longer stay periods that serve as a bridge between emergency shelters and permanent housing.

¹⁰ Alberta’s high rates of homelessness and shelter use is related to the boom-and-bust oil and gas industry which draws in workers from around the country, as well as the high rental prices and high cost of living.

1.2.4 Funding for Shelters

According to the Alberta Government (2020), annual provincial funding for shelters is approximately \$43 million. This money is allocated to 38 emergency homeless shelters,¹¹ 30 emergency women's shelters,¹² 13 second-stage women's shelters,¹³ 6 on-reserve emergency women's shelters,¹⁴ and two elder-abuse shelters.¹⁵ Despite this budget, emergency shelters are chronically underfunded as funding has not kept up with inflation.¹⁶ Shelters are strained to provide ever-expanding services without comparable increases in funding (Maki 2019; Schwan et al. 2020). For example, the Women's Shelters Canada's national shelter survey (2017) found that 71% of shelters reported no annual funding increases in the past two years and that 20% of Canadian shelters had not received a funding increase in 10 years (Maki 2019).

Underfunding means that shelters are unable to introduce programs or make changes to accommodate their clientele such as Indigenous women who make up 58% of the unhoused women in Alberta. Of 290 Canadian shelters surveyed in 2017, only one in five (19%) offered culturally specific programs to Indigenous women (Maki 2019). This results in gaps in services for Indigenous women who enter in those facilities.

Indigenous peoples experiencing homelessness are one faction of the unhoused population that needs more attention in research as they have unique experiences of homelessness and require tailored services, as explored below.

¹¹ Alberta's 38 emergency homeless shelters consist of 16 mixed-gender shelters, 7 men's shelters, 5 women's shelters, 8 youth shelters, and two family shelters (Government of Canada 2019).

¹² Alberta's emergency women's shelters cater to women and families who are escaping domestic violence.

¹³ Alberta's second-stage women's shelters include Brenda Strafford Centre, Discovery House, and Sonshine Centre in Calgary, AB. Laselle and Wings Shelter in Edmonton, AB. Joie's Phoenix House in Cold Lake, AB, Next Step Sucker Creek in Enilda, AB, The Compass in Fort McMurray, AB, Serenity Place in Grande Prairie, AB, Lynne's House in Lac La Biche, AB, Dol-Mar Manor in Lloydminster, AB, Musasa House in Medicine Hat, AB, and Neepinise Family Healing Centre in Wabasca, AB.

¹⁴ On-reserve women's shelters are located in Morley, AB (Eagle's Nest Stoney Family Shelter); Maskwacis, AB (Ermineskin Women's Emergency Shelter); Blood First Nation (Kanai Women's Wellness Lodge); Fort Chipewyan, AB (Paspew House Mikisew Cree Women's Shelter); Wabasca, AB (Bigstone Cree Nation's Women's Shelter); and Enilda, AB (Sucker Creek Emergency Shelter).

¹⁵ Elder abuse shelters are located in Calgary (Kerby Rotary Shelter) and Edmonton (Sage Seniors Safe Housing).

¹⁶ From 2010 to 2018 Alberta's inflation rate was 13.94% (Statistics Canada 2021).

1.2.5 Indigenous Peoples and Homelessness

Canada's Indigenous peoples include the First Nations, Metis, and Inuit and are approximately 4.3% of the total Canadian population (Christensen 2016). Each group differs in culture, historical and contemporary experiences with colonialism. The overt and covert manifestations of colonialism in Canada today are extensions of settler colonialism. Settler colonialism focuses on replicating the political, economic, and cultural structures of a homeland in a new territory that has been colonized. This leads to poverty and cultural alienation for the community that is Indigenous to that area. One of the many consequences of settler colonialism in Canada is an overrepresentation of Indigenous peoples in the unhoused population. According to the National Shelter Study (2017), Indigenous peoples represent 30% of all shelter users (at 45,820 individuals in Canada).

Despite this overrepresentation, services that are tailored to Indigenous peoples' needs are lacking. Approximately one in five shelters in Canada offer culturally-specific services for unhoused Indigenous peoples, such as access to Elders and access to traditional ceremonies and medicines.¹⁷ The lack of culturally-appropriate services and the experience of settler colonialism mean that Indigenous peoples' experience of homelessness differs from that of the rest of the unhoused population.

The experience of homelessness for Indigenous peoples is qualitatively distinct from others in the unhoused population, as notions of 'home' include land, culture, safety, family and community ties, and spiritual connections (Groenig et al. 2019). There are many Indigenous conceptions of this idea. For example, "all my relations" which is a concept shared by many Indigenous communities and describes a deeply connected web of relationships and responsibilities (Thistle 2017). In this way, the experience of homelessness for Indigenous peoples includes a loss of community and social ties. It is not simply being without a physical structure to call "home" which is a more Western notion of homelessness.

¹⁷ The lack of cultural services available for Indigenous peoples experiencing homelessness is related to the standard Western definition of homelessness which does not encapsulate the culturally-specific aspects of homelessness, and the chronic underfunding of emergency shelters which makes tailored services inaccessible.

The disconnect between typical understandings of homelessness and Indigenous people's experiences of homelessness leads to this population being underserved as policies and programs do not align with their actual needs. The experience of homelessness for Indigenous peoples must be contextualized in a society that allows the routinized discrimination of Indigenous peoples (Patrick 2014).

The overrepresentation of Indigenous peoples within the unhoused population is not reflective of individual or collective failings. On the contrary, it is indicative of structural injustices, including enduring colonial processes and the social, cultural, physical, and economic marginalization of Indigenous peoples. Overall, "achieving one's full potential is difficult when basic needs are not satisfied, resources are inadequate and do not promote sustainable wellness, and chronic life stressors persist" (Benoit et al. 2019:1). Thus, any discussion of Indigenous peoples and homelessness must be framed within the context of a colonial nation, where all Indigenous peoples have been subjected to cultural genocide leading to intergenerational trauma.

1.2.6 Cultural Genocide

Cultural genocide describes the intentional extermination of Indigenous culture, language, and social systems, which was carried out through the Indian Act, the Residential School System, the Sixties Scoop, and the continued removal of Indigenous children from their families today (Menziés 2008; Thistle 2017; Oelke, Thurston and Turner 2016). Cultural genocide is a large contributing factor to the overrepresentation of Indigenous peoples among the unhoused population.

The Amalgamated Indian Act, 1876 was established in conjunction with already existing laws categorized under "Indian Affairs", including the 1857 Gradual Civilization Act that was intended to assimilate Indigenous peoples into a Christian, agricultural way of life (Morden 2016). The Gradual Enfranchisement Act of 1869 established band councils on reserves even though they were given limited responsibilities or jurisdiction (Morden 2016). The purpose of this legislation was for the Canadian government to control and to assimilate Indigenous peoples.

The Indian Act introduced enforced attendance at Residential Schools, resulting in family separation and displacement, and ultimately intergenerational trauma. Under the legislation of the Indian Act, the Canadian government legally required First Nations children to attend Residential Schools that were run by the churches (Catholic, Anglican, Methodist, Presbyterian, and United) (Stanton 2011). The first schools opened in 1831 in Canada, and by the 1920s there were more than 80 schools in operation throughout Canada (Stanton 2011). The goal of these institutions was to assimilate First Nations children into settler society through cultural separation, wherein children were forcibly removed from their families, forbidden to practice any cultural or spiritual traditions, or speak their own languages (Menzies 2008; Stanton 2011; Borrows 2014). Children were routinely starved, neglected, degraded, and abused by members of religious orders who ran Residential schools. Generations of Indigenous people have been impacted by Residential Schools due to family trauma, loss of traditions, loss of language, and the resulting mental health issues. Residential Schools, “attacked the heart and soul of peoples’ attachment to their cultures, communities, and families” (Borrows 2014:497).

The last Residential School closed in 1996.¹⁸ The end of the Residential School System in 1996 did not mean the end of Indigenous children being removed from their homes. The Sixties Scoop describes the mass removal of Indigenous children from their families by social services to be placed with non-Indigenous, predominately white families through Canada and the United States, beginning in the 1960s and continuing today. In 1959 only one percent of children in child welfare services in Canada were Indigenous but by the late 1960s Indigenous children were 30-40% of children in care (Alsto-O’Connor 2019). This led to further cultural assimilation of Indigenous children and meant that they were permanently estranged from their culture through loss of traditions and language, legal name changes, difficulties in tracking down their families of origin and displacement across North America (Patrick

¹⁸ In 1997 the then National Chief of the Assembly of First Nations, Phil Fontaine, began negotiations with the federal government and the churches to work out a settlement for Residential School survivors (Stanton 2011). This was followed by civil cases, class action lawsuits, and the Assembly of First Nations recommending lump sum reparations to survivors and a truth and reconciliation process. A large number of Residential School survivors filed claims and an Indian Residential School Settlement Agreement of \$1.9 billion was set to be distributed to 80,000 living survivors¹⁸ (Stanton 2011).

2014; Alston-O'Connor 2019). Many adoptions were unsuccessful and resulted in the children being neglected, isolated, abused, and running away. The removal of Indigenous children from their families has resulted in the destruction of culture, family trauma, mistrust in the social welfare system and the destabilizing of Indigenous communities.

Social welfare policies and welfare agencies defined what was normal and acceptable parenting and family arrangements which reflected a White, Western, nuclear, middle-class family (Alston-O'Connor 2019). This fueled the stereotyping of Indigenous women as unfit mothers and that their children were at risk while in their care. Today Indigenous children represent a vastly disproportionate number of the children in child welfare services.¹⁹ According to the 2016 Census, 52.2% of children in foster care were Indigenous while accounting for approximately 8.0% of the total child population of Canada (Government of Canada 2016). This demonstrates the continued colonial mission of separating Indigenous children from their families, communities, and cultures.²⁰

1.2.7 Consequences of Cultural Genocide

Canadian social policies have impacted multiple generations of Indigenous people which destabilizes families and creates trauma that has resulted in an increased number of Indigenous people within the unhoused population. Many Indigenous people experiencing homelessness report personal and family histories of trauma and contact with the child welfare system has been linked as a contributing factor to homelessness (Menziez 2008). Indigenous peoples' family relationships have been repeatedly disrupted through the Residential School System, negative interactions with the child welfare system, and the intergenerational trauma that has resulted from these experiences (Christensen 2013).

Intergenerational trauma describes the residual trauma that impacts multiple generations, their lifestyle, mental health, and parenting. Thus, the traumatic experiences Indigenous communities have

¹⁹ Indigenous communities have been working toward self-governance of child and family services and on January 1, 2020 The Act Respecting First Nations, Inuit, and Metis Children, Youth, and Families came into effect (Government of Canada 2020). The Act affirms and provides the opportunity for Indigenous peoples to exercise jurisdiction over child and family services, establishing national policies that uphold the best interests of Indigenous children and communities.

²⁰ See *Navigating Structural Violence with Indigenous Families: The Contested Terrain of Early Childhood Intervention and The Child Welfare System in Canada* by Alison J. Gerlach, Annette J. Brown, Vandna Sinha, and Diana Elliot (2017).

faced are passed down through the generations. The cumulative impact of these government policies and practices has resulted in the cultural genocide of Indigenous peoples in Canada, and an overrepresentation of Indigenous peoples in the unhoused population.

Despite the violence and trauma that impacted Indigenous communities, they have been managing the impacts of colonialism for hundreds of years, “demonstrating resilience in the face of violence, cultural genocide, legislated segregation, appropriation of lands and social and economic oppression” (Allan and Smylie 2015:2). Indigenous individuals and communities are examples of resilience and resistance in the face of colonialism and systemic racism. These communities need and deserve better services to help in moving past the trauma they have experienced at a community and collective level. Better services include more access to shelter in all areas of Canada.

1.2.8 Barriers to Shelter

Across Canada, Indigenous women seeking shelter encounter multiple barriers, including discrimination, a lack of Indigenous-specific services, and geographical challenges. For example, according to the National Aboriginal Circle Against Family Violence (NACAFV) (2017) there are only 38 shelters located on the 633 reserves across Canada. This leaves those in need of refuge in these communities without access to shelters or means having to travel large distances to access them. This creates a disincentive for women to access shelters as travelling large distances takes considerable time, financial strain, and increases the risks of leaving an abusive situation. Overall, there is a national gap in shelters and services for Indigenous women and children experiencing homelessness and violence.

Most Indigenous women seeking shelter have to access services in urban centres where few Indigenous-specific shelters and services operate. Non-Indigenous shelters provide help to Indigenous women but some leave them vulnerable to racism, discrimination, and ineffective assistance. To successfully assist Indigenous women who have experienced violence and homelessness, they can find

comfort and familiarity with programming that take their cultural and historical worldview into account. The lack of appropriate services for Indigenous women seeking shelter is a form of structural violence.²¹

Finally, most research that has been done about Indigenous peoples in Canada has been inadequate. This research typically lacks historical context, lacks Indigenous perspectives, and the findings have depicted Indigenous communities as damaged and debilitated. Overall, the experiences of Indigenous women within the unhoused population have largely been over-looked through male-centered research, and the application of standard, Western definitions of homelessness that do not encompass everyone's experiences.

This research seeks to share Indigenous perspectives, pay careful attention to historical contexts, and provide findings that could lead to meaningful answers about improving service delivery for unhoused Indigenous women.

1.3 OVERVIEW OF CHAPTERS

This thesis is organized into six chapters. In Chapter One I outlined the history of homelessness in Canada for certain demographics, specifically Indigenous peoples, whose experiences with homelessness have been impacted by the colonial legacy present in Canada. This information provides a foundation for the discussion of Awo Taan Healing Lodge, their clients, and the programs and services available there.

The research questions for this case study research are as follows:

- (1) What services are available at Awo Taan Healing Lodge?
- (2) Who does Awo Taan Healing Lodge serve?
- (3) What are the most beneficial services for Awo Taan Healing Lodge's clients?
- (4) Are there gaps in services?
- (5) If so, what are they?

Chapter Two outlines the relevant theoretical perspectives used for this project, including intersectional theory and feminist standpoint theory. These theories work well together to establish the

²¹ Structural violence describes the structures and social mechanisms that "cause harm, deny human rights, constrain human agency, and/or prevent particular individuals and population groups from having the resources necessary to help them reach their full potential while sparing other groups from the same treatment" (Gerlach et al. 2017:11).

positionality of the researcher and acknowledge the different ways that research participants are impacted by systemic inequalities. In this chapter, I outline how these theories were applied to this project. My own position as non-Indigenous researcher was discussed and how I came to choose this topic.

Chapter Three includes an in-depth review of literature that is relevant to the topic of Indigenous women and homelessness. This includes a review of literature that focuses on (1) homelessness, (2) women and homelessness, (3) Indigenous peoples and homelessness, (4) case study research on homelessness, and (5) ethical research protocols when conducting research with Indigenous participants. The literature review synthesizes relevant information in order to identify where further research is needed.

Next, Chapter Four describes the methods of data collection and analysis, which include both qualitative and quantitative data collection and analysis. In it, I explain the methods used for analyzing various types of data and integrating them into a case study. This chapter also contains a description of all the data obtained from Awo Taan Healing Lodge (ATHL). I describe the benefits and drawbacks of using archival and secondary data and why they were chosen for this project. This chapter concludes with an exploration of Indigenous methodologies, their importance in research, and how they were applied to this project.

Chapter Five contains the findings of this research. This chapter is divided into six sections, beginning with a brief history of ATHL and description of their organizational structure. The second section looks at client demographics. The third section displays the data found in client files and explanations of patterns found in the data. The fourth section looks at the theme of culturally-appropriate services at ATHL. The fifth section explores the changing needs of clients. The final section, investigates the theme of clients needing continued support once they leave ATHL. The findings emerged from multiple data sets provided by ATHL. Each data set was analyzed thematically and connections between themes were explored.

Finally, the thesis closes in Chapter Six with a summary of findings and how the research questions are addressed. I provide recommendations on future research and an explanation of this project's limitations.

CHAPTER TWO - THEORETICAL CONTEXT AND POSITIONALITY

2.0 INTRODUCTION

This chapter describes the theoretical framework used to guide this study which explores Indigenous women who are experiencing homelessness and the organizations that assist them. The theoretical framework sets out a blueprint for understanding and analyzing data and interpreting results. This chapter outlines the theories that are relevant to this research, including intersectional theory and feminist standpoint theory. Theory discussion is followed by a description of how these theories will be applied to this research.

2.1 THEORY

This project utilized intersectional theory and feminist standpoint theory as they are complimentary theories that focus on the identities and experiences of individuals and how this impacts the research outcomes. The subjective experiences of participants and researchers impact the outcomes of research. Therefore, this section includes a statement about my own position in the world, my relationship to this research and my research goals.

2.1.1 Intersectional Theory

Intersectionality is an interdisciplinary theory rooted in Black Feminism and Critical Race Theory²² (Carbado et al. 2013; Hill Collins 2015). While the concept of intersectionality had existed previously within these disciplines, the term was introduced by Kimberlé Williams Crenshaw in the book entitled *Demarginalizing the Intersection of Antidiscrimination Doctrine, Feminist Theory and Antiracist Politics*, 1989.²³ Crenshaw introduced intersectionality to critically analyze how Black women were marginalized within Antidiscrimination laws, Feminism, and Antiracist Theory. These topics initially focused on the experiences of White women and Black men with sexism and racism. It excludes the

²² According to Allen (2017), Critical Race Theory is a theoretical perspective that places race and racism as the focal point of analysis. This theory looks at social issues and interactions with the knowledge that racism is a firmly entrenched system that benefits White people at the expense of Black, Indigenous, and other people of color.

²³ Crenshaw further defined the term in *Mapping the Margins: Intersectionality, Identity and Violence Against Women of Color*, 1991.

complex experiences of Black women's simultaneous encounters with sexism and racism (Carbado et al. 2013). Black women's experiences are governed by more than one social identity since race and gender intersect and complicate the relations of power or lack of power. Thus, "intersectional approaches seek to comprehensively capture the complexity of individual's lived experiences by not treating individual identities such as gender and race as 'exclusive' or 'separable'" from each other (Vickery 2018:137). Instead, intersectionality looks at the web of entanglement of oppressions.

In this way, an intersectional approach is necessary in analyzing the complex experiences of individuals who are caught in the interlocking nature of race, gender, and other categories. For example, women do not share an essential social, cultural, or historical experience simply based on occupying the social category of "woman." On the contrary, each woman's experience is impacted differently by their culture, environment, and social standing within their specific region. For instance, all women living in Calgary do not share a universal experience since their lives are colored by their race, housing situation, geographical origin, neighborhood, occupation, family status, and countless other factors.

Just as there is no universal "woman", there is also no universal "Indigenous woman." To say that all people within a social category share a universal experience renders the experiences of marginal members of that category as invisible. This invalidates the unique experiences of each Indigenous woman. It also contributes to the idea that social divisions are natural and result from a biological destiny that is inherent to the people in that social category (Yuval-Davis 2006). On the contrary, social divisions involve socially constructed power relations that are expressed in specific contexts by individuals acting informally or formally in their roles as agents of organizations or social institutions (Yuval-Davis 2006). Thus, applying intersectional theory to research allows for the understanding of people as belonging to multiple socially constructed contexts and identities at the same time. In this way, intersectionality accommodates complex realities and engages with different categories of power and experience.

Intersectionality is an iterative and fluid theory, meaning that it can be applied to a wide range of inquiries on institutions, practices, and phenomena. When considering the experiences of unhoused

women, an intersectional framework must be applied to fully understand the cumulative disadvantage faced by this population and highlight the experiences of people who hold multiple identities. For example, an evaluation of programs offered to unhoused women should consider how effectively the programs serve those who are Indigenous, who live with a disability or health issue, who belong to the LGBTQ community and/or who have various geographical origins.

One limitation of this research is the lack of demographic information on participants in relation to disability, sexuality, gender identity, and rural or urban locations of origin. This information was not available and would have provided a richer understanding of participant's experiences. Despite this limitation, intersectional theory is important to incorporate the lived experience of Indigenous women.

2.1.2 Feminist Standpoint Theory

Feminist standpoint theory originated in the 1970s and 1980s and most credit Sandra Harding as the first feminist standpoint theorist (Ardill 2013; Nakata 2007). This theory aims to understand the social construction of power relations and how this impacts knowledge production (Ardill 2013; Nakata 2007). For example, women's subordinate position in Western society is not the natural order but a socially-constructed position. It is an outcome of the social organization that leads men to have authority over women (Nakata 2007). Therefore, historically men's contributions to science and knowledge have been prioritized and endorsed as objective knowledge, when in fact, this knowledge has been impacted by their standpoint.

Feminist standpoint theory states that, "knowledge is situated and generated from particular perspectives; and knowledge is produced from multiple standpoints" (Katz-Wise et al. 2019). In other words, knowledge arises from individual life experiences within specific contexts, including socioeconomic position, geographical location, and cultural background. Therefore, knowledge can be distinct to an individual based upon their experiences and that different forms of knowledge are valid and beneficial to research.

The application of feminist standpoint theory to research highlights the importance of giving weight to the unique experiences and voices of research participants, particularly when those research participants belong to marginalized groups whose knowledge and experiences are often devalued. The goal of feminist standpoint theory is to transform power relations through knowledge production that uplifts the voices of people who have been historically marginalized by learning from the standpoints of those who have been disempowered in a particular context (Ardill 2013). The intent is to legitimize different forms of knowledge and highlight the agency of people who occupy different social positions.

Standpoint theory is an alternative approach to positivist approaches, which remains the dominant research paradigm and suggests that objectivity is real and researchers should strive for objectivity (Katz-Wise et al. 2019). Positivism was introduced into sociology by August Comte and Emile Durkheim and focuses on objective scientific observation to discover universal laws that govern the universe (Buchanan 2018). Positivism involves a separation of facts and values as knowledge is seen as being value-neutral. However, positivist approaches do not account for the social construction of the world and how this impacts science and knowledge. In other words, humans practice science and humans are influenced by their own experiences, biases, and priorities. Therefore, they cannot objectively report reality that is free of bias or value-neutral. Alternatively, standpoint theory is value-driven and interpretive with a focus on empowerment of research participants and creating social change.

Feminist standpoint theory says it is important for the researcher to acknowledge and critically assess their own position in relation to the topic and participants of the study (Ardill 2013). This process contributes to self-awareness so the researcher can conduct respectful research that is not controlling, disruptive, or destructive. My own position in relation to this research is outlined below.

2.1.3 Positionality

Positionality, “refers to the stance or positioning of the researcher in relation to the social and political context of the study – the community, the organization, or the participant group” (Rowe 2014:1). Positionality pushes against the notion of objectivity and states that social categories can impact research.

By identifying where a researcher is situated in society and where they are in relation to research topics, one can identify the inherent biases that they bring into research. It is impossible for a researcher to step outside of their lived experience and it is impossible to analyze a research subject without careful attention to all the structural factors that impact that subject.

To position myself in relation to this work I am a white, cisgender woman with settler ancestors. My position in society impacts how I interpret and analyze data, the patterns that emerge, and what I do with the end results. I firmly believe that housing and safety are human rights and we should all be striving to make this a reality for every person in our society. This belief has influenced my research topic and my desire to make a positive impact with the results of my research.

I have experience working with individuals who are experiencing homelessness. I worked at the Calgary Drop-In Centre for 1.5 years as a front-line worker. This experience shaped my understanding of homelessness and the diversity of the population who experiences homelessness. On an average night at the Calgary Drop-In Centre, one would see hundreds of unhoused people and have the opportunity to speak with many of them. I heard about many different pathways into homelessness, including mental health issues, substance use, domestic violence, and family separation. I also heard about the challenges faced by those trying to escape homelessness, including lack of finances, the difficulties of navigating social services, and feeling lost in the system. This experience informed my desire to focus on homelessness for my thesis and to contribute to the literature on homelessness. I hope to create a positive change for local unhoused people by sharing my results.

Through this research, I learned a great deal about the history of Indigenous peoples in Alberta and many Indigenous women's first-hand experiences of homelessness. I also learned about the challenges shelters face in relation to funding and how provincial and federal funding works for shelters. With this information, I contacted Government of Alberta officials via email to voice my concerns about shelter funding and present some of my findings on the relationship between funding and service delivery for Indigenous women seeking shelter.

First, I contacted Hon. Rajan Sawhney, the Minister of Community and Social Services.

Homelessness, community-based support, and family violence prevention fall under the purview of the Minister of Community and Social Services. I expressed the need for increased funding for ATHL as they provide culturally-appropriate supports to women experiencing homelessness and domestic violence.²⁴

Next, I contacted Hon. Rick Wilson, the Minister of Indigenous Relations. The Minister of Indigenous Relations oversees Indigenous organizations and service delivery, Indigenous women's initiatives, and Indigenous grants. I expressed the need for increased funding for ATHL and inquired about Minister Wilson's plans to advocate for Indigenous peoples in Alberta.²⁵ Finally, I reached out to Hon. Jason Luan, the Associate Minister of Mental Health and Addictions. In this communication I expressed my concern for the closure of Calgary's only Supervised Consumption Site (SCS) and how this could impact ATHL and other shelters in Calgary.²⁶

My goal in sharing the research findings was to bring attention to the barriers that ATHL faces due to funding. ATHL serves a population that is often ignored by government bodies. ATHL clients deserve to be prioritized and supported by government bodies who have the power to direct more funding their way, enabling them to improve their services and to help more Indigenous women. Overall, the kind of research and theory I strive for includes solidarity and the prioritization of the lives that have been traditionally ignored.

2.2 THEORETICAL APPLICATION

This research focused on an emergency shelter that primarily assists Indigenous women experiencing homelessness within the context of a colonial, racist, and patriarchal environment. Considering this, the work was approached with a theoretical framework including insights from intersectional theory and feminist standpoint theory to acknowledge various identities, experiences, and how this impacts the results.

²⁴ See Appendix A

²⁵ See Appendix B

²⁶ See Appendix C

The literature review was guided by this framework, allowing patterns to emerge. The patterns were then compared with information gathered from the archival data and secondary data received from ATHL. The process of comparing patterns in literature with patterns in the data is recommended as an approach to case studies by Robert K. Yin (2014). Yin (2014) states that case study research, “benefits from the prior development of theoretical propositions to guide data collection and analysis” (17). This allows for the researcher to develop a blueprint for the study and allows for coding to occur within a theoretically meaningful structure that is established prior to data analysis.

Research can be done through methods that interrogate colonialism and the objectification of research participants. To do this, one must question the norms of research and avoid carelessly assuming that the work is for the benefit of all people. Perhaps the most important question we can ask is, who is benefitting from this research? The value of theory comes from its practical application in order to achieve concrete results. By focusing on the intentional and unintentional consequences of research we can aim to help marginalized populations in meaningful ways without increasing harmful rhetoric about them. This was achieved through identifying my own positionality, identifying my research goals, and stopping throughout the research process to be reflective about how to achieve results that would be beneficial to the individuals who participated in this research and all who utilize the services at ATHL.

CHAPTER THREE – REVIEW OF LITERATURE

3.0 INTRODUCTION

Generally, research involving unhoused populations is sporadic, especially research that focuses on unique subpopulations. The research that does exist on unhoused populations looks at the negative consequences of homelessness without providing concrete recommendations or solutions about preventing homelessness or helping individuals to escape homelessness. Research on unhoused populations is primarily quantitative and focuses on demographics. Notably missing is qualitative research that incorporates lived experiences and recommendations to assist people who have experienced homelessness.

A literature review provides an overview of evidence related to a specific topic and is useful when the topic of study has been conceptualized and studied by a broad range of disciplines (Snyder 2019). This type of literature review involves identifying relevant material, conducting a thematic content analysis and transmitting this information to provide a summary of a specific topic. This literature review was conducted systematically by identifying relevant search terms, completing database searches and citation tracking, extracting data from relevant literature, and summarizing the findings here.

This chapter outlines relevant literature on topics related to this research, including (1) homelessness, (2) women and homelessness, and (3) Indigenous peoples and homelessness. The purpose of a literature review is to synthesize relevant research to show evidence on a meta-level, and to find areas to which further research is needed.

3.1 HOMELESSNESS

Categorizing and discerning differences among the population of people who experience homelessness is key to identifying how to support individuals in escaping homelessness. One-size-fits-all approaches are not successful because the people who experience homelessness are not a homogenous group. Quantitative research on homelessness largely focuses on establishing demographic frequencies to identify diversity among the unhoused population.

3.1.1 Quantitative Research

Tim Aubry, Susan Farrell, Stephen W. Hwang and Melissa Calhoun (2013) in *Identifying the Patterns of Emergency Shelter Stays of Single Individuals in Canadian Cities of Different Sizes* look at longitudinal patterns of shelter use in Toronto, Ottawa, and Guelph, Ontario based on an American study by Kuhn and Culhane (1998). This study was the first large-scale Canadian research to examine various kinds of shelter users and categorize them as temporary,²⁷ episodic,²⁸ and long-stay²⁹ shelter users. The goal of this classification was to produce, “theoretically meaningful and policy-relevant” data that could identify groups who needed specific interventions to escape homelessness (Aubry et al. 2013:911).

Aubry et al. (2013) used demographic data of clients provided by three shelters over a four-year period (2004-2007) and encompassed 76,428 shelter users. The temporary shelter users averaged 1.24 shelter visits in the four-year period with an average of 26.91 days per visit. The episodic shelter users averaged 5.7 shelter visits and stayed an average of 34.2 days per visit. While the long-stay shelter users averaged 3.41 visits with an average of 709.61 days per visit.

When comparing the Toronto and Ottawa shelters were similar with temporary shelter users accounting for 87-88% of the study population. The episodic shelter users accounted for 8-10% of the study population. While the long-stay shelter users were only 2-4% of the study population (Aubry et al. 2013). The most common shelter users were temporary shelter users who accessed the shelter 1-2 times over the four-year period for an average of 26.91 days. Males were 71-89% of this population. This indicates that men who accessed these shelters received effective supports and they did not remain unhoused for a long period of time or experience recurrent homelessness.³⁰

²⁷ Temporary shelter users are categorized as individuals who stay for short periods of time at a shelter and have one or two episodes of homelessness in one year.

²⁸ Episodic shelter users are categorized as individuals who stay for short periods of time at a shelter but return frequently in one year.

²⁹ Long-stay shelter users are categorized as individuals who spend long periods of time at a shelter, some stayed for many years.

³⁰ This study is quantitative and does not provide details on how the participants found housing. Participants may have moved on to other shelters.

More seniors (those over 65-years of age) were long-stay shelter users while younger adults made up the temporary shelter users. This indicates that services available at these shelters were more effective for young adults than for seniors. This points to the need for services that are tailored to seniors and their needs to avoid them becoming long-stay shelter users.

Given the nature of quantitative data, the nuances of each participants experiences were not presented. The authors state that, “it is unclear to what extent the differences in the demographic characteristics between the cities are tied to the manner in which services are delivered to different age groups in each of the cities” (Aubry et al. 2013:924). The results show patterns of shelter use but no other patterns of homelessness, including pathways to homelessness, access to other services, or how participant’s gender or age has impacted their service access.

Another Canadian study that follows this classification framework is by Hannah Rabinovitch, Bernadette Pauly and Jinhui Zhao (2016), entitled *Assessing Emergency Shelter Patterns to Inform Community Solutions to Homelessness*. This study explores longitudinal clientele data for five shelters in Victoria, British Columbia from 2010-2014. Their results were like those of the Aubry et al. (2013), with 85% of study participants being temporary shelter users, 14% of participants being episodic shelter users, and 2% of participants being long-term shelter users. As well, of the 4,332 participants in this study, 70% were male, and the long-stay shelter users were the oldest participants, like the study by Aubry et al. (2013).

The research findings of these two quantitative studies conclude a need for tailored programs and policies that target different clusters within the unhoused population based on their homelessness history and personal experiences. Aubry et al. (2013) recommend assisting the long-stay cluster with a Housing First approach to be followed up with long-term support including intensive case management, social services, and funding. The episodic shelter stay cluster may need ongoing support after finding housing as their shelter use pattern suggests that they may struggle with maintaining housing. Ongoing support could include mental health supports, counselling, and rent subsidy programs. And finally, for the temporary

shelter stay cluster Aubry et al. (2013) recommend that services providers focus on quick re-homing with short-term assistance as the faster an individual moves out of a shelter the less likely they are to return. However, it seems that this shelter population is already getting adequate assistance given that they do not return frequently to the shelter system.

Overall, the differences between these groups “highlights the importance of screening shelter residents on the basis of their homelessness history and allocating support accordingly” (Aubry et al. 2013:925). Both studies are informative but limited by the nature of quantitative data. Most available literature on homelessness is quantitative and focuses on individual-level factors. Quantitative data is limiting in explaining ‘how’ and ‘why’ of phenomenon occur. More nuanced information that can be collected through qualitative methods is needed to learn more about the differences within these groups, how these differences impact the experience of homelessness, and why these groups have encountered challenges in escaping homelessness.

3.1.2 Qualitative Research

While quantitative data is useful in identifying shelter demographics and outcomes, qualitative data allows researched to explore more complex concepts and hear about firsthand experiences. For example, in *Women’s Advocates and Shelter Residents: Describing Experiences of Working and Living in Domestic Violence Shelters*, the goal was to explore how interventions were used from the perspective of staff and clients. Little is known about domestic violence shelters from the clients’ perspective (Hughes 2020).

Judy Hughes (2020) used qualitative methods to explore the programs and practices of domestic violence shelters across Manitoba. She focused on interactions between shelter workers and clients through telephone interviews with six shelter workers and six shelter clients. She found that shelter workers strived to make clients feel safe and comfortable. They worked to build trust, listened to clients in non-judgmental ways, and let clients have control over their own decisions. They also provided information about domestic violence, cycles or abuse, and healthy relationships.

Overall, Hughes (2020) found that a significant number of the interventions at the shelter aimed to create a safe, relaxed, and non-violent atmosphere. This was noticed and appreciated by the clients. Gender-specific services, such as trauma-informed care, the opportunity to connect with other women, and the opportunity to feel safe was important given that fleeing from domestic violence is the main pathway to homelessness for women.

Women in shelters need services that consider their gendered experiences, as well as their experiences that are impacted by their race, culture, age, and other social categories. Hughes (2020) found that clients had diverse experiences at the shelters as workers tailored some of their practices based on clients age, culture, race, and education because each woman has unique needs based on their circumstances³¹. For example, shelter workers explained that they provide different counselling to an older woman leaving a long-term relationship than to a younger woman who could also be dealing with substance use.

In sum, this study highlights the multitude of tasks performed by shelter workers, and the rationale behind them. Shelter workers are tasked with a difficult and complex job. Further research is needed to highlight the nuances and details of life inside a domestic violence shelter. The next section looks at literature that employs mixed methods.

3.1.3 Mixed Methods Research

Further exploration of homelessness and shelters can be accomplished by combining quantitative and qualitative methods in a mixed methods approach. Mixed method case study methodology provides an opportunity to present a thorough understanding of the dynamics of homelessness and shelters by using multiple data sources, also known as triangulation³². One example is Keuntae Kim and Ivis Garcia's work, *Why Do Homeless Families Exit and Return to the Homeless Shelter? Factors Affecting the Risk of Family Homelessness in Salt Lake County (Utah, United States) As a Case Study* (2019). They

³¹ Only one shelter worker acknowledged the unique needs of Indigenous women; however, one Indigenous client participant noted that she was allowed to smudge while staying at a shelter (Hughes 2020).

³² Triangulation is the process of using multiple data sources to come to a comprehensive understanding of a phenomena (Carter et al. 2014).

used archival data of 1,462 unhoused families who accessed one shelter over a two-year period, which included historical shelter records, program enrollment information, and demographic information. Kim and Garcia (2019) found that families who were unhoused because of domestic violence were more likely to have repeated episodes of homelessness. Further, families headed by an individual with a physical disability, mental health concerns, or chronic health issues were also prone to repeated shelter usage.

Kim and Garcia (2019) also found that families exiting the shelter were more likely to return if they did not participate in programs offered at the shelter, such as subsidized housing programs, case management, and job training. Study findings are generalizable to other shelters since families were less likely to return to the shelter when programs were available and case management assistance was undertaken. This research also shows that multiple archival data sources can result in effective and unintrusive research on homelessness.

3.2 WOMEN AND HOMELESSNESS

Women who experience homelessness are a diverse group who have varying needs-based factors such as pathways to homelessness. Cultural and ethnic background, gender identity, health status, and other considerations also reinforce this diversity. Unhoused women are not a homogenous group and one-size-fits-all services are ineffective. Women's experiences of homelessness and the diversity within this population have become a more common topic of research in recent years. However, literature on this subject is still scarce. Literature relevant to this topic is detailed below.

3.2.1 Women and Transitional Housing

Sarah Fotheringham, Christine A. Walsh and Anna Burrowes (2014) in, *'A Place to Rest': The Role of Transitional Housing in Ending Homelessness for Women in Calgary, Canada* focused on Mary Dover House, the women's transitional housing program run by the YWCA of Calgary. Transitional housing acts as a channel between emergency shelters and permanent housing and prepares clients for exiting homelessness. It provides more time for the clients to secure permanent housing. Again, there is a lack of research in Canada on transitional housing and its success.

The Housing First program has been successful for many organizations and individuals in Calgary. However, this study finds that Housing First studies have focused on men's and not women's experiences. Fotheringham et al. (2014) address women's unique experiences of homelessness by concentrating on their positive and negative experiences with transitional housing. Women's negative experiences with transitional housing included feeling disrespected by staff, having problems with the physical structure of the building such as having to share rooms with other clients and a lack of space for spiritual practice for Indigenous women. Space allocations are an issue for clients since they are in a traumatic time in their lives and may desire space for privacy or spiritual practice.

The women's positive experiences with transitional housing included not feeling rushed, making connections with other women, feelings of safety, and being able to access resources. In comparison with the House First model, where they would be placed in permanent housing directly from an emergency shelter. This time in between shelter and permanent housing allowed the women to make connections with other women, access counsellors and resources directly from where they were staying, take their time in finding appropriate permanent housing, and feel safe in their environment. Feelings of safety are especially important for women since many are fleeing domestic violence, and/or have experiences with physical and sexual assault. The focus on the importance of women's experiences shows the healing properties of physical safety, emotional support, and time to find safe housing.

3.2.2 Invisibility within Homelessness

Carolyne Whitzman addresses the invisibility of women's homelessness in, *At the Intersection of Invisibilities: Canadian Women, Homelessness, and Health Outside the 'Big City'* (2006). This study explores the compounding nature of invisibility for women experiencing homelessness in rural areas of Ontario. She demonstrates how most research ignores the realities of homelessness for rural and urban women. Again, unhoused women's experiences remain hidden to policy makers, further subjecting women to the cycle of homelessness by not providing them with appropriate services.

Most programs that serve unhoused individuals cater to those who are “visibly homeless”, typically single men who use emergency shelters. There is a lack of services that cater to unhoused women, specifically those with children, or who are housed but at risk of homelessness. This lack of services is amplified for rural women³³ since most emergency shelters, soup kitchens, and drop-in programs are in urban centres.

The study recommends service integration to remove barriers for unhoused women seeking assistance. These include interagency coordination, where service delivery is synchronized among different organizations through information exchange, interagency workshops and cross-training, and shared record keeping. This benefits clients by streamlining the process of accessing services. Through information exchange and shared record keeping clients do not have to complete similar paperwork at every organization. Interagency cross-training allows workers to be well versed in other organizations’ programs and improves referrals.

Another recommendation from this study is case management. Case management entails a case worker who facilitates multiple services for clients and helps with accessing needed information. For example, a client can benefit from referrals to outside resources and being given transit fares to travel to different services. Whitzman’s recommendations are a good starting point for how individual services can create tailored programming for Indigenous clients.

3.2.3 Tailored Services

Another study that emphasizes services that are specific to different subpopulations within the unhoused community is, *Recognizing and Responding to Women Experiencing Homelessness with Gendered and Trauma Informed Care*, by Katrina Milaney, Nicole Williams, Stacy Lockerbie, Daniel Dutton and Elaine Hyshka (2020). This study examines the experiences of 81 unhoused women in Calgary, Alberta in 2017. It focuses on the importance of gender-specific services. This study found that

³³ According to the Rural Homelessness Study (2011), 5-6% of shelter users in urban Guelph, Ontario come from surrounding rural areas; however, this likely does not represent the total amount of rural unhoused individuals as people in rural communities are more likely to utilize informal pathways such as couch surfing, living in vehicles or abandoned buildings, and staying with friends and family (Grodzinski et al. 2011).

unhoused women were 1.82 times more likely to have attempted suicide, and twice as likely to have a psychiatric hospital stay than their male counterparts. Milaney et al. (2020) say unhoused women have a high likelihood of having experienced childhood trauma and violence. Unhoused women are at a greater risk of experiencing violence than unhoused men, due to the gendered nature of violence, wherein most violence perpetrated against women is committed by men. Given this, gender-specific services are necessary to address the higher rate of trauma, violence, and mental health issues among unhoused women.

The current lack of gender-specific services puts unhoused women at further risk because it impedes their ability to escape homelessness. These results speak to the importance of a trauma-informed care approach taken by front-line workers. Services must account for the frequency and long-lasting impacts of abuse and violence upon their clients. Accordingly, services must be sensitive and responsive to clients. This includes recognizing the trauma that can be present in clients' histories, evaluation of screening and assessment protocols and programming, meeting client needs in a compassionate and collaborative manner, taking steps to not re-traumatize clients, and empowering clients in the context of their own lives to build resilience (Centre for Substance Abuse Treatment 2014).

3.3 INDIGENOUS PEOPLES AND HOMELESSNESS

The unique needs of Indigenous peoples have not been addressed in many services, partly because there is a disconnect between standard definitions of homelessness and Indigenous peoples' experiences of homelessness. Indigenous peoples' experiences of homelessness differ from non-Indigenous people, as their pathways to homelessness are influenced by the colonial history of Canada. This includes the way that intergenerational trauma has impacted the Indigenous community and how this contributes to homelessness. Exploring how this can impact service delivery to unhoused Indigenous peoples is essential because unhoused Indigenous peoples are currently underserved.

3.3.1 Definition of Homelessness

In *The Inclusion of Indigenous Voices in Co-Constructing 'Home': Indigenous Homelessness in a Northern Semi-Urban Community in Manitoba* by Marleny M. Bonnycastle, Maureen Simpkins, and Annette Siddle (2016), the authors explore the meanings of 'home' and 'homelessness' through focus groups with 26 unhoused Indigenous participants in Thompson, Manitoba. Bonnycastle et al. (2016) prioritized the knowledge and experiences of participants and community stakeholders, an Indigenous Elder and an Aboriginal Liaison who works directly with the unhoused community. As well as program directors at local organizations and a mental health worker at a local shelter. Focus groups were conducted at organizations that participants accessed (Thompson Homeless Shelter, the Northern Regional Health Clinic, Thompson Boys and Girls Club, and the Thompson Crisis Centre).

This research highlighted information from people who have experienced homelessness to help generate recommendations for addressing homelessness. Strategies for addressing homelessness often disregard the voices of unhoused people themselves. Meaningful initiatives must consider first-hand experiences. When suggestions from the unhoused community are excluded, they are often underserved. This means that the available services do not apply to them or are not successful in meeting their needs.

According to Bonnycastle et al. (2016), participants defined 'home' as more than just a structure or shelter but a place where they belonged, felt included, and could find social support. In this way, 'home' could be found outdoors or in a community of outdoor camps where people can feel connected to the land and belong to a "street family" (Bonnycastle et al. 2016:128). The way participants defined 'home' can also give evidence to different pathways to homelessness. This can include losing children to the child welfare system that disrupts familial bonds and one's notion of 'home.' Some participants noted that the loss of their children resulted in their social assistance being cut to as little as \$200 per month and contributed to their loss of housing.

The definitions of 'home' and 'homelessness' are multi-dimensional, involving physical structures, safety, community and familial ties, and spiritual connection. All these factors combine to

create a sense of home and belonging. Again, services that assist the unhoused population must consider this definition that is specific to Indigenous peoples, in order to successfully assist them because an incomplete understanding of homelessness for Indigenous peoples leads to ineffective services.

3.3.2 Variations Between Indigenous and Non-Indigenous Homelessness

Indigenous peoples experiencing homelessness need tailored and culturally-appropriate services given the fact that their experiences of homelessness differ from non-Indigenous unhoused individuals. These experiences differ based on the lasting impacts of colonialism and intergenerational trauma. As explored by Peter Menzies (2008) in *Intergeneration Trauma and Homeless Aboriginal Men*. This study included data from interviews and focus groups with 21 Indigenous men between the ages of 18 and 64 who were utilizing services at Na-Me-Res, an Indigenous men's shelter in Toronto, Ontario (Menzies 2008). This research looked at how intergenerational trauma had contributed to the participants experiences of homelessness. Menzies (2008) found a correlation between homelessness and the participant's involvement with the child welfare system, with 44% of participants having been adopted by non-Indigenous families or been in foster care. Participants reported that their culture was not affirmed or celebrated by adoptive or foster care families, that they felt "homeless" from an early age despite having shelter, and that being removed from their families and communities had detrimental effects on their lives.

Menzies (2008) found that intergenerational trauma had contributed to participant's homelessness and concluded that this trauma was a direct result of social policies introduced by the Canadian government. Referring to the Indian Act and policies related to Residential Schools and the Sixties Scoop, Menzies (2008) stated, "external social policies have corroded the links between critical elements within Aboriginal culture...systematically negating Aboriginal culture and imposed values that are contradictory to our traditional ways of relating to one another" (16). Services for addressing Indigenous peoples experience of homelessness must therefore acknowledge their unique experience of homelessness and

offer culturally-appropriate programming to effectively address homelessness. The next section explores what tailored services are effective for Indigenous peoples experiencing homelessness.

3.3.3 Tailored Services

Tailored services for unhoused Indigenous peoples should be a priority given the overrepresentation among this population. Indigenous peoples are 27-33% of the unhoused population, but account for less than 5% of the total Canadian population (Gaetz et al. 2016). These overrepresentations are another example of how Indigenous peoples have been impacted by the lasting impacts of colonialism in Canada.

The unique needs of Indigenous women experiencing homelessness was explored in *Housing Needs and Preferences of Relatively Homeless Aboriginal Women with Addiction* by Rebecca Schiff and Jeannette Waegemakers-Schiff (2010). This study explored effective housing solutions for Indigenous women dealing with addictions at the Regina Drug Treatment Court (DTC). The DTC is an alternative to incarceration for individuals with drug-related charges. Participants are connected with applicable services and participate in community-based addictions treatment. However, staff at the DTC stated that participants lack access to housing, which is often a roadblock to their success and sobriety (Schiff and Waegemakers-Schiff 2010). Interviews were conducted with five unhoused Indigenous women who participated in the DTC program on their housing needs and exploring their preference for Housing Ready or Housing First Programs. Housing Ready and Housing First are the two dominant approaches to housing unhoused individuals, with Housing Ready focusing on a transition from shelter to transitional housing to permanent housing. The goal of a Housing Ready approach is to address issues prior to obtaining permanent housing, such as addictions, mental health, and financial stability (Schiff and Waegemakers-Schiff 2010).

The Housing Ready approach assumes a “deficiency in daily living skills that precludes independent living”, which pathologizes unhoused people as lacking basic abilities (Schiff and Waegemakers-Schiff 2010:71). Housing First came as a counter to Housing Ready, viewing independent

housing as a basic right and asserted that most people can maintain independent housing without proving their worthiness. Housing First has now been widely adopted by housing organizations across Canada, and studies have shown its effectiveness through housing stability. However, studies have not been replicated for diverse populations or populations with unique needs, such as Indigenous peoples or individuals with addictions (Schiff and Waegemakers-Schiff 2010). For example, Indigenous women indicated a need for housing that can accommodate extended family members, as they placed high value on communal supports. Participants also indicated the need for access to culturally appropriate services, including healing circles and access to Elders. These services may be more accessible in shelters and transitional housing than in permanent independent housing.

The benefits of traditional practices and ceremonies was explored in *American Indian Women and Domestic Violence: The Lived Experience* by Sharon B. Murphy, Christina Risley-Curtiss and Karen Gerdes (2004). The authors examined Indigenous women's understanding of abuse and how they had moved beyond it. This study showed how women turned to traditional practices such as sweat lodges and prayer to make sense of their abuse and reclaim their power as women. Murphy et al. (2004) stress the importance of historical and cultural context in services that assist Indigenous women to help them heal. The use of traditional practices and ceremonies can be incorporated into organizations that serve the unhoused community.

3.3.4 Local Organizations

In terms of Calgary organizations that offer culturally specific services, Wilfreda E. Thurston, David Turner, and Cynthia Bird (2016) looked at pathways to homelessness and how this can inform culturally safe services for Indigenous clients in *Community-Engaged Scholarship: A Path to New Solutions for Old Problems in Indigenous Homelessness*. Pathways in and out of homelessness are complex and can be even more so for Indigenous peoples based on the historical and colonial context of Indigenous homelessness. Thurston et al. (2016) found that common pathways to homelessness for Indigenous individuals were related to the consequences of intergenerational trauma.

Considering the unique experience of homelessness for Indigenous peoples, Thurston, Turner and Bird (2016) recommend that organizations offer services that enhance:

cultural awareness (getting to know something about another culture); cultural sensitivity (exploring one's own culture and the interacting with other cultures while accepting difference); cultural competence (building on awareness with knowledge and skills that ensure good outcomes in cross-cultural encounters); cultural safety (incorporating collaboration in the creation of culturally safe environments that reduce inequities); and cultural advocacy (promoting social justice) (155-156).

While the authors noted the lack of culturally-specific organizations in Western Canada and specifically Calgary, they failed to identify or include ATHL. This oversight leads to an incomplete picture of the services available in Calgary and the work being done by organizations that focus on cultural awareness, sensitivity, safety, and advocacy. Ironically, the authors encourage the use of community-engaged scholarship, where community knowledge is validated and community members are seen as an equal member in research. The goal of community-engaged scholarship is to ensure competency in methods and interpretation of results, and ensure applicable solutions are recommended (Thurston, Turner and Bird 2016). However, failing to include ATHL as a community member in working in Indigenous homelessness in Calgary is a failure in applying community-engaged scholarship.

3.3.5 Best Practices for Serving Indigenous Clients

Aboriginal Homelessness: A Framework for Best Practices in the Context of Structural Violence by Nelly D. Oelke, Wilfreda E. Thurston and David Turner (2006), provides recommendations on best practices for serving unhoused Indigenous individuals. This study looks at organizations that serve the unhoused population in seven urban centres in Western Canada, including Winnipeg, Manitoba, Regina, Saskatchewan, Saskatoon, Saskatchewan, Edmonton, Alberta, Calgary, Alberta, Vancouver, British Columbia, and Victoria, British Columbia. To establish a framework of best practices for serving Indigenous clientele, a database of relevant organizations was created through publicly available information found in Internet searches. Next, semi-structured phone interviews were completed with staff in each city at 64 of the organizations identified.

The results showed that the unique needs of Indigenous clients have been overlooked in policies and program delivery. For example, organizations in Winnipeg and Saskatoon reported the highest rates of providing culturally specific services to clients, with 1/3 of participating organizations offering some form of cultural service to clients, such as having access to Elders (Oelke, Thurston and Turner 2006). However, of all the other organizations surveyed, less than 1/3 reported offering culturally specific services to Indigenous clients. Despite interviewees noting that this was an imperative practice for the well-being of Indigenous clients and their experiences of cultural safety.

The ability for organizations to provide such services is inhibited by funding and funding-specific mandates; “several of the informants interviewed recognized the importance of providing Aboriginal-specific services but felt that their organizational mandates restricted them in terms of their ability to offer such services” (Oelke, Thurston and Turner 2006:7). Inadequate funding is one of the top complaints of Canadian shelters, as it impacts the continuity of services, staffing, and leads to the tailoring of programs to coordinate with funding opportunities as opposed to coordinating with client needs (Oelke, Thurston and Turner 2006). To provide appropriate services to Indigenous clients, shelters in Canada will need to have increased funding and support from the government.

3.4 SUMMARY

The literature for Indigenous women and homelessness, their experiences, and their evaluations of individual shelters is limited. This results in less representation in organizational policies and programs leading to these groups being ineffectively served. In recent years more studies have included the experiences of women, Indigenous peoples, and other subpopulations of the unhoused community. This is important in generating meaningful solutions to homelessness and better serving this population.

CHAPTER FOUR – DATA COLLECTION METHODS AND DATA ANALYSIS

4.0 INTRODUCTION

To explore the research questions of this project, archival and secondary data were collected from Awo Taan Healing Lodge (ATHL). It was analyzed through the lens of a mixed methods case study and applied an Indigenous framework. Data analysis was done using case study methodology, which seeks to investigate the dynamics, patterns, and features of a unique system (Curry et al. 2009). Case studies involve in-depth data collection of multiple sources of information. A mixed methods design helps to gain more complete knowledge of a phenomenon by answering broad and complex questions (Johnson and Onweugbuzie 2004). This chapter details the mixed methodologies used for data collection and analysis to examine information gleaned from archival and secondary data.

4.1 DATA COLLECTION

Archival data are materials that have originally been collected for service or administrative purposes. Secondary data describes information that has already been collected. Data analysis of archival and secondary data is unobtrusive and is well suited for case studies where multiple forms of data lead to a more wholistic picture of the environment under study (Bryman 1995). Further, the use of archival and secondary data is effective when there are time and money constraints.

Limitations of using these types of data include difficulty in detecting errors, such as manual data entry errors or duplicate data. There is also the issue of missing data since archival and secondary data are collected for other purposes and may be missing information that is important to one's own research questions (Goode et al. 2017). Considerations when using archival and secondary data include screening for data entry errors and inadequacies. However, when the scope of available data is limited, eligibility criteria is also limited. Therefore, using archival and secondary data is often a trade up between control of data for convenience and accessibility.

Archival and secondary data were provided by ATHL and provided more information than could have been collected through primary data collection.

Table 1: Data Sources

Data Source	Description
Client Files	44 complete client files
Client Interviews	20 one-on-one interviews with ATHL clients
Staff Surveys	12 surveys with ATHL staff
Elder Focus Group	Data from two focus groups with five Elders who work and volunteer at ATHL
Formative Evaluation Report	Report on ATHL's programs, practices, client demographics, and internal documents.

Source: Awo Taan Healing Lodge, 2020

Table 1 shows the various data sets that will be examined in this study. The data sources were provided by ATHL and cover a ten-year period between 2010 and 2019. This was facilitated by Awo Taan Healing Lodge's Scientific Director, Nicole Eshkakogan. These include client files, client interviews, staff surveys, and a Formative Evaluation Report.

Client files: There were 44 client files covering the period between 2010 and 2019 at three intervals (15 files from 2010; 15 files from 2015; and 14 files from 2019).³⁴ Client files include information provided by clients at intake, throughout their stay at ATHL, and upon discharge. Information is provided to staff members who record the information by hand. When clients arrive at ATHL they provide a Wellness Worker³⁵ with demographic information such as age, ethnicity, medical concerns, and shelter history.

Clients are also asked about their reason for coming to ATHL. For example, whether they are fleeing domestic violence and they are asked to provide information about their experiences with domestic violence, their abuser (including a physical description for safety purposes). They also completed a Danger Assessment³⁶ with the help of the Wellness Worker. Throughout their stay at ATHL

³⁴ The number of client files obtained from ATHL was related to logistical constraints, including COVID-19 restrictions on entering the shelter and coordinating remotely with ATHL staff members. The small sample size of this research limits the generalizability of the data and trends found.

³⁵ Wellness Workers are front-line staff at ATHL who interact directly with clients. Wellness Workers do intake with clients and offer support throughout their stay at ATHL.

³⁶ The danger assessment scale used by ATHL is a tool that was created by Dr. Jacquelyn Campbell in 1986 in order to assess the level of danger a person fleeing domestic violence is in, including the risk of homicide. The tool consists of 20 Yes or No questions regarding the domestic violence that has been experienced, which are then assigned scores resulting in a danger assessment of (1) variable danger where the risk level is unpredictable (score of less than 8); (2) increased danger, where there

various staff members make notes about the clients' progress, such as services they accessed and referrals they were given to outside organizations. Upon discharge staff complete a form including details on the client's exit from the shelter, such as where they will be staying and their reason for leaving.

Client files contained missing data, however these were not removed from the study as the inclusion of only complete client files would have resulted in an even smaller sample and potentially yielded biased results.

Formative Evaluation Report: The report was prepared in June 2019 by ATHL's Research and Evaluation Committee³⁷ for a policy and program evaluation. This report was reviewed to collect information about ATHL's programs, practices, client demographics, and internal documents.

This report contains a summary of data from client exit surveys that were collected between 2010 and 2018³⁸. Clients' exit surveys were administered when a client left ATHL. The survey identified what worked well for clients at ATHL and what they felt did not work well. Information is also collected on why they left ATHL and where they would reside after exiting.

Client Interviews: Twenty one-on-one interviews were conducted by ATHL's Scientific Director, Nicole Eshkakogan during 2018 (N=10) and 2019 (N=10). The sample for interviews was a sample of convenience and tended to have more clients who had stayed for longer periods of time. Interviews in 2018 had 24 open ended questions, while the 2019 interviews had 27 open-ended questions.³⁹

Client interviews were originally collected to assess clients' satisfaction with ATHL and used in ATHL's Formative Evaluation Report. Clients were asked questions about the shelter, such as, "What

is a higher level of risk and assertive safety planning is needed (score of 8-13); (3) severe danger, where there is a higher level of risk and assertive safety planning is needed (score of 14-17); and finally (4) extreme danger, where the risk is highest and client is at risk of homicide (score of 18 or more).

³⁷ ATHL's Research and Evaluation Committee included: Nicole Eshkakogan (Scientific Director), Victoria Sedgwick (President), Josie Nepinak (Executive Director), Carolyn Woodroffe (Residential Program Coordinator), Sandi Roberts (Wellness Worker), and Jacki Bromley (Rural and Community Outreach Worker).

³⁸ Until 2018 the Government of Alberta collected data on all provincially-funded shelters via client exit surveys. This is no longer a government requirement but ATHL continues to administer client exit surveys for their own use.

³⁹ Additional questions about staff were included in the 2019 interviews. For example, "Do you feel that the staff at the shelter are respectful of your beliefs and cultural practices?"

was helpful at ATHL?"; "What could be improved at ATHL?"; and "What help did they receive from ATHL staff?" Clients were also asked questions about culture, including whether they expected cultural support at ATHL. Their opinions about how ATHL could improve its cultural supports were also recorded.

Staff Surveys: Online surveys were administered to 12 ATHL staff members in April 2018. The staff members included: one Residential Coordinator, three Child Support Workers, six Wellness Workers, one Night Shift Worker, and one Relief Staff. Surveys included 47 open and closed-ended that focused on service delivery at ATHL. Other questions asked their opinion on cultural supports at ATHL, the challenges that staff faced at ATHL, and what made ATHL successful.

Elder Focus Groups: Focus group data from five Elders was collected through two focus groups that took place on April 28, 2018 and May 17, 2018. The focus groups were facilitated by Nicole Eshkakogan to collect data for ATHL's Formative Evaluation Report. The Elders all have experience working with ATHL as former employees, volunteers, and/or advisors for the Board of ATHL. Elders provide ATHL clients with cultural supports, such as weekly healing circles and smudging. They show clients how to pick and prepare traditional medicines such as sweetgrass, sage, and tobacco. Elders also conduct informal counselling and mentorship with clients. Elders were asked about the cultural supports, service delivery, and how the needs of clients have changed over their time working with ATHL.

Publicly Available Data: Information that is publicly available was found through internet searches, such as ATHL's mandate, list of board members, and information on ATHL's funding.

4.1.1 Privacy Considerations

Client files were received in their raw form. To protect the client's anonymity, I assigned an identification number to each client file and certain identifying information was not included in the analysis. The files had information such as names, addresses, and physical descriptions that were not used

in this project. Clients signed an Admission Agreement⁴⁰ upon entering ATHL that stated that the information from their files could be used for research purposes.⁴¹

The secondary data (including client interviews and staff surveys) was modified for privacy purposes, by the primary researcher Nicole Eshkakogan. When the data was collected, participants signed consent forms stating that identifiable information would only be seen by the primary researcher. Pseudonyms were given to participants and names and certain identifiers were removed.

4.2 DATA ANALYSIS

The data analysis process is focused on making sense of a dataset through data preparation, interpretation, evaluation, explanation, and presentation (Kent 2015). For the purposes of this thesis, I combined information from multiple data sets to reveal the clients' comments and experiences about ATHL's services. The clients commented on the services that fulfilled their needs and where they saw gaps in service. To enhance this case study, both quantitative and qualitative data from multiple sources were utilized.

I had to determine whether the provided data was appropriate for my research questions. Processes of interpretation and evaluation are detailed below for quantitative and qualitative data sets and followed by the results section including the explanation and presentation of findings.

4.2.1 Mixed Methods

Mixed methods research combines the strengths of qualitative and quantitative methods in a single study to produce results that are greater than the sum of their parts. When using archival and secondary data, combining data sets increases the range of questions a researcher can ask (Young and Johnson 2013). Mixed methods research takes more time and effort; however, it can increase validity, make up for limitations, and lead to a deeper understanding of the topic of study (McKim 2017). Mixed methods

⁴⁰ All files received from ATHL were checked to ensure a signed Admission Agreement had been completed by each client.

⁴¹ The collection of consent for research at the time when clients are admitted to ATHL is questionable. When individuals enter a shelter, it is a vulnerable moment in time where they are likely dealing with other stressors and are not able to take the time to fully consider what they are agreeing to. To mitigate this, I ensured participants information was kept confidential and unidentifiable throughout this project.

research is valuable when studying homelessness as there is a lack of research that includes qualitative data and mixed methods designs. This research took the form of an explanatory mixed methods design and qualitative data is used to explain the quantitative results. Furthermore, pattern matching of multiple data sets is an approach for constructing the validity of case study research (Yin 2014). Therefore, data sets were analyzed in search of patterns that were consistent across the multiple data sets.

4.2.2 Quantitative Data

Quantitative data is useful for conducting research that is unintrusive and reliable (Petersen 2008). It is also ideal when working with archival data where the opportunity to ask follow-up questions is unavailable. For the quantitative portion of this research, the archival data (client files) were quantified to establish if there were patterns across the years of study. Applicable data was coded and entered into SPSS for statistical analysis, which included running crosstabs to establish frequencies by year and cumulative frequencies.

The quantitative data provided systematic information about client demographics, services accessed, referrals provided by ATHL, and experiences with domestic violence. The data was extracted into 15 relational data tables and then interpreted to translate numerical data into a comprehensible form. Given the relatively small sample size of the quantitative data set (n=44), it lacks the ability to be a standalone data set and qualitative data is necessary to provide context and fuller detail. As well, qualitative literature on homelessness is lacking, thus a more nuanced picture of homelessness can be derived through the presentation of first-hand experiences.

4.2.3 Qualitative Data

First, client files were quantified and analyzed, then qualitative data was analyzed through a framework that was established from the quantitative analysis. The qualitative data was organized by sorting data based on findings from the quantitative analysis to organize themes that emerged. The analysis focused on patterns related to client demographics and experiences with ATHL. This was

achieved through a thematic analysis, including multiple rounds of analysis, coding, and organization of themes. Finally, the results from the qualitative data were used to help explain the quantitative findings.

Qualitative methods were used for this research, as they are especially appropriate for certain populations who have been historically underrepresented and/or silenced within research. The goal of qualitative research is to explore how subjects give meaning to their experiences with a phenomenon. A specific goal of this research was to provide a platform for the voices of women experiencing homelessness to be heard. This research utilized quantitative and qualitative data to give context and a deeper meaning to the case study.

4.2.4 Case Study

Data analysis was conducted on the ATHL case study. A case study seeks to investigate dynamics, patterns, and features of a unique system (Curry et al. 2009). Case studies are done through the focused collection of multiple sources of information on one group, organization, or environment, and are useful for gaining an experiential understanding of a particular phenomenon through first-hand accounts (Stake 2003). The goal of an organizational case study, such as this research about ATHL, is to gather information to gain insight into the life of the organization (Berg and Lune 2012).

Case studies are methodologically appropriate when control and access to research participants are limited. This was the case for this research considering the time and scale of Masters-level research and the ability to access transient populations. Case studies are also appropriate for conducting an in-dept investigation of an on-going phenomenon that is influenced by “important contextual conditions” (Yin 2014:16). Considering this, a case study is appropriate for looking at the ATHL environment, the programs offered there, and what their clients have to say about their experience at ATHL.

A limitations of a case study is that they are often not considered to be generalizable in comparison to survey research. However, one objective of this research is to identify what ATHL is doing successfully for their clients, where ATHL could improve in service delivery, and to provide this information to ATHL for program improvement. When research has the potential to inform policies that

directly impact people's lives, their lived experience may be more noteworthy than generalizability (Stake 2003).

4.2.5 Indigenous Methodologies

Historically, Indigenous self-determination and healing has been pushed aside to prioritize Western research methods in the pursuit of knowledge (Lester-Smith 2013). To avoid this type of research, which may not be valuable to Indigenous communities, I turned to Indigenous methods to challenge the conventional Western research paradigm. There is a need for Indigenous and non-Indigenous scholars to contribute to the available literature about and for Indigenous peoples that centers Indigenous worldviews, perspectives, and interests (Olsen 2016).

Shawn Wilson (2008) in *Research is Ceremony* uses guiding principles for research involving Indigenous communities which include: (1) the research is approved by Indigenous stakeholders; (2) reciprocity, meaning that the results must benefit both the researcher and the research participants in a meaningful way; (3) research is confidential and non-intrusive; and (4) the researcher acknowledges subjectivity by critically observing themselves and the participants.

Approval by Indigenous Stakeholders: Research done with Indigenous communities should be undertaken with the support and consent of stakeholders in that community. This research was carried out with the support of stakeholders at ATHL, including Josie Nepinak (Executive Director of ATHL) and Nicole Eshkakogan (Scientific Director of ATHL)⁴².

Reciprocity: Indigenous methodologies focus heavily on a reciprocal relationship between researcher and participants, with both sides being the beneficiary of the research. Research that involves Indigenous peoples and communities must be mutually beneficial, wherein the research acts as a storyteller, an advocate, and an ally to participants to share their stories and create tangible, positive

⁴² I met with Josie Nepinak and Nicole Eshkakogan on multiple occasions to discuss themes, methods, and ways in which the research could be reciprocal and mutually beneficial for me and the shelter administrators. Benefits to me included completing my master's thesis and learning about the organizational structure and programming of a shelter. Benefits to the shelter administrators included a report on strengths, weaknesses, and areas for improvement for the shelter.

change. A key aspect of Indigenous methodologies includes “a way to interpret knowledge so as to give it back in a purposeful, helpful, and relevant manner” (Kovach 2009:44).

The research results were shared with staff and board members at ATHL to help improve their programming for clients. In initial meetings with ATHL board members it was expressed that they are seeking more client input to advance their programs and service delivery. A primary goal of this research was to incite positive changes to the services that are accessed by Indigenous women experiencing homelessness.

Confidential and non-intrusive: This research was completed in a confidential and non-intrusive way, given that unidentifiable secondary data was utilized. Secondary data minimizes the burden on research participants that can come from participating in interviews (Kara 2017). This is particularly the case when research involves sensitive topics, such as experiences of violence and homelessness. The burden of time on research participants is also lessened with secondary data.

Subjectivity: Another important feature of Indigenous methodologies is the researcher taking the role of storyteller, as opposed to unbiased expert (Wilson 2008). Historically, research was thought of as being free from bias or personal influence. However, one must take a critical look at the power imbalance that is created when the researcher takes on a superior position. Dominant research methods, including positivism and post-positivism give way to unethical methods because the goal of the research is to gain knowledge at any cost (Wilson 2008). On the other hand, when applying lenses such as feminist standpoint theory or Indigenous feminism, “knowledge in itself is not seen as the ultimate goal, rather the goal is the change that this knowledge may bring” (Wilson 2008). Considering this, care, respect, and responsibility all must be present to carry out ethical research.

Overall, Indigenous research does not mean the inclusion of exact methods but the inclusion of an Indigenous framework and set of reflective principles that guide the entire research process (Kovach 2009; Olsen 2016). Indigenous methods require the researcher to be critical of research design, data ownership, interests, benefits, and dissemination (Olsen 2016). By applying the guiding principles of

Indigenous research, the researcher can take on research as an experiential process involving inward reflection as well as the common processes of data collection and analysis (Kovach 2009).

4.3 SUMMARY

In sum, this research utilizes methods of qualitative and quantitative data analysis to present the ATHL case study. Quantitative data revealed patterns across years of study, while qualitative information provided more detail about quantitative findings to present a comprehensive case study. Attention was paid throughout this process to Indigenous methodologies to treat participants and stakeholders with respect and make their contributions worthwhile. Justice for Indigenous women must be embedded in Indigenous self-determination, which can be facilitated through recognition of Indigenous knowledge as valuable and important to research, as well as respect for access to data (Cunningham 2006). The participation of Indigenous women is key to finding solutions to issues that impact their communities.

CHAPTER FIVE – RESULTS

5.0 INTRODUCTION

This chapter begins with an overview of Awo Taan Healing Lodge (ATHL). This lays the foundation for analysis of the quantitative and qualitative data sets. The quantitative data provides demographic frequencies and reveals patterns across three time periods: 2010, 2015, and 2019. The qualitative data provides context, themes, and personal circumstances of ATHL clients and staff.

5.1 OVERVIEW OF AWO TAAN HEALING LODGE (ATHL)

The information analyzed in this section was obtained from ATHL’s Formative Evaluation Report (2019). This section was also informed by various sources such as: staff surveys, Elder focus groups, and ATHL’s website. The goal is to provide a comprehensive picture of ATHL’s organizational structure, services, and client demographics from the data sources listed in Chapter Four.

5.1.1 History of Awo Taan Healing Lodge

ATHL was founded by Siksika Elder, Ruth Scalp Lock in 1986 under the original name Calgary Native Women’s Shelter (Awo Taan Healing Lodge Society 2019). ATHL was created as a refuge for Indigenous women and children to escape domestic violence in an environment that catered to their Indigenous traditions. The shelter adopted its current name in 2007, Awo Taan which means “shield” in Blackfoot. It is an organization that assists women and children⁴³ who are seeking temporary shelter. It provides community support and culturally-appropriate services to its clients. Services and programming are administered at their Emergency Shelter and their non-residential Family Wellness Centre⁴⁴.

ATHL’s Emergency Shelter is easily accessible by public transportation and is situated at an undisclosed location to maintain the privacy and safety of the clients. The Emergency Shelter is a 32-bed, 24-hour facility that accommodates approximately 335 women per year. According to ATHL’s Formative

⁴³ The majority of ATHL’s clients are Indigenous, however the shelter is open to all ethnicities.

⁴⁴ ATHL includes a Family Wellness Centre at a location separate from the emergency shelter that offers childcare, family violence prevention, family outreach programs, rural outreach programs, counselling, and mentorship to youth and families. The programs of the Family Wellness Centre will be outlined but were not included in the analysis of this research.

Evaluation Report (2019), “the shelter’s mission [is] to provide a traditional, holistic, and spiritual approach to help Indigenous women and their children through the healing process with the support of their community” (10).

5.1.2 Services at Awo Taan Healing Lodge

ATHL’s mandate is as follows, “to provide shelter and community services, guided by Native traditional teachings, to anyone affected by family violence and abuse” (Awo Taan Healing Lodge 2020). ATHL staff members say that the shelter fills a gap for Indigenous women seeking shelter in Calgary. It is the only Indigenous shelter in the city. According to the staff survey, ATHL clients receive not only shelter, but physical and cultural safety, an opportunity to (re)connect to culture, and referrals for resources.

At ATHL’s emergency shelter clients can receive an array of services including emergency crisis support, emergency accommodation for 21-days, intensive case management, cultural supports, childcare, and health services.

Emergency Crisis Support: Emergency crisis support is provided through shelter access, a 24-hour crisis hotline, and crisis counselling provided by Wellness Workers. Shelter access provides clients with a secure environment while they search for housing and other supports. One staff member remarked that ATHL is a safe and secure environment to “consider future options.”⁴⁵ Shelter access is limited to the number of available beds. If there are no available beds at ATHL, then individuals are referred to other local shelters.

ATHL operates a 24-hour crisis hotline for individuals dealing with domestic violence. Since domestic violence can occur at any time, people need assistance at all hours of the day or night. The hotline provides individuals with support, information, referrals and tips on safety planning. The hotline is operated by staff who have specialized training about domestic violence, its impacts, and how to deal effectively with people in crisis.

⁴⁵ Staff 7, Staff Survey, April 2018

Wellness Workers provide crisis counselling to women when they arrive at ATHL. They are trained in Mental Health First Aid and ASSIST Suicide Intervention Training.⁴⁶ The goal of crisis counselling is to offer non-judgmental support in a safe and affirming environment. Wellness Workers are aware that Indigenous clients are experiencing recent trauma from domestic violence and historical trauma from the intergenerational impacts of Residential Schools and systemic racism.⁴⁷

Emergency Accommodation: ATHL clients have access to shelter, food, and necessities, such as toiletries. There are 32 beds available for clients: twenty-five in shared rooms and seven private rooms for families. Clients receive three prepared meals per day and scheduled snacks. An on-site cook can accommodate clients who may arrive at the shelter between scheduled mealtimes and fulfill requests. The array of available food caters to the needs of clients, including dietary and religious requirements. For example, ATHL will accommodate clients who are fasting for Ramadan and thus, do not eat until after sunset.

Length of Stay: Clients can stay at ATHL for up to 21 days. ATHL's Residential Program Coordinator described the maximum 21-day stay as an arbitrary norm used by Alberta shelters, however this rule is not "written in stone" and is open for an extension if needed.⁴⁸

Intensive Case Management: ATHL's Intensive Case Management Team (ICM) provide clients with wide-ranging supports, including assessing risks and developing Safety Plans.⁴⁹ Clients receive assistance with finding housing, assistance with accessing social programs such as Alberta Works, and referrals to other organizations such as Calgary Urban Project Society (CUPS), Women in Need Society

⁴⁶ Staff 5, Staff Survey, April 2018

⁴⁷ Staff 2, Staff Survey, April 2018

⁴⁸ Carolyne Woodroffe, Residential Program Coordinator, personal communication, April 19, 2021

⁴⁹ Safety Plans are created collaboratively between staff and clients to increase the safety of clients and prepare for the possibility of future violence. Safety Plans include personalized actions that clients can take: (1) at work or in public, including informing a co-worker of their situation, being walked to their vehicle, using different stores than they typically would, and calling the Calgary Police Service if they suspect they are being followed or watched; (2) legally, including obtaining a Restraining Order or No Contact Order; (3) at home, including changing their phone number, planning an escape route, having a code word with friends or family, and teaching children how to call for help; and (4) during a violent incident, including making sure they can access an outside door, being aware of their abuser's cues and behaviours leading up to violence, and always having access to a phone.

(WINS), ParentLink and Calgary Legal Guidance.⁵⁰ Case Workers also work with clients to understand the cycles of domestic violence and break the cycle of abuse in their families.⁵¹

Cultural Supports: ATHL offers a multitude of culturally-specific services to Indigenous women seeking shelter, including healing circles facilitated by an Elder that are held twice per week, smudge ceremonies many times per week, access to an Indigenous psychologist two days per week, access to traditional medicines grown on site including sage, tobacco and sweetgrass, and access to one-on-one counselling with Elders.⁵² ATHL additionally has Indigenous beliefs and traditions as part of the foundation of their organization. One staff member stated:

We are the only Indigenous shelter in the city. The whole shelter is driven by core Indigenous beliefs and teachings. Here, women and children come here knowing it is a safe place to practice their heritage and culture without being judged. We encourage women to speak their mother tongue if they can, such as Blackfoot, Cree and Stoney. We're up to date with events that take place for First Nations individuals such as pow wows, political marches (MMIW). In our shelter, families have access to Indigenous Elders and are encouraged to smudge if they would like. The support continues once they leave shelter with our Family Wellness Centre, in where they can access the same services.⁵³

Results from the staff survey noted:

Structurally, a Healing Circle is held every Sunday and Wednesday night at 9 PM with our Elder Doreen. On Monday and Tuesday nights, our psychologist, Geri Paul, is in who brings an Indigenous lens to her work. Now on Tuesday nights we have a sharing circle which always begins with a smudge and the teachings surrounding it. Jacquie, our in-house Cultural Advisor and Housing Support, offers a smudge every Monday, Wednesday, and Friday morning. As for each of the workers here within the shelter, we all bring our own experiences and cultural backgrounds which help navigate our work with each individual client that walks through our doors. We even have a garden where we grow medicines (i.e., sweetgrass, sage and tobacco).⁵⁴

⁵⁰ Staff 1; Staff 7; Staff 6, Staff Survey, April 2018

⁵¹ Staff 5, Staff Survey, April 2018

⁵² Staff 11, Staff Survey, April 2018

⁵³ Staff 3, Staff Survey, April 2018

⁵⁴ Staff 11, Staff Survey, April 2018

Staff members and Elders describe cultural services as: “invaluable”, “healing”, “empowering”, and “vital to being healthy.”⁵⁵ The culturally-appropriate services available at ATHL create an environment of familiarity for Indigenous clients in a time of vulnerability.

A staff member said, “in Calgary, most women accessing domestic violence shelters are Indigenous. These women need culturally appropriate supports.”⁵⁶ The need for culturally appropriate services for Indigenous women comes from the fact that Indigenous women’s experiences of homelessness are unique based upon the complex interplay of colonialism, racism, and sexism that impacts their lives.

According to the Elders, access to traditional cultural practices and spirituality is important to the well-being of clients, and is unique to ATHL, as these services are not commonly provided at shelters.⁵⁷ Ceremony and a connection to culture is the foundation that clients need to be successful with other aspects of their journey, such as finding income and housing. The overall atmosphere of ATHL and the culturally appropriate services offered are a strength of the organization.

Childcare: Child Support Workers provide childcare at ATHL so clients can attend appointments with case workers and counsellors. Childcare is offered on a drop-in basis and is on-site. Child Support Workers offer play sessions, safety lessons, storytelling, healing circles, and one-on-one support to the clients’ children. Many Child Support Workers hold degrees or diplomas in Early Childhood Education.

Health Services: ATHL offered clients access to an on-site Nurse Practitioner during the years of this study.⁵⁸ All residents and their children have at least one assessment with the Nurse Practitioner, who assists clients with a wide array of needs. Clients, and their children, can access the Nurse Practitioner multiple times based upon their individual health care needs.⁵⁹

⁵⁵ Staff 1; Staff 3, Staff Survey, April 2018 ; Elder 5, Focus Group, April 28, 2018/May 17, 2018

⁵⁶ Staff 2, Staff Survey, April 2018

⁵⁷ Elder 2, Focus Group, April 28, 2018

⁵⁸ ATHL’s Nurse Practitioner service ended in June of 2020 due to complications with COVID-19. Clients now access health care outside of ATHL.

⁵⁹ Carolyne Woodroffe, Residential Program Coordinator, personal communication, August 27, 2021

ATHL clients can access mental health services through an on-site psychologist multiple times per week. Clients described the psychologist as very helpful, non-judgmental, and very easy to talk to.⁶⁰ One client mentioned their appreciation that the psychologist is Indigenous, as she had accessed counselling previously from a non-Indigenous person and did not appreciate the “institutionalized approach.”⁶¹

5.1.3 External Services

External services provided by ATHL include their partnership with Parent Link Alberta. The Parent Link Centre at ATHL’s Family Wellness Centre offers programs and education to families such as parenting workshops, toy libraries, and Indigenous cultural supports. These include healing circles,⁶² one-on-one counselling from Elders, and traditional crafts that facilitate a connection to culture and offer an opportunity for individuals to meet like-minded people.

Another program available at the Parent Link Centre is the *Grandmother Turtle* program which teaches parents and children about Indigenous dance, songs, and drumming (Awo Taan Healing Lodge 2019). Other outreach programs from ATHL include a Family Violence Prevention Program⁶³ that offers education to families on domestic violence, referrals to organizations for families experiencing violence, and counselling for women and children. The Rural Outreach Community Support, focusing on connecting families with community resources through referrals and advocacy, home visits, cultural supports, and housing support (including help with finding and applying for housing).

5.1.4 Presence in the Community

ATHL participates in community-based advocacy and knowledge translation, including conferences, research, data collection, and sharing data with other researchers and organizations. ATHL hosted the 8th Indigenous Women and Wellness Conference (2008). This gathering focused on success stories of those who escaped violence and unhealthy relationships. It also featured effective strategies for

⁶⁰ Client 1, Interview, April 16, 2018; Client 4, Interview, April 18, 2018

⁶¹ Client 8, Interview, May 26, 2018

⁶² Healing circles involve people sitting together “in a talking circle, in prayer, in ceremony, and are committed to helping one another and to each other’s healing” (Mehl-Madrona and Mainguy 2014:1).

⁶³ ATHL’s Family Violence Prevention Program provides families experiencing violence with family violence education, support and counselling, and advocacy and referrals to community resources (Awo Taan Healing Lodge 2019).

wellness. Another gathering hosted by ATHL was the *Indigenous Healing and Trauma Intergenerational Solutions* (2016) conference which focussed on promoting resilience for Indigenous youth through healthy relationships.

ATHL has hosted several Pow Wows and community events including the Tiny Tots Pow Wow (2018) and the 25th Anniversary Celebration Traditional Pow Wow (2018) at the Calgary Stampede Grounds. Also in 2018, ATHL hosted the 14th Annual “Sisters in Spirit” Vigil, a community event to increase the awareness of Missing and Murdered Indigenous Women and Girls.⁶⁴ These events are an opportunity for ATHL to spread awareness about issues impacting their clients and make themselves known within the Indigenous community, the non-profit industry, and the research community.

Notably, ATHL provided information for the 2018 National Inquiry into Missing and Murdered Indigenous Women. The Briefing Note prepared by ATHL detailed how the violence experienced by, and within, Indigenous communities is rooted in colonialism and that shelters needed to acknowledge and address the impacts of colonialism on their Indigenous clients (Awo Taan Healing Lodge Society 2019). The Briefing Note stated that programs for Indigenous clients must include traditional teachings and healing practices to foster Indigenous self-determination and pride. Overall, ATHL strives to provide outreach, support, and access to traditional practices to their clients and the broader community.

5.1.5 Awo Taan Healing Lodge Staff

This section discusses the ATHL staff. All staff must provide current Police Checks and Child Welfare Intervention Services Checks before working at ATHL. This is standard protocol in Canada for shelters and any work with children. Staff roles are described in Table 2.

⁶⁴ Indigenous women, girls, and two-spirit individuals experience violence and go missing at a disproportionate rate in Canada. Indigenous women are 12 times more likely to go missing or be murdered in comparison with non-Indigenous women in Canada. This phenomenon prompted the National Inquiry into Missing and Murdered Indigenous Women (MMIWG) (Reclaiming the Power and Place: The Final Report of the National Inquiry into MMIWG).

Table 2: Staff Positions and Roles

Staff Position	Role
Residential Coordinator	ATHL’s Residential Coordinator, Carolyn Woodroffe, manages staff, including the Wellness Workers and Child Support Workers. Carolyn manages programs, reporting, and attends to any in-shelter emergencies.
Intensive Case Management Team	The Intensive Case Management Team provides comprehensive support to clients that is tailored to their unique needs. This includes collaborating on risk management and developing Safety Plans. Case Management involves assistance in finding safe housing, referrals to outside organizations, and coordinating with clients’ informal support networks (family and friends).
Psychologist	The in-house psychologist at ATHL offers counselling to clients and children through the lens of Trauma-Informed Care. The psychologist, Geri Paul is a First Nations woman and offers support that is culturally-relevant for Indigenous clients.
Wellness Workers	Wellness Workers are front-line workers at ATHL. They interact directly with clients at intake and throughout their stay. Wellness Workers offer support to clients and their families through programs and support groups that focus on parenting skills, life skills, child development, and coping mechanisms. Wellness Workers supervise clients and children throughout the day and intervene in any conflicts between clients.
Child Support Workers	Child Support Workers provide childcare to the children admitted to ATHL. Childcare is provided on-site to ensure that clients can have time for appointments, such as counseling and meeting with case workers. Child Support Workers provide support to children through play, healing circles, and overall fostering relationships with the children of clients.
Nurse Practitioners	Health care is offered at ATHL by Nurse Practitioners who offer medical assistance.
Rural and Community Outreach Workers	Rural and Community Outreach Workers work with individuals outside of the shelter through home visits and assisting individuals in accessing other resources, including attending housing viewings. Outreach Workers also facilitate healing circles and sharing circles outside of ATHL to create community connections.
Elders	Elders work with ATHL to provide clients with counseling and advice. Elders also facilitate traditional ceremonies, including smudging, prayers, and healing circles.
Cook	ATHL has an in-house cook who provides three meals per day for clients. Having an in-house cook allows ATHL to accommodate clients who may have food restrictions or allergies.
Housekeepers	Housekeepers sanitize beds and rooms once clients have left ATHL, as well as maintaining common areas.
Night Shift Workers	Night Shift Workers work through the night at ATHL ensuring there is staff available 24 hours per day.
Relief Staff	Relief Staff are not full-time workers but fill in for Wellness Workers and Night Shift Workers when necessary.

Source: Awo Taan Healing Lodge, 2019

Staff training at Awo Taan includes First Aid, Applied Suicide Intervention Skills Training (ASIST), and Mental Health First Aid.⁶⁵ Staff are trained how to administer Naloxone, which is an

⁶⁵ Staff Survey, April 2018

opioid-counteracting drug used to prevent overdoses. Further training includes Working with Indigenous People Affected by Intergenerational Trauma and Grief with Dr. Broken Leg and Trauma and Child Brain with Dr. Perry. Child Support Workers are trained in Baby Massage and offer classes on doing Baby Massage.

5.1.6 Board of Directors of Awo Taan Healing Lodge

ATHL is governed by a Board of Directors including a President, Vice-President, Secretary, Treasurer, Executive Director, and two board members (Awo Taan Healing Lodge Society 2020). The Board of Directors set out policies and procedures, establish strategic plans for the short and long-term shelter goals. The Board oversees legal matters, financial matters, and risk-management practices. Emphasis is placed on guidance and wisdom from the Elders who work with ATHL in creating and applying policies.

5.1.7 Awo Taan Healing Lodge Funding

ATHL receives a combination of federal, provincial, municipal, and private funding through Indigenous Services Canada (ISC), Alberta Human Services, Alberta Children and Youth Services, the City of Calgary's Family and Community Support Services, and Calgary and Area Child and Family Services, private corporate donors, and individual donors (Awo Taan Healing Lodge Society 2019).

Funding is a barrier faced by ATHL and many other shelters. ATHL's funding is short-termed, which, means that is distributed annually, and thus, can change from year to year. This funding situation impacts service delivery as long-term programming is not possible. Funding will be explored further in Section 5.7.

The next section examines the data found in ATHL client files. Including, demographics of ATHL clients to provide a complete picture of the organization. I will be looking at clients' experiences of domestic violence, including their relationship to their abuser and their Danger Assessment⁶⁶ scores.

⁶⁶ The danger assessment tool results in a score of (1) variable danger where the risk level is unpredictable (score of less than 8); (2) increased danger, where there is a higher level of risk and assertive safety planning is needed (score of 8-13); (3) severe danger, where there is a higher level of risk and assertive safety planning is needed (score of 14-17); and finally (4) extreme danger, where the risk is highest and client is at risk of homicide (score of 18 or more).

Danger Assessments are done with all clients who come to ATHL due to domestic violence. The services and referrals client's access at ATHL will be discussed, as well as the length of client's stay and the reasons that clients leave.

5.2 THE CLIENTS

The data described in this section is a non-representative random sample⁶⁷ of ATHL client files (n=44), over three time periods: Period 1 is 2010 (n=15); Period 2 is 2015 (n=15); and Period 3 is 2019 (n=14). This interval analysis provides the opportunity to see changes at discrete points across the ten years of study.

Client files used for this research included:

- (1) **Intake Forms:** shows intake date, prior address, prior contact with ATHL, ethnicity, Indigenous status, band name, age, and medical information;
- (2) **Child(ren) Information:** includes number of children in client's custody, and number of children in alternative custody;
- (3) **Abuser Information:** includes relationship status, nature of most recent abuse, and injuries sustained;
- (4) **Danger Assessments:** includes a 20-question survey related to their abuser and forms of abuse they have experienced. The Danger Assessment is used to calculate the level of client's risk;
- (5) **Case Summary:** details the referrals provided to clients and any noteworthy events (for example, why a client was asked to leave); and
- (6) **Discharge Summary:** includes date of exit, length of stay, reason for leaving, forwarding address, and services accessed during their stay.

Client files were inconsistent with some missing entire forms. The frequency of missing data and the small sample size means this data is not generalizable to all ATHL clients. However, this data provides useful information about the clients and changing longitudinal trends. The trends discussed in this section are limited to this sample, as the sample size limits the generalizability of this data.

⁶⁷ Random sampling means that there was equal probability of any file being chosen, while non-representative describes a sample that is not generalizable.

The data was coded and entered into the SPSS program where univariate analyses were used to compare demographic characteristics across the three periods of study. Frequencies and cumulative frequencies of all applicable variables were organized into themed tables. The following section analyzes demographic information quantified from 44 client files. Patterns related to age, shelter history, Indigeneity, and geography are explored.

5.2.1 Demographic Information

The majority of demographic information was obtained from Intake Forms. This document included a client’s name, age, ethnicity, place of birth, and current address. Intake Forms also detailed medical history including any chronic illnesses, allergies, or medications. Finally, Intake Forms included a client’s history with ATHL and other shelters, such as whether they had previously stayed at ATHL or any other local shelters and how many times they had stayed. This information is collected to build a client’s profile, provide information to staff, and for research purposes.

In Table 3, I outline data collected from client files on the ages of clients, organized by the year they stayed at ATHL.

Table 3: Client Age by Time Period and Percentage

	2010 N=15	2015 N=15	2019 N=14	Total (N=44)	Cumulative %
Age					
Less than 20	6.7%	0.0%	0.0%	2.3% (n=1)	2.3%
20-29	46.7%	40.0%	21.4%	36.4% (n=16)	38.7%
30-39	20.0%	26.7%	42.8%	29.5% (n=13)	68.2%
40-49	26.7%	26.7%	28.6%	27.3% (n=12)	95.5%
50-59	0.0%	6.7%	7.1%	4.5% (n=2)	100%

Source: Awo Taan Healing Lodge, 2020

In this sample, clients aged less than 20-years-old are uncommon, with only one client in 2010. This age group may be accessing youth shelters in Calgary that cater to individuals under 24-years. Also uncommon are clients over 50-years-old. There was one client in 2015 and one client in 2019. Older women may have a more stable social network and more informal places to turn to as opposed to shelters.

Overall, the Indigenous population in Alberta is a young cohort, with the average age for the Indigenous population being 29.8-years-old⁶⁸ compared to Alberta’s non-Indigenous population at 37.8-years-old (Statistics Canada 2016). ATHL primarily sees clients between the ages of 20 and 29 (36.4% of clients overall). There was a decrease in this cohort in 2019, at 21.4% down from 40.0% in 2015 and 46.7% in 2010. Conversely, there is an increase in 2019 of clients aged 30-39-years old with 42.8% of clients belonging to this cohort, up from 20.0% in 2010 and 26.7% in 2015. Clients aged between 40 and 49-years-old stay consistent across the three periods of study, 26.7% in 2010, 26.7% in 2015, and 28.6% in 2019.

From 2010 to 2019 the majority of ATHL clients in this sample were aged between 20-29 years (36.4%), followed by clients aged 30-39 (29.5%) and clients aged 40-49 (27.3%). Clients between the ages of 20 and 49-years-old likely have similar needs, as compared with youth or seniors. Further, among Calgary’s unhoused population, 40% of individuals are between the ages of 25 and 44 (Calgary Homeless Foundation 2018). ATHL’s clientele align with the young age of Alberta’s Indigenous population and the average age of Calgary’s unhoused population.

Table 4 shows the percentage of clients coming to ATHL for the first time or as repeat clients.

Table 4: Former Clients by Time Period and Percentage

	2010 N=15	2015 N=15	2019 N=14	Total (N=44)	Cumulative %
Former Client					
Yes	40.0%	20.0%	28.6%	29.5% (n=13)	29.5%
No	60.0%	73.3%	35.7%	56.8% (n=25)	86.3%
Missing Data	0.0%	6.7%	35.7%	13.7% (n=6)	100%

Source: Awo Taan Healing Lodge, 2020

The majority were first-time clients of ATHL (56.8%). The highest percentage of first-time clients appears in 2015, with 73.3% of clients. This is up from 60.0% in 2010 and goes down to 35.7% in 2019.⁶⁹ In 2015, Alberta’s economy was down after a major decrease in oil prices, which causes ripple effects in

⁶⁸ The average age in Alberta for First Nations people is 28.1-years-old, 31.8-years-old for Métis people, and 28.5-years-old for Inuit (Statistics Canada 2016).

⁶⁹ There is a large percentage of missing data in 2019 for this variable.

other areas of Alberta’s economy. Subsequently, Alberta’s full-time employment decreased by 3.6% in 2015 as compared to 2014 (Statistics Canada 2021). Alberta’s overall employment rate did not decrease in 2015 but this was due to an increase in part-time employment. Part-time employment is precarious and does not come with the same perks as full-time employment, such as paid sick leave and health benefits. An increase in part-time employment means more people in the province with precarious employment, lower wages, and individuals and families being at risk of homelessness. Economic stress causes strife within families.

These factors contribute to the high rate of new clients seeking shelter at ATHL in 2015 as unemployment and socioeconomic stressors contribute to homelessness and domestic violence. Research shows that domestic violence can increase due to outside stressors and that low-income women have more difficulty leaving an abuser due to a lack of resources.⁷⁰

In 2010, 40.0% of clients were former clients of ATHL, 20.0% in 2015, and 28.6% in 2019. Cumulatively, 29.5% of clients overall are repeat clients to ATHL. Repeat clients indicate individuals who needed further support. These clients may need more support in finding safe housing or accessing culturally-appropriate services. Repeat clients indicated that ATHL was a safe place for them to return to in a time of vulnerability.

Table 5 displays data related to ATHL clients Indigeneity, their treaty region (if applicable), and whether they lived on a First Nation reserve.

Table 5: Indigeneity, Treaty Region and Reserve by Time Period and Percentage

	2010 N=15	2015 N=15	2019 N=14	Total (N=44)	Cumulative %
Indigenous					
Yes	86.7%	60.0%	64.3%	70.5% (N=31)	70.5%
No	13.3%	40.0%	28.6%	27.3% (N=12)	97.8%
Missing Data	0.0%	0.0%	7.1%	2.2% (N=1)	100%
Treaty Region	N=13	N=9	N=9	(N=31)	Cumulative %
Treaty 6	15.4%	33.3%	22.2%	22.6% (n=7)	22.6%
Treaty 7	53.8%	55.6%	44.5%	51.6% (n=16)	74.2%

⁷⁰ See *Domestic Violence, Housing, and Employment: Workers’ Perspectives on Employment Assistance in Support Accommodation* by Helen McLaren (2016); as well as *The Importance of Community in a Feminist Analysis of Domestic Violence Among American Indians* by Sherry Hamby (2000).

Treaty 8	0.0%	0.0%	11.1%	3.2% (n=1)	77.4%
Other	15.4%	11.1%	0.0%	9.7% (n=3)	87.1%
Missing Data	15.4%	0.0%	22.2%	12.9% (n=4)	100%
Lived on Reserve?	N=13	N=9	N=9	(N=31)	Cumulative %
Yes	61.5%	66.7%	55.6%	61.3% (n=19)	61.3%
No	30.8%	33.3%	22.2%	29.0% (n=9)	90.3%
Missing Data	7.7%	0.0%	22.2%	9.7% (n=3)	100%

Source: Awo Taan Healing Lodge, 2020

Many clients shown in Table 5 are Indigenous. From 2010-2019, 70.5% of clients in this sample identified as Indigenous, with the highest percentage of Indigenous clients in 2010 (86.7%). This aligns with ATHL being an Indigenous shelter that caters to Indigenous women. However, across the three time periods there is a decrease in clients who identify as Indigenous, with 86.7% in 2010, 60.0% in 2015, and 64.3% in 2019. A decrease in Indigenous clients, particularly in 2015, could be related to non-Indigenous women seeking shelter there related to the economic and employment trends of 2015. The highest percentage of non-Indigenous clients was in 2015 (40%). Shelters have limited space and are offered on a first-come first-serve basis. More non-Indigenous women accessing ATHL in 2015 may be related to limited availability at other shelters.

Among Indigenous clients, 27 (61%) clients identified themselves as First Nations by providing their Band name. One client stated that they are non-status Indian⁷¹ and there were three missing responses from clients who identified themselves as Indigenous. Of the clients who identify as Indigenous, the majority belong to Bands within Treaty 7 territory⁷² in 2010 and 2015. However, in 2019 most Indigenous clients belong to bands within Treaty 6 territory⁷³. This points to women travelling greater distances to access ATHL, which could be the result of women fleeing domestic violence and

⁷¹ A “non-status” individual is a First Nations person who is not registered with the federal government.

⁷² Treaty 7 bands include Blood Tribe, Piikani Nation, Siksika Nation, Stoney Tribe, and Tsuu T’ina Nation (Aboriginal Affairs and Northern Development Canada 2014).

⁷³ Treaty 6 bands include Alexander First Nation, Alexis Nakota Sioux Nation, Beaver Lake Cree Nation, Cold Lake First Nations, Enoch Cree Nation, Ermineskin Cree Nation, Frog Lake First Nation, Heart Lake First Nation, Kehewin Cree Nation, Louis Bull Tribe, Montana First Nation, O’Chiese First Nation, Paul First Nation, Saddle Lake Cree Nation, Samson Cree Nation, Sunchild First Nation, and Whitefish Lake First Nation (Aboriginal Affairs and Northern Development Canada 2014).

attempting to put a larger distance between themselves and their abusers for safety reasons. It could also be the result of there being limited access to shelters on reserves and in rural areas of Alberta.

There are 14 Indigenous shelters in Alberta, with two in larger cities (ATHL in Calgary and the Lethbridge Native Women’s Transition Home Society). The remaining twelve shelters are in rural areas and on-reserve.⁷⁴ Shelters in rural areas are typically smaller and are often constrained by the low funding they receive in comparison with urban shelters. The lack of funding leads to staff shortages, less programming, and a small number of available beds, all resulting in having to frequently turn women away.

Most First Nations clients reported having lived on a reserve at some point in their life (61.3%), with responses ranging from 12 years prior to one-day prior to their arrival at ATHL. Among Alberta’s Indigenous population, 43.9% of First Nations individuals live on reserves, while 35.0% live in large urban centres.⁷⁵ Clients who come to ATHL directly from their reserve must travel, which may be related to a lack of shelter access closer to their home.

ATHL serves primarily Indigenous women who come from a wide array of areas, cultures, and women who live on and off reserve. Next, Table 6 explores the frequencies of clients’ place of origin.

Table 6: Province of Origin by Time Period and Percentage

Province of Origin	2010 N=15	2015 N=15	2019 N=14	Total (N=44)	Cumulative %
British Columbia	13.3%	0.0%	0.0%	4.5% (n=2)	4.5%
Alberta	53.3%	60.1%	42.9%	52.3% (n=23)	56.8%
Saskatchewan	20.0%	13.3%	21.4%	18.2% (n=8)	75.0%
Manitoba	0.0%	0.0%	7.1%	2.3% (n=1)	77.3%
Other Provinces	6.7%	0.0%	0.0%	2.3% (n=1)	79.6%
Other Countries	6.7%	13.3%	7.1%	9.1% (n=4)	88.7%
Missing Data	0.0%	13.3%	21.5%	11.3% (n=5)	100%

⁷⁴ Indigenous shelters outside of urban areas in Alberta include Bigstone Cree Nation Women’s Emergency Shelter (Wabasca, AB); Crossroads Resource Centre and Women’s Shelter (Fairview, AB); Eagle’s Nest Stoney Family Shelter (Morley, AB); Hope Haven Women’s Shelter (Lac La Biche, AB); Ermineskin Women’s Emergency Shelter (Maskwacis, AB); Kanai Women’s Wellness Lodge (Blood First Nation); Paspew House Mikisew Cree Women’s Shelter (Fort Chipewyan, AB); Peace River Regional Women’s Shelter (Peace River, AB); Pincher Creek Women’s Emergency Shelter (Pincher Creek, AB); Rowan House Emergency Shelter (Black Diamond, AB); Sucker Creek Women’s Emergency Shelter (Enilda, AB); and Yellowhead Emergency Shelter for Women (Hinton, AB).

⁷⁵ 36.8% of Alberta Indigenous population lives in rural areas, 12.8% in small population centres, and 12.3% in medium population centres (Statistics Canada 2016).

Source: Awo Taan Healing Lodge, 2020

Consistent across all three periods, most clients (52.3%) stated Alberta as their province of origin. 53.3% in 2010, 60.1% in 2015, and 42.9% in 2019. ATHL is in Calgary which is Alberta's largest city. Alberta has the third largest Indigenous population in Canada, with 15% of the Indigenous population residing in Alberta⁷⁶ (Government of Canada 2020). Alberta's Indigenous population is 6.5%⁷⁷, most of whom live in Edmonton or Calgary (Statistics Canada 2016).

The second most frequent response was Saskatchewan where 18.2% of clients stated they are from. Saskatchewan's Indigenous population is 16.3%, most of whom are First Nations (10.7%) and Métis (5.4%) (Statistics Canada 2016). There is a lot of migration between Alberta and Saskatchewan with people moving to Alberta to join family, to search for work, and to access services (Calgary Homeless Foundation 2018). Alberta's economy was more vibrant than Saskatchewan's which also caused people to relocate.

Clients who come from other countries is highest in 2015 at 13.3%. This is up from 6.7% in 2010 and decreases to 7.1% in 2019. Data from the Alberta Government (2021) shows that the rate of immigration to Alberta in 2015 was the highest of any year from 2000-2020. In 2015, 57,841 people immigrated to Alberta (an increase from 39,587 in 2014 and decreases to 44,089 in 2016). Individuals who are new to Canada can be vulnerable to homelessness due to low-incomes, precarious housing, and a lack of social networks. ATHL is open to all women, including non-Indigenous women. Staff reported in 2018, there had been an increase in immigrant and refugee clients at ATHL.⁷⁸ Immigrant and refugee clients have unique needs and may make unique requests, such as language translation, assistance with immigration law, and dietary restrictions. Staff identified that they need more training for helping immigrant and refugee clients with these unique needs.⁷⁹

⁷⁶ Ontario is home to 22% of Canada's Indigenous population, followed by British Columbia with 16%.

⁷⁷ Of that percentage, 52.8% are First Nations, 44.2% are Métis, and 1.0% are Inuk.

⁷⁸ Staff 6, Staff Survey, April 2018

⁷⁹ Staff 3; Staff 5, Staff Survey, April 2018

Next, I will discuss the personal addresses provided by ATHL clients at intake and discharge and how these compare in Table 7.

Table 7: Home Address at Intake and Discharge by Time Period and Percentage

	2010 N=15	2015 N=15	2019 N=14	Total (N=44)	Cumulative %
Address at Intake					
Calgary	53.3%	60.0%	28.6%	47.7% (n=21)	47.7%
<100km from Calgary	6.7%	6.7%	14.3%	9.1% (n=4)	56.8%
>100km from Calgary	40.0%	20.0%	14.3%	25.0% (n=11)	81.8%
Missing Data	0.0%	13.3%	42.8%	18.2% (n=8)	100%
Address at Discharge					
Calgary	46.7%	40.0%	57.1%	47.7% (n=21)	47.7%
<100km from Calgary	0.0%	6.7%	0.0%	2.3% (n=1)	50.0%
>100km from Calgary	0.0%	13.3%	14.3%	9.1% (n=4)	59.1%
Missing Data	53.3%	40.0%	28.6%	40.9% (n=18)	100%

Source: Awo Taan Healing Lodge, 2020

In 2010, 53.3% of clients listed their home address at intake as within Calgary, followed by 60.0% of clients in 2015, and 28.6% of clients in 2019. Most ATHL clients (47.7%) came from within Calgary.⁸⁰

Fewer clients listed their address at intake as being less than 100km from Calgary with 6.7% in 2010, 6.7% in 2015, and 14.3% in 2019. The more interesting statistic appears in clients who listed their address at intake as being more than 100km from Calgary; 40.0% of clients in 2010, 20.0% of clients in 2015, and 14.3% of clients in 2019. The fact that more clients come to ATHL from more than 100km away as opposed to less than 100km away is noteworthy. Travelling long distances to access shelter puts more of a financial and emotional strain on clients. Other reasons for travelling to a shelter include seeking better services in an urban centre, seeking employment opportunities, or having friends or family in the area.

Upon discharge from ATHL, 47.7% of clients listed their address as within Calgary.⁸¹ In 2010, 46.7% of clients listed their address as within Calgary, 40.0% in 2015 and 57.1% in 2019. This may be

⁸⁰ Calgary is a large city with an average of 1,200⁸⁰ people experiencing homelessness per night (Calgary Homeless Foundation 2018). This is due to high rental costs and a high cost of living.

⁸¹ There is a large percentage of missing data for clients' address at discharge, as it was infrequently provided.

related to clients having difficulty finding permanent housing in an urban centre. This situation is supported by the 2018 Survey of Residential Facilities for Victims of Abuse. The survey findings state that the lack of permanent affordable housing in Canada is the greatest challenge for clients of shelters (Statistics Canada 2018). These results were reported by both staff and clients of shelters. Lack of affordable housing in larger cities across Alberta may mean that clients are more likely to find housing in rural areas. Which is indicated by clients who listed their address upon discharge as greater than 100km from Calgary make up 0.0% in 2010, increasing to 13.3% in 2015 and 28.6% in 2019. The next section shows data from client files related to their experiences with domestic violence.

5.2.2 Domestic Violence

Domestic violence involves physical, emotional, and sexual abuse within one's domestic sphere. Many clients who seek shelter at ATHL are fleeing domestic violence (93.2%). ATHL is a secure building⁸² at an undisclosed location, which provides safety for their clientele. ATHL provides its client with information about the cycle of abuse⁸³, assistance in finding alternative accommodations, and assistance in creating Safety Plans. Safety Plans are developed between staff and clients to prepare for potential future violence from their abuser. The plans include actions that clients can take to maintain their safety in various settings, such as at work, at home, or in public. They also include legal actions that can be taken including obtaining Restraining Orders⁸⁴ or Emergency Protection Orders.⁸⁵

Table 8 displays data gathered about clients' personal circumstances upon entry at ATHL. This includes whether clients were at ATHL due to fleeing domestic violence (DV), whether injuries were sustained, and whether or not they sought medical attention for those injuries.

⁸² Secure women's shelters feature locked doors that require an individual to be admitted to the building. Individuals who do not work or reside at the shelter are infrequently admitted or given the location of the building. These precautions are taken to keep the clients safe from their abusers.

⁸³ The cycle of abuse describes a behavior pattern in abusive relationships where abusers maintain the relationship through a pattern of (1) tension building, (2) violent incident, (3) reconciliation, and (4) calm.

⁸⁴ Restraining Orders are legal orders of protection where the applicant fears for their physical safety from the respondent. The Order states that the respondent cannot contact the applicant or be physically near the applicant and if they disobey, they can be arrested (Government of Alberta 2021).

⁸⁵ Emergency Protection Orders have similar contents to Restraining Orders but can also be used to remove a respondent from a residence and prevent their return. There must be a need for immediate protection (Government of Alberta 2021).

Table 8: Entry Circumstances by Time Period and Percentage

	2010 N=15	2015 N=15	2019 N=14	Total (N=44)	Cumulative %
Fleeing DV					
Yes	93.3%	93.3%	92.9%	93.2% (n=41)	93.2%
No	6.7%	0.0%	7.1%	4.5% (n=2)	97.7%
Missing Data	0.0%	6.7%	0.0%	2.3% (n=1)	100%
Injuries Sustained	N=14	N=14	N=13	(N=41)	
Yes	78.6%	57.1%	100%	78.0% (n=32)	78.0%
No	21.4%	42.9%	0.0%	22.0% (n=9)	100%
Missing Data	0.0%	0.0%	0.0%	0.0% (n=0)	100%
Medical Help Sought?	N=14	N=14	N=13	(N=41)	
Yes	28.6%	28.6%	38.5%	31.7% (n=13)	31.7%
No	71.4%	71.4%	61.5%	68.3% (n=28)	100%
Missing Data	0.0%	0.0%	0.0%	0.0% (n=0)	100%

Source: Awo Taan Healing Lodge, 2020

The three periods of study show low numbers of ATHL clients coming for reasons other than domestic violence, 6.7% in 2010, 0.0% in 2015, and 7.1% in 2019. Other reasons for clients stay at ATHL were not specifically listed in client files, though it appears to be due to homelessness.

During intake at ATHL clients provide details on their experiences of domestic violence, including whether they sustained injuries from the most recent incident. In 2010, 78.6% of clients reported that they had sustained injuries, followed by 57.1% in 2015, and 100.0% in 2019. The jump to 100.0% of clients reporting injuries in 2019 reveals that the women in this sample are experiencing more severe forms of violence which are resulting in injuries.

Those who sustained injuries from these most recent instances of domestic violence (78.0%) did not seek medical attention for those injuries (68.3%). This alarming statistic shows that Indigenous women are more likely than non-Indigenous women to experience domestic violence that results in injury and more likely to experience more severe forms of violence⁸⁶ from a domestic partner. Individuals may

⁸⁶ More severe forms of violence in this instance includes being beaten, sexually assaulted, choked, and/or threatened with a knife or gun (Statistics Canada 2009).

not seek medical attention for these injuries due the shame associated with domestic violence and the desire to keep the problem hidden from outsiders.

Table 9 shows the percentages of the clients’ relationship to the abuser. An individual is most likely to be abused by someone they know and one’s intimate partner is the most likely perpetrator of domestic violence (World Health Organization 2021).

Table 9: Relationship to Abuser by Time Period and Percentage

	2010 N=14	2015 N=14	2019 N=13	Total (N=41)	Cumulative %
Relationship to Abuser					
Partner*	78.6%	71.4%	46.2%	65.9% (n=27)	65.9%
Ex-partner	7.1%	21.4%	7.6%	12.2% (n=5)	78.1%
Father	14.3%	0.0%	0.0%	4.9% (n=2)	83.0%
Child	0.0%	7.1%	0.0%	2.4% (n=1)	85.4%
Missing Data	0.0%	0.0%	46.2%	14.6% (n=6)	100%

Source: Awo Taan Healing Lodge, 2020

*Note: Partner includes a person’s husband, common-law partner, or boyfriend

Overall, client’s most common abuser was their current partner (65.9%) or 2 in 3 women who sought shelter, which included husbands, common-law partners, and boyfriends. This was consistent across all three years of study with 78.6% of abusers being the client’s partner in 2010, 71.4% in 2015, and 46.2% in 2019. The drop in 2019 is related to the high amount of missing data for 2019.

The data shows a client’s ex-partner is also likely to be the abuser. Table 9 shows that 7.1% of clients fled from their ex-partner in 2010, followed by 21.4% in 2015 and 7.6% in 2019. Ex-partners perpetrate violence out of revenge or a continued abusive dynamic that was present in the relationship. The increase in 2015 of ex-partners being the perpetrators of domestic violence could indicate that women are more likely to leave an abusive partner. Domestic violence has gradually become more openly talked about and education on domestic violence has become more prominent.

Family violence describes violence that occurs within families and extends beyond violence between intimate partners. Table 9 shows that 14.3% of clients in 2010 were fleeing from violence from their father. This may be an extension of an abusive family dynamic that began in childhood. The clients’ children may also be their abuser. In 2015 7.1% of clients were fleeing from violence from a child.

Abusive family dynamics can take on many forms, as demonstrated by the range of responses provided by clients as to who their abuser was. Women’s emergency shelters such as ATHL provide similar assistance to individuals fleeing violence from a family member as an intimate partner.

Table 10 shows the Danger Assessment scores from ATHL client files. Upon admittance to ATHL clients fill out a Danger Assessment⁸⁷ to assess the level of danger they are in from their abuser. Based on the score, staff assist clients in creating a Safety Plan that is tailored to their level of danger and daily activities (for example, how they can prioritize their safety to and from work).

Table 10: Danger Assessment Scores by Time Period and Percentage

	2010 N=14	2015 N=14	2019 N=13	Total (N=41)	Cumulative %
Danger Assessment					
Variable Danger (<8)	21.4%	0.0%	0.0%	7.3% (n=3)	7.3%
Increased Danger (8-13)	7.1%	7.1%	0.0%	4.9% (n=2)	12.2%
Severe Danger (14-17)	0.0%	21.5%	23.1%	14.6% (n=6)	26.8%
Extreme Danger (18+)	42.9%	35.7%	15.4%	31.7% (n=13)	58.5%
Missing Data	28.6%	35.7%	61.5%	41.5% (n=17)	100%

Source: Awo Taan Healing Lodge, 2020

The Danger Assessment tool consists of 20 Yes or No questions regarding the domestic violence that they have experienced. For example, “Does he threaten to harm your children?”, “Has he ever used a weapon against you or threatened you with a weapon?”, and “Does he control most or all of your daily activities?” Each question is assigned a score resulting in an overall Danger Assessment score.

Scores less than 8 are categorized as “Variable Danger” where the risk level is unpredictable. Clients’ whose Danger Assessment scores are classified as Variable Danger (<8) account for 21.4% of clients in 2010. This is followed by 0.0% in both 2015 and 2019 for a total of 7.3% of clients overall. Scores between 8 and 13 are categorized as “Increased Danger” where there is a higher level of risk and assertive safety planning is needed. Clients who fall under Increased Danger (8-13) account for 7.1% of clients in 2010, 7.1% of clients in 2015, and 0.0% of clients in 2019. There is a total of 4.9% of clients

⁸⁷ The danger assessment scale used by ATHL is a tool used to assess the level of danger a person fleeing domestic violence is in, including the risk of homicide.

overall with a Danger Assessment of Increased Danger. For these categories on the lower end of the Danger Assessment score clients must take precautions and develop a Safety Plan with ATHL staff.

Danger Assessment scores that fall within Severe Danger (14-17) are described as a high level of risk and an assertive Safety Plan is developed with staff. 0.0% of clients in 2010 fall within this range. However, 21.5% of clients in 2015 and 23.1% of clients in 2019 fall within the Severe Danger category. This increase points to clients who are experiencing worse forms of domestic violence and are at greater risk of future violence.

Finally, scores above 18 (to a maximum of 37) are categorized as “Extreme Danger” where the risk is highest and client is at risk of homicide. Assertive safety planning is required and extreme caution is recommended. There is a decrease in clients whose Danger Assessment scores fall under Extreme Danger (18+), with 42.9% of clients in 2010, 35.7% of clients in 2015, and 15.4% of clients in 2019. Despite this category decreasing across the three periods of study, 100.0% of clients in 2019 fall under either the Severe Danger or Extreme Danger category. These two categories place clients at the highest risk of danger from their abusers, including the risk of homicide.

The threat of future violence from a client’s abuser impacts their stay at ATHL as greater precautions must be taken when coming and going from ATHL for appointments, referrals, and viewing housing. Considering these factors, one may expect to see longer stays at ATHL for clients who fall under the categories of Severe Danger and Extreme Danger. Clients who fall under Severe Danger are most likely to stay between 15-21 days (50%). However, clients who fall under Extreme Danger are most likely to stay either 0-7 days (28.6%) and 15-21 days (28.6%). Clients staying less than 7 days may be related to their abuser finding their whereabouts and having to move to a different shelter for their own safety and safety of other ATHL clients and staff. The next section explores the family status of clients and how this impacts their stay.

5.2.3 Family Status

This section analyzes information related to a clients’ family status. Table 11 shows whether clients have children and if their children were admitted with them to ATHL.

Table 11: Family Status by Time Period and Percentage

	2010 N=15	2015 N=15	2019 N=14	Total (N=44)	Cumulative %
Do you have children?					
Yes	73.3%	66.7%	71.4%	70.5% (n=31)	70.5%
No	26.7%	26.7%	21.4%	25.0% (n=11)	95.5%
Missing Data	0.0%	6.6%	7.2%	4.5% (n=2)	100%
Were your children admitted with you?	N=11	N=10	N=10	(N=31)	
Yes	54.5%	70.0%	60.0%	61.3% (n=19)	61.3%
No	45.5%	30.0%	40.0%	38.7% (n=12)	100%
Missing Data	0.0%	0.0%	0.0%	0.0% (n=0)	100%

Source: Awo Taan Healing Lodge, 2020

Table 11 shows that approximately 3 in 4 clients had children. This is consistent across the three periods of study with 73.3% of clients having children in 2010, 66.7% in 2015, and 71.4% in 2019. Among clients who have children, 61.3% had their children with them when they entered ATHL. The highest percentage of children accompanying their mother while being admitted was in 2015 at 70.0%. In 2015, as previously mentioned Alberta’s economy and employment rates were down. This points to the impact of socioeconomic status on children. Children who experience poverty and utilize shelters can experience stress, confusion, and long-lasting trauma. Research shows that 80-90% of children in emergency shelters have witnessed violence between their mother and her abuser and over 50% have been victims of violence themselves (Fernández-González et al. 2018). These direct and indirect experiences of violence can lead to emotional and behavioural issues, including PTSD, aggressive behavior, and anxiety.

Having children at the shelter adds an additional challenge to clients in terms of finding suitable housing that is adequate for children. Further, arranging childcare while clients attend appointments can also be problematic. It is not surprising that clients with children tend to stay longer given these extra challenges. Client data showed that among ATHL clients who stayed longer than 22 days, 83.3% of them

had children with them. These clients may need extra time to work through theirs and their children’s mental health concerns and find housing that is suitable for their family.

The next section looks at the health and mental health of clients of ATHL, as well as how health, mental health, and homelessness are related.

5.2.4 Health and Mental Health

Individuals’ health and mental health are negatively impacted by experiences such as domestic violence, homelessness, and staying in a shelter. These experiences can lead to short and long-term health impacts as being unhoused can aggravate pre-existing medical conditions, impede recovery from illness, and increase the likelihood of mental health issues (Patrick 2014). Victims of domestic violence have a high likelihood of having mental health issues, including PTSD, depression, anxiety, and suicidal thoughts (Fernández-González et al. 2018). Considering these factors, it is important that ATHL offers services that focus on clients’ health and mental health.

Table 12 outlines the health status of clients involved in this study. Including whether a client has a chronic illness and is currently taking medication for depression or anxiety.

Table 12: Health Status by Time Period and Percentage

	2010 N=15	2015 N=15	2019 N=14	Total (N=44)	Cumulative %
Chronic Illness					
Yes	20.0%	40.0%	35.7%	31.8% (n=14)	31.8%
No	80.0%	53.3%	28.6%	54.6% (n=24)	86.4%
Missing Data	0.0%	6.7%	35.7%	13.6% (n=6)	100%

Source: Awo Taan Healing Lodge, 2020

Table 12 shows increases in clients who have a chronic illness⁸⁸ from 2010 to 2015. 1 in 5 clients in 2010 reported having a chronic illness, such as fibromyalgia, arthritis, nerve damage, and chronic obstructive pulmonary disease (COPD). This is followed by 2 in 5 clients reporting a chronic illness in 2015. This number drops in 2019, however there is a large percentage of missing data in 2019 so these percentages may not be representative of the total population of ATHL in 2019.

⁸⁸ Chronic illness describes long-term health conditions that typically do not have a cure.

Individuals with chronic health issues may require special accommodations at ATHL. For example, someone with a chronic illness may need more assistance with transportation, such as arranging pick-ups from DOAP Team⁸⁹ instead of using public transit. Clients at ATHL are also expected to assist with chores around the shelter which may not be possible for a client with a chronic illness. Individuals with a chronic illness may also need more time at ATHL to find housing that is suitable for their circumstances.

Table 13 shows the clients' mental health status. Specific questions are asked about their experiences with suicidal thoughts, accessing counselling and medications.

Table 13: Mental Health Status by Time Period and Percentage

	2010 N=15	2015 N=15	2019 N=14	Total (N=44)	Cumulative %
Counselling					
Yes	26.7%	46.7%	42.9%	38.6% (n=17)	38.6%
No	73.3%	46.7%	42.9%	54.5% (n=24)	93.1%
Missing Data	0.0%	6.6%	14.2%	6.9% (n=3)	100%
Suicidal Thoughts					
Yes	13.3%	26.6%	28.6%	22.7% (n=10)	22.7%
No	86.7%	66.7%	57.1%	70.5% (n=31)	93.2%
Missing Data	0.0%	6.7%	14.3%	6.8% (n=3)	100%
Medication*					
Yes	6.7%	6.7%	35.7%	15.9% (n=7)	15.9%
No	93.3%	80.0%	50.0%	75.0% (n=33)	90.9%
Missing Data	0.0%	13.3%	14.3%	9.1% (n=4)	100%

Source: Awo Taan Healing Lodge 2020

*Note: Medication for depression or anxiety

The data shows an increase in clients who have sought counselling. For example, nearly half of clients in 2015 and 2019 reported seeking counselling, which was up from 26.7% of clients in 2010. This may be related to increased instances of mental health concerns in ATHL clients, and therefore, an increased need for mental health counselling. Clients who are experiencing poor mental health need resources such as counselling or support groups. ATHL offers services related to mental health through their on-site Mental Health Nurse, Crisis Counseling, and weekly Healing Circles.

⁸⁹ DOAP Team is a free transportation service operated by Calgary Alpha House for low-income individuals.

Stress and trauma can cause a decline in a person’s mental health. Some clients have mental health concerns, including suicidal thoughts. Clients who reported having suicidal thoughts within the past 6 months also increased across the three periods of study. Of these, 13.3% of clients reported having suicidal thoughts in 2010, which increased to 26.6% in 2015, and increased slightly to 28.6% in 2019. This points to worsening mental health issues for clients. This may be related to clients’ increased Danger Assessment scores as severe forms of domestic violence can lead to PTSD, depression, and suicidal thoughts (Fernández-González et al. 2018).

Clients who take medication for depression or anxiety jumps significantly in 2019 at 35.7%, up from 6.7% in 2010 and 2015. Increases in clients who experience suicidal thoughts, access counselling, and take medication for depression or anxiety points to overall increases in mental health concerns for ATHL clients.

Further, this data speaks to the changing needs of the clients of ATHL, who may need more support and more robust programming for assistance with their mental health concerns. This is a theme that will be explored further in section 5.5, in conjunction with the qualitative data sets. The next section explains and analyses the variables related to clients’ stay at ATHL.

5.2.5 Length of Stay

This section details the clients’ stay at ATHL and gives insight into ATHL clients’ experience at the shelter. Table 14 shows the length of stay for clients, their reason for leaving, and the services they accessed.

Table 14: Length of Stay by Time Period and Percentage

	2010 N=15	2015 N=15	2019 N=14	Total (N=44)	Cumulative %
Length of Stay					
0-7 days	40.0%	46.7%	35.7%	40.9% (n=18)	40.9%
8-14 days	26.7%	20.0%	14.3%	20.5% (n=9)	61.4%
15-21 days	26.7%	13.3%	28.6%	22.7% (n=10)	84.1%
22+ days	6.7%	20.0%	21.4%	15.9% (n=7)	100%

Source: Awo Taan Healing Lodge, 2020

This section discusses the similarities among clients who stayed for various lengths of time. They are categorized into groups as short-stay clients (those who stayed 0-7 days), medium-stay clients (those who stayed 8-14 days), long-stay clients (those who stayed 15-21 days) and extended-stay clients (those who stayed 22+ days). The regular time clients are allotted for stays at ATHL is 21 days. An extension to this rule must be granted from staff for clients to exceed 21 days.

Clients who stayed for a short period of time (0-7 days) account for 40.9% of clients overall. In 2010 short-stay clients account for 40.0% of clients, 46.7% in 2015, and 35.7% in 2019. There is consistency across the three periods of study for this group of clients. Short-stay were the least likely to have found housing, with only two clients (or 11.1%) in this category finding permanent or second-stage housing before exiting ATHL. This is not surprising as the short period of time would not allow for much time to search for and secure housing. Short-stay clients make up the largest group (n=18) and they are the least likely to find housing. However, these clients may not be ready for housing due to their financial or personal circumstances and ATHL may have served their specific needs at that time. For example, short-stay clients may only need temporary shelter or access to food. Not all individuals who access emergency shelters are seeking housing.

Medium-stay clients stayed between 8 and 14 days. They account for 20.5% of clients overall. The number of medium-stay clients decreases over the three periods of study with 26.7% in 2010, 20.0% in 2015, and 14.3% in 2019. Medium-stay clients were more likely than short-stay clients to have secured permanent or second-stage housing. With 50% of medium-stay clients securing housing before they left ATHL. The longer clients stay at ATHL, the more likely they are to find housing.

Long-stay clients (15-21 days) account for 22.7% of clients overall. In 2010, long-stay clients made up 26.7% of clients, followed by 13.3% in 2015 and increasing to 28.6% in 2019. Long-stay clients were the most likely to find housing (80%), with six finding permanent housing and two finding second-stage housing. These clients had more time to work with ATHL staff in finding housing. ATHL's Intensive Case Management Team (ICM) works closely with clients to find housing. The ICM Team

offers one-on-one assistance to look for potential housing and attend viewings with clients. They also offer referrals to other organizations that assist with housing, such as Calgary Housing Company and Treaty 7 Urban Housing Authority.

Extended-stay clients (over 22 days) make up the smallest percentage of clients at (15.9%). However, long-stay clients increase over the three periods of study with 6.7% in 2010, 20.0% in 2015, and 21.4% in 2019. It is not uncommon for clients to receive an extension on their stay at ATHL but they need approval from staff to do so. Extended-stay clients are more likely to find housing (71.4%). Extended-stay clients are like medium and long-stay clients in that they are more likely to find housing in comparison to short-stay clients. The longer clients stay at ATHL the more services they have time to access and more time to find suitable housing that is appropriate to their needs.

Extended-stay clients have a high likelihood of having children with them (83.3%). This is related to the added challenges of having children in the shelter. This aligns with research from the National Shelter Survey, where it was found that the number of people using emergency shelters in Canada had decreased from 2005 to 2016 but that people were staying for longer periods of time, particularly families who were using shelters (Government of Canada 2021). In 2016, the average length of a family shelter stay was 25 days compared to single individuals whose average length of stay was 12.6 days (Government of Canada 2021). This information reveals that women who have children with them in shelters need more support for a longer period in order to find safe and adequate housing. All clients must leave the shelter since it is a temporary accommodation meant for individuals and families in crisis. Table 15 displays the reasons for clients leaving ATHL, some of which were discussed above in relation to the likelihood of clients finding housing.

Table 15: Reason for Leaving ATHL by Time Period and Percentage

	2010 N=15	2015 N=15	2019 N=14	Total (N=44)	Cumulative %
Reason for Leaving					
Secured housing	46.5%	20.0%	28.6%	31.8% (n=14)	31.8%
Second-stage housing	6.7%	20.0%	7.1%	11.4% (n=5)	43.2%
Stay with friend/relative	6.7%	6.7%	28.6%	13.6% (n=6)	56.8%
48 hours no contact	6.7%	6.7%	7.1%	6.8% (n=3)	63.6%

Abuser found whereabouts	6.7%	6.7%	0.0%	4.6% (n=2)	68.2%
Asked to leave due to behaviour	6.7%	20.0%	14.4%	13.6% (n=6)	81.8%
Returned home without abuser	0.0%	6.7%	0.0%	2.3% (n=1)	84.1%
Returned to abuser	6.7%	6.7%	7.1%	6.8% (n=3)	90.9%
Missing Data	13.3%	6.7%	7.1%	9.1% (n=4)	100%

Source: Awo Taan Healing Lodge, 2020

A large portion of clients left ATHL because of finding housing (43.2% cumulatively). Permanent housing was found by 31.8%; while 11.4% gained access to second-stage housing. The fact that 43.2% of clients found new housing is indicative of the help and resources that clients receive at ATHL in moving forward in their lives. As discussed in Table 14, clients who stay 8 days or longer ATHL are more likely to secure housing.

In 2015 there is both a decrease in clients finding permanent housing and an increase in clients finding second-stage housing. This could be related to a lack of affordable rental housing in Calgary and low vacancy rates. According to the Canada Mortgage and Housing Corporation (CHMC), in 2015 rental prices in Calgary were \$372-540 above the national average of \$960 (CHMC 2018). The cost of rentals in Calgary in 2015 was the second highest in all of Canada, behind Vancouver. The high cost of rentals in Calgary inhibits many people from securing permanent housing. Further, the long waitlists for second-stage housing and affordable housing⁹⁰ keep many individuals trapped in the cycle of homelessness.

Table 15 shows an increase in clients leaving ATHL to stay with friends or family. In 2010, 6.7% of clients left to stay with friends or family, followed by 6.1% in 2015. This number increases to 28.6% in 2019 because with a lack of affordable and available rentals individuals are more likely to stay with friends or family. This option also allows individuals to access emotional support and a familiar environment for themselves and their children.

Other reasons for clients leaving included 6.8% returning home with the abuser and 2.3% returning home without their abuser. Over the three periods of study 6.8% of clients were discharged after 48 hours of no contact with ATHL. Overall, 4.6% of clients left because the abuser found their

⁹⁰ Affordable housing is subsidized rental housing where tenants pay no more than 30% of their income.

whereabouts. Clients in this case were transferred to another domestic violence shelter within Calgary for their safety and the safety of the other clients. If an abuser knows the client's whereabouts, then the safety of all the shelter's clients and staff is threatened.

Certain standards of behaviour are expected when staying at ATHL. Overall, 13.6% of clients were asked to leave ATHL due to unacceptable behavior. It is ATHL policy that clients are asked to leave who (1) are using substances on the premises, (2) have two or more unauthorized overnight stays away from ATHL, and (3) display a pattern of aggressive behavior towards staff or other clients. Clients have experienced aggression and some may view this behaviour as the only means to protect themselves.

Across the three periods of study 6.7% of clients were asked to leave in 2010, followed by 20.0% in 2015, and 14.4% in 2019. The increases in clients being asked to leave due to behaviour could be related to the increasingly complex needs of clients, such as increased mental health concerns and the possibility of increased instances of addiction. Shelter policies can conflict with individuals who have mental health concerns or addictions.

Client files do not contain information about clients' history with addiction or substance use. However, substance use has steadily increased throughout Canada since the early 2000s. The opioid crisis in Canada is related to the increase in prescription and illegal use of opioids⁹¹, which frequently lead to overdoses and death. In Alberta, there were 611 opioid-related deaths in 2016 (Belzak and Halverson 2018). Those 611 deaths account for over 20% of all opioid-related deaths in Canada in 2016. The relationship between substance use, domestic violence, and homelessness means that some of ATHL clients were dealing with addiction. Further, the frequency of clients dealing with addiction has likely increased, as opioid use throughout Canada has steadily increased.

Next, Table 16 displays the number of clients who accessed the various services provided by ATHL when they were residents.

⁹¹ One opioid, Fentanyl, is a large contributor to overdoses and deaths. Illegal substances are frequently laced with Fentanyl which increases the potency and toxicity of drugs.

Table 16: Services Accessed by Time Period and Percentage

	2010 N=15	2015 N=15	2019 N=14	Total (N=44)	Cumulative %
Crisis Counselling					
Yes	66.7%	73.3%	71.4%	70.5% (n=31)	70.5%
No	33.3%	26.7%	28.6%	29.5% (n=13)	100%
Missing Data	0.0%	0.0%	0.0%	0.0% (n=0)	100%
Nurse Practitioner	N=15	N=15	N=14	(N=44)	
Yes	33.3%	46.7%	50.0%	43.2% (n=19)	43.2%
No	66.7%	53.3%	50.0%	56.8% (n=25)	100%
Missing Data	0.0%	0.0%	0.0%	0.0% (n=0)	100%
Childcare	N=6	N=7	N=6	(N=19)	
Yes	50.0%	28.6%	16.7%	31.6% (n=6)	31.6%
No	50.0%	71.4%	83.3%	68.4% (n=13)	68.4%
Missing Data	0.0%	0.0%	0.0%	0.0% (n=0)	100%

Source: Awo Taan Healing Lodge 2020

Across the three periods of study, 70.5% of clients in this sample accessed crisis counselling to deal with trauma and the related experiences that led them to ATHL. The clients accessing crisis counselling remained steady across the three years of study, with 66.7% in 2010, 73.3% in 2015, and 71.4% in 2019. Clients are offered crisis counselling at intake so it is a common service accessed by many clients.

Table 16 shows that 43.2% accessed the Nurse Practitioner. The Nurse Practitioner offers health care assessments to clients and their children soon after their arrival and ATHL and throughout their stay based on their own health care needs. Clients accessing the Nurse Practitioner increased across the three years, with 33.3% of clients accessing this service in 2010, followed by 46.7% in 2015, and 50.0% in 2019. ATHL has had increased success in helping clients who are experiencing health concerns.

Overall, 31.6% accessed childcare services, which are offered on-site on a drop-in basis by ATHL Child Support Workers. Clients accessing childcare decreased across the three years of study, with 50.0% clients in 2010, 28.6% in 2015, and 16.7% in 2019. This decrease is not accounted for by a decreased likelihood of children being admitted with clients. Table 11 shows that in 2010 54.5% of clients with children brought them to the shelter, 70.0% in 2015, and 60.0% in 2019. The decrease could be related to

a need for ATHL to improve childcare or increase staffing of that program. Childcare is an important feature for clients with children to be able to have time for appointments and finding housing.

Next, Table 17 shows the number of clients who received referrals to outside agencies and organizations through ATHL. ATHL provides clients with referrals to outside organizations that offer services such as: financial aid, housing assistance, and legal support.

Table 17: Referrals by Time Period and Percentage

	2010 N=15	2015 N=15	2019 N=14	Total (N=44)	Cumulative %
Financial Referral					
Yes	33.3%	66.7%	71.4%	56.8% (n=25)	56.8%
No	66.7%	33.3%	28.6%	43.2% (n=19)	100%
Missing Data	0.0%	0.0%	0.0%	0.0% (n=0)	100%
Housing Referral					
Yes	53.3%	66.7%	64.3%	61.4% (n=27)	61.4%
No	46.7%	33.3%	35.7%	38.6% (n=17)	38.6%
Missing Data	0.0%	0.0%	0.0%	0.0% (n=0)	100%
Medical Referral					
Yes	26.7%	33.3%	28.6%	29.5% (n=13)	29.5%
No	73.3%	66.7%	71.4%	70.5% (n=31)	100%
Missing Data	0.0%	0.0%	0.0%	0.0% (n=0)	100%
Legal Referral					
Yes	6.7%	6.7%	28.6%	13.6% (n=6)	13.6%
No	93.3%	93.3%	71.4%	86.3% (n=38)	100%
Missing Data	0.0%	0.0%	0.0%	0.0% (n=0)	100%
Other Referral					
Yes	26.7%	26.7%	14.3%	22.7% (n=10)	22.7%
No	73.3%	73.3%	85.7%	77.3% (n=34)	77.3%
Missing Data	0.0%	0.0%	0.0%	0.0% (n=0)	100%

Source: Awo Taan Healing Lodge 2020

Table 17 shows that 56.8% of clients received a financial referral. Financial referrals included Alberta Works, AISH, and assistance applying for the Canadian Child Tax Benefit. The number of clients receiving financial referrals increases across the three periods of study. In 2010 33.3% of clients received a financial referral, followed by 66.7% in 2015 and 71.4% in 2019. This indicates that clients have had an increased need for financial assistance. Financial precarity makes leaving an abusive relationship more difficult as an individual has less options for alternative housing and legal representation that may be

needed. ATHL have become increasingly vulnerable due to domestic violence coupled with low socioeconomic status.

Housing referrals were received by 61.4% of clients. Housing referrals remain consistent across the three periods of study. ATHL offers referrals to organizations including second-stage housing such as Mary Dover House, Discovery House, and The Sonshine Centre. Affordable housing referrals were also provided, such as Métis Housing, and rental subsidy programs such as Calgary Housing Company and Treaty 7 Urban Housing Authority.

ATHL's Nurse Practitioner provided 29.5% of clients with a medical referral. This included referrals to foot specialists and a thyroid specialist. Other clients were helped with obtaining prescriptions, making dentist appointments, and being taken to Sheldon Chumir for urgent injuries, such as a head injury (transportation was organized by ATHL).

Client files noted that 13.6% of clients received a legal referral, however there was no further indication to the nature of the specific service or organization. Legal referrals increase in 2019 to 28.6%, up from 6.7% in both 2010 and 2015. The increase in legal referrals may be related to the increase in Danger Assessment scores also seen in 2019. Clients who are in more dangerous domestic violence situations likely need more legal assistance, such as obtaining Restraining Orders.

Finally, 22.7% of clients received other referrals, such as furniture from Women in Need Society (WINS), Interfaith Furniture Store, and the Calgary Drop-In Centre Donation Warehouse. Many clients received referrals to The Alex⁹² for various services. Further, family assistance was accessed by clients through organizations such as Made by Momma, Best Beginnings, and the Children's Cottage.

The kind of assistance that clients are receiving at ATHL is varied and included counselling, health care, childcare, and items to help them set up a new home for themselves and their children.

⁹² The Alex is a non-profit organization that offers health and social services to individuals in Calgary. There are multiple programs offered through The Alex including a food centre, dental health programs, pre- and post-natal support, and help with obtaining identification at no charge.

Clients also receive referrals to organizations that provide financial assistance, housing support, legal support, and family support.

In conclusion, the data compiled from the client files indicates certain trends across the three periods, such as increases in chronic health and mental health concerns. This indicates that clients of ATHL may need more assistance and accommodations that address mental health and physical health concerns.

The data from client files shows that clients are staying at ATHL for longer periods of time, and that clients who stay longer are more likely to find housing. Considering this, ATHL may need to adjust their 21-day stay protocol. Alternatively, if services were continuously available to clients after they exit ATHL this may allow clients to obtain housing and continue to receive services such as counselling and access to Elders. However, increasing the length of stay at ATHL and expanding their programs to be offered to former clients would require more funding to be allocated to ATHL to realize these program expansions.

Increasing Danger Assessment scores indicate that clients of ATHL are experiencing worsening forms of domestic violence. Domestic violence correlates with economic stressors, which were exacerbated in 2015 due to economic decline and increasing unemployment for full-time positions in Alberta. There are several indicators in the data that 2015 was a distinctive year for ATHL and their clients. This demonstrates how ATHL helps people during economically difficult times. Women at ATHL access crisis counselling, family support, and assistance with housing. Data from client files showed that ATHL connects clients with numerous outside resources that help with finances, housing, and legal assistance. Staff help clients create Safety Plans and make safe exits from their abusive circumstances.

Considering the longitudinal trends found in client files, I analyzed the qualitative data for similar and related patterns. The qualitative data includes client interviews and staff surveys. Four key themes emerged from the qualitative data, including: (1) ATHL's cultural services are beneficial to their clients,

(2) client's needs are changing, (3) clients need continued support once they exit ATHL, and (4) ATHL needs more funding and support. Each theme appeared across multiple data sets. In the following four sections I will explore each of these themes and provide recommendations based on input from staff and clients of ATHL.

5.3 CULTURAL SERVICES

The literature review revealed the importance of cultural services that are tailored to Indigenous women seeking shelter due to their unique experiences of homelessness and violence. Indigenous women are more likely than their non-Indigenous counterparts to experience homelessness and violence. This is due to the cumulative impacts of intergenerational trauma, colonialism, and racism. Considering this, Indigenous women seeking shelter benefit from culturally-appropriate services.

Culturally-appropriate services available at ATHL include healing circles facilitated by an Elder that are held twice weekly, smudging throughout the week, access to an Indigenous psychologist, access to traditional medicines grown on site including sage, tobacco and sweetgrass, and access to Elders for one-on-one counselling, and traditional practices.⁹³ These are offered on a voluntary basis and participation is not required of clients. These services are impacted by the amount of funding that ATHL receives. According to staff services could be expanded and offered on a more consistent basis if there was more funding available.⁹⁴

This section explores what ATHL clients think of the culturally-appropriate services available at the shelter.

5.3.1 Client Interview Data

The primary theme that emerged from client interview data was the client's appreciation of ATHL being an Indigenous shelter. This included the presence of culturally-appropriate services and practices that create an environment of familiarity and comfort for Indigenous women. Receiving cultural supports

⁹³ Staff 11, Staff Survey, April 2018

⁹⁴ The impact of funding on cultural services will be explored further in section 5.7.

at ATHL was the most frequent response from clients, in response to what worked well for them at the shelter. A 48-year-old Blood woman stated:

It's been really wonderful, I like the cultural part, like I said the smudging, the [healing] circles, you know you are able to have a safe place to talk with the Elder and the other ladies that way you get to know them.⁹⁵

A 24-year-old Cree woman with three children stated a similar sentiment:

It definitely gives you hope and like it's not just about the shelter, like they have the Elder come in and they do [healing] circles and stuff like that. Cause at the one shelter they didn't even do anything, they just told me to stay there. I get hands on support here.⁹⁶

These quotes highlight the importance of ATHL's cultural services, compared to other shelters.

According to this client, other services primarily offer shelter, whereas ATHL offers multiple services that cater to Indigenous women's needs. Both these clients appreciated having access to healing circles, Elders, and smudging. ATHL's cultural services offer their clients support, familiarity, and the comfort of knowing that they are in an Indigenous environment.

Clients stated in interviews that services available at ATHL, such as traditional medicines and smudging were lacking at other shelters. The opportunity for clients to smudge was frequently mentioned as an important feature of ATHL. As stated by one client, a 46-year-old Cree woman:

Having access to cultural supports has had an effect on me. Just by them allowing me to smudge brings me comfort and brings me inner peace.⁹⁷

Several of the clients stated that they chose to come to Awo Taan over any other shelters because they were aware of the cultural supports available. Further, being in an environment where they would be less likely to experience judgment, prejudice, or racism. A 24-year-old Métis client, with two children stated:

My aunt told me about the shelter. I heard about the shelter because I didn't want to go to one where there's going to be racism. Because I took my kids to a public thing before and they were made fun of because of their skin color. And so, I was

⁹⁵ Client 3, Interview, April 17, 2018

⁹⁶ Client 1, Interview, April 16, 2018

⁹⁷ Client 12, Interview, July 12, 2019

happy when I heard about this place because I know for a fact that my kids would not be put down because of their skin color or because we're not white.⁹⁸

Another client, a 46-year-old Cree woman, explained:

I chose Awo Taan because it was the only Native women's shelter, I guess. And what caught me was it said 'healing lodge' so I came here for self-healing, and so they provided me or allowed me to bring in things like my smudges and my rocks. I most definitely have different expectations coming to an Indigenous shelter because other places I know they wouldn't allow me to bring in things like that and part of my healing is my culture.⁹⁹

Another client, a 46-year-old Mi'kmaq woman stated, "I would rather be here than anywhere else,"¹⁰⁰ in reference to choosing ATHL over other women's shelters. These clients sought out ATHL because it is an Indigenous shelter where cultural practices are welcomed and clients felt they are less likely to experience racism than at other shelters. ATHL is a refuge for Indigenous women seeking shelter, due to their culturally-appropriate services and the way this impacts clients' satisfaction with ATHL over other shelters.

ATHL is known to Indigenous women as a safe place to seek refuge, particularly during extremely vulnerable and traumatic times in their lives. A 43-year-old Cree woman with two children stated, "I know Awo Taan is a safe place for me and my children."¹⁰¹ The majority of ATHL clients are Indigenous women seeking shelter after fleeing domestic violence. It is imperative that ATHL offer culturally-appropriate services to their clients. The following quote provides insight into why culturally-appropriate services are important to Indigenous women. A 45-year-old Cree client stated:

Going to ceremony brings me back home. It strengthens my spirit. It helps me to work with my body, mind. Where I knew if I didn't have it, I wouldn't be here. I wouldn't be able to share these good stories that I've been through. Even though they are sad stories, they are traumatic stories. There are still really good stories because I am here. And without Creator in my life, you know I honestly don't know where I would be.¹⁰²

⁹⁸ Client 14, Interview, July 4, 2019

⁹⁹ Client 12, Interview, July 12, 2019

¹⁰⁰ Client 2, Interview, April 16, 2018

¹⁰¹ Client 9, Interview, May 26, 2018

¹⁰² Client 16, Interview, August 8, 2019

These comments reinforce the need for the cultural services at ATHL. Cultural practices positively impact clients by making them feel at home, helping them to discuss their experiences, and deepening their spiritual lives. This helps strengthen clients during a period of vulnerability.

Additionally, the importance of Indigenous staff members was frequently mentioned in client interviews. For example, one client stated, “I’ve been to Aboriginal services before where all the staff is white”.¹⁰³ Indigenous services administered by non-Indigenous lack the comfort and familiarity of Indigenous-led services. There is also an increased likelihood of clients experiencing racism when they access services run by all white workers. ATHL can be an example to other local shelters on delivering culturally-appropriate services to Indigenous women fleeing violence and experiencing homelessness.

5.3.2 Staff Survey Data

One staff member stated that the purpose of ATHL is, “to provide cultural programs to reconnect clients to culture as part of [their] journey towards healing and to develop future family wellness.”¹⁰⁴ Another staff member described the purpose of ATHL as, “providing support and security to anyone impacted by family violence in a culturally safe place”¹⁰⁵. ATHL provides Indigenous women with a culturally-appropriate environment to find safety.

According to one staff member, “Awo Taan Healing Lodge plays a huge role in protecting Aboriginal women and children, without the type of [cultural] shelter women will continue to be lost in an already overpopulated shelter system.”¹⁰⁶ Without this specific type of shelter, Indigenous women’s needs would be overlooked within a one-size-fits-all type of service delivery. In other words, services that are applicable to all people experiencing homelessness lack the culturally specific nuances that are needed by Indigenous clients to address their unique needs. ATHL staff are well-suited to assist Indigenous women because many of them are Indigenous and the shelter was created to accommodate Indigenous

¹⁰³ Client 8, Interview, May 26, 2018

¹⁰⁴ Staff 7, Staff Survey, April 2018

¹⁰⁵ Staff 1, Staff Survey, April 2018

¹⁰⁶ Staff 6, Staff Survey, April 2018

women and their families. According to one staff member, “Aboriginal women have different cultural needs, not fully understood by non-Aboriginal workers.”¹⁰⁷

Staff survey results also note that ATHL offers Indigenous cultural supports through their Medicine Wheel Assessment¹⁰⁸ and that the overall guiding principles of ATHL are Indigenous-specific, which informs every aspect of service delivery. ATHL provides services to their clients through the lens of Trauma-Informed Care and an Aboriginal Framework for Healing and Wellness¹⁰⁹. The Framework was developed in consultation with staff, clients, Elders, the ATHL Board of Directors, and other services that assist Indigenous clients.

The combination of these approaches (the Medicine Wheel Assessment, Trauma-Informed Care, and the Aboriginal Framework for Healing and Wellness) mean that clients of ATHL are receiving supports that are culturally-specific and gender-specific. Each approach considers the fact that clients are dealing with complex realities that are impacted by racism and sexism. Overall, ATHL is well suited to meet the needs of Indigenous women seeking shelter.

5.3.3 Discussion

ATHL clients can access traditional ceremonies, smudging, healing circles, mentorship from Elders, sacred cultural space, and traditional medicines. ATHL is unique in their delivery of these culturally appropriate services as they are uncommon within organizations that serve the unhoused population, and it is an obvious strength of the shelter, where Indigenous women are their primary clientele. Current research on Indigenous peoples who are unhoused emphasizes the importance of culturally appropriate services, and the responses from staff and clients of ATHL demonstrates why it is important. The culturally appropriate services at ATHL make clients feel more at home, deepens their

¹⁰⁷ Staff 10, Staff Survey, April 2018

¹⁰⁸ The Medicine Wheel Assessment is a self-care tool used by Awo Taan “which is used for assessment and intervention for women at different phases of their shelter residency or connection to the outreach program.” This tool is meant to assist the clients on their wellness and healing journey and to assist them in planning their lives once they leave the shelter by stating specific goals in the categories of physical, mental, emotional, and spiritual (Awo Taan Healing Lodge 2019).

¹⁰⁹ The Aboriginal Framework for Healing and Wellness is a service delivery guide that focuses on culturally appropriate services that are responsive to the unique needs of Indigenous clients, in order to facilitate healing for Indigenous peoples (Awo Taan Healing Lodge 2019).

spiritual lives creating a positive foundation for other work that needs to be done, and allows clients to know that ATHL is an environment where they are less likely to experience racism.

Additionally, the presence of culturally appropriate services for Indigenous women can help in breaking the cycle of homelessness. Homelessness often persists due to emotional, social, and spiritual needs not being addressed in addition to finding housing and financial strain. Housing alone is not the sole focus of helping women escape homelessness, their social, emotional, and spiritual needs must also be addressed and improved. These needs are addressed at ATHL through the culturally appropriate services offered.

The next section explores the changing needs of clients, which was revealed through the data from client files.

5.4 CHANGING NEEDS OF CLIENTS

Data from client files demonstrates that from 2010 to 2019 clients of ATHL are changing. Clients are more likely to have chronic health issues and experience mental health concerns, including suicidal thoughts. Clients also have higher Danger Assessment scores and are staying at ATHL for longer periods of time. In sum, the needs of clients have become more complex. These trends indicate that ATHL may need to make changes to their programming to meet clients changing needs. This theme will be explored in this section from the point of view of staff.

5.4.1 Staff Survey Data

Staff survey data shows the increasingly complex needs of ATHL clients. Client's needs have become compounded with multiple concerns as opposed to only seeking shelter due to domestic violence.

A staff member said:

Times have changed. Now you don't just see families who are only fleeing domestic violence. Now we see families who are fleeing domestic violence but who also may be struggling with addictions or mental health. There are things that were rarely spoken of 20 years ago.¹¹⁰

¹¹⁰ Staff 3, Staff Survey, April 2018

Clients of ATHL increasingly need assistance with addiction and mental health issues. It is common to see overlap between individuals experiencing homelessness, mental health concerns, addiction, and physical health concerns. Research shows that women experiencing domestic violence are five times more likely to become dependent on substances in comparison to other women (Hovey et al. 2019). Substance use can be a response to experiencing trauma. Further, substance use commonly co-occurs with mental health problems and physical health problems (Hovey et al. 2019). Client file data indicates that there has been an increase in clients being asked to leave due to behaviors including substance use and aggression towards staff. ATHL staff are identifying this as a concern for the shelter.

This means that staff duties have likely increased and they will need more training and support. Many staff members mentioned the need for more training in areas such as addictions, mental health, and assisting clients who are immigrants or refugees. A survey question asked, "What specific training would be helpful to enhance your work at the shelter?" Staff responded, "Addictions", "Mental Health", and "Immigration and Refugee Status". With increasingly complex client needs, staff need training that reflects these changes so they can properly assist those clients. For example, if more clients are coming to ATHL with addictions, staff need more training in effectively assisting those clients in a harm-reduction manner. Harm-reduction services are an approach to service delivery that does not require individuals to be abstinent from substance use. Instead, substance use is acknowledged as a common and complex part of life, and personal safety is promoted through safe substance use and personal autonomy (Hovey et al. 2019).

5.4.2 Discussion

ATHL has experienced changes in its clientele, with more people coming in for various reasons, in addition to domestic violence. Through client file data and comments from staff, it is clear that the needs of clients have shifted over the past decade, with higher levels of substance use, mental health concerns, chronic health concerns, and poverty. Given the changing nature of client needs, ATHL's scope may need to expand to offer more services to more clients and increased training and support for their

staff. Adapting service delivery to a harm-reduction approach could assist more clients who are dealing with addiction.

There is a high likelihood of women who are fleeing domestic violence also being dependent on substances. Considering this, women's shelters need to meet clients where they are at in their addiction or sobriety, instead of requiring sobriety as a necessity in order to stay. Harm-reduction programs have proved to be effective in many circumstances,¹¹¹ however organizations that operate from a harm-reduction stance typically require more staff and funding to ensure the safety of all clients (Hovey et al. 2019). Given the underfunding of women's shelters this approach is not always feasible.

In terms of ATHL, a harm-reduction approach could assist staff in helping clients who are presenting with more complex needs, including increased instances of addiction and mental health concerns. However, ATHL would require more funding in order to offer harm-reduction services.

5.5 CONTINUED SUPPORT

ATHL's cultural services are highly-ranked in client exit surveys and were a prominent theme mentioned in client interviews. Clients also expressed their desire to stay longer at ATHL to continue accessing support. Staff say it would be valuable to have the culturally-specific supports continue for clients once they exit ATHL. Some ideas from staff of how this could be approached include the opening of a second-stage shelter and opening access to programming to former clients.

This is supported by client file data that indicates clients are staying for longer periods of time when comparing the 2015 and 2019 groups to 2010, as well as outliers found in client files and client interview demographics that show clients staying at ATHL for up to 78 days.

5.5.1 Client Interview Data

The most frequent criticism from clients was that they wanted more one-on-one time with staff and a longer stay at Awo Taan. Clients had difficulty with this matter due to their schedules and staff

¹¹¹ See Hovey et al. (2019) *Understanding the Landscape of Substance Use Management Practices in Domestic Violence Shelters Across Ontario*; Parker et al. (2012) *Access to Harm Reduction Services in Atlantic Canada: Implications for Non-Urban Residents who Inject Drugs*; and Papamihali et al. (2020) *Convenience and Comfort: Reasons Reported for Using Drugs Alone Among Clients of Harm Reduction Sites in British Columbia, Canada*.

having to deal with numerous clients throughout the day. Staff have a limited number of available appointments and a high demand from clients. A 48-year-old Blood client stated, “the workers could talk with you more, because when you go in the office there’s always somebody else in there, like you can’t really get one to one with them.”¹¹²

This was reiterated by a 36-year-old Métis client:

Everything is done here one client at a time in the offices, and so like, if I need to leave but someone’s talking to a counsellor, I can’t get my medication, I can’t get bus tickets. So, you are kinda like at the mercy of the staff.¹¹³

There are benefits to staff seeing clients one-on-one, including privacy, confidentiality, and the ability for staff to focus on one client’s concerns at a time. However, clients are frustrated in their desire for more time with staff, and more time at ATHL in general. Clients frequently stated that they would have liked more time to stay at ATHL in order to become more stabilized and find secure housing. For example, the same client stated:

It’s the system, not the workers. Awo Taan is perfect the way it is, it’s just the aftercare and begging to stay here for one [more] week. And now it’s like how do I move into an apartment in one week that is going to be safe for us. There’s no long-term planning and so people are just coming in a revolving door in this system.¹¹⁴

When clients are rushed to find housing, it is often not ideal or safe. Thus, they end up back in the cycle of homelessness due to unsafe or inadequate accommodation. If clients could continue accessing services after they exited ATHL, this could help with the time constraints of their 21-day stay.

The ability for staff to make time for clients and extend the stay for clients is directly related to ATHL’s limited funding and limited capacity. ATHL is constrained by the size of the shelter, number of available beds, and available funding. To provide ongoing support to clients, ATHL would require more staff to ensure that current and former clients are adequately served. However, this is not a realistic objective without increased funding for ATHL. Alternatively, it may be more cost effective and realistic

¹¹² Client 3, Interview, April 17, 2018

¹¹³ Client 8, Interview, May 26, 2018

¹¹⁴ Client 8, Interview, May 26, 2018

to expand ATHL services to continue once clients leave ATHL. Continued support could include the ability for clients to return to ATHL to continue accessing culturally-appropriate services and counselling.

Many staff members recommended the opening of a second-stage shelter for ATHL clients, as a way for clients to continue accessing important services in a setting where they can stay for longer periods of time.

5.5.2 Staff Survey Data

Many staff members stated that a second-stage shelter run by ATHL would be beneficial to the continued support and well-being of clients. Second-stage housing refers to shelters with longer stay periods, or transitional housing. These organizations serve as a bridge between emergency shelters and permanent housing and allows individuals more time to find stability in finances, mental health, employment, and other areas before settling into permanent housing.

A second-stage shelter would ensure clients of ATHL have more time to find permanent housing while also having access to the resources and cultural services provided by ATHL. One staff member commented:

In my opinion, we need to build/buy a place to establish a 2nd stage residence for our clients who are ready to move from shelter into someplace that will afford them to take the next [step] towards their independence in the community, while still remaining within a safe environment. This would increase their success rate as 21 days is too short to really allow clients to establish themselves on a new and safe path. We need to do more fundraising in order to begin to plan for this, as again, I believe that this is the way we at the shelter need to go.¹¹⁵

Another staff member identified a benefit of second-stage housing being that clients can continue to access services from their homes:

An Awo Taan second stage shelter would be awesome. Many of these women still need ongoing support when they leave the shelter and how better would it be knowing that they have access to cultural supports and services in their home.¹¹⁶

¹¹⁵ Staff 7, Staff Survey, April 2018

¹¹⁶ Staff 3, Staff Survey, April 2018

With funding constraints and ATHL's scope of services, the opening of a second-stage shelter by ATHL may not be a realistic goal. However, staff are identifying that there is a gap in service for a second-stage shelter that is specifically for Indigenous women. Many staff members have stated that client's 21-day stay is not enough time to establish all the help that clients need. ATHL clients are in a vulnerable position dealing with trauma and trying to find suitable housing at the same time.

Staff members also frequently mentioned how ATHL's culturally specific programming is beneficial to Indigenous women. Therefore, an Indigenous second-stage shelter would be beneficial to Indigenous women who come to ATHL and need more time to find safe and secure housing, while still accessing ATHL's cultural services.

Staff members are aware that the opening of a second-stage shelter would require more government support and funding, but this was identified as a need of the ATHL clients. This points to there being a gap in these services in Calgary. This is supported by data showing longer stays at ATHL so clients can remain sheltered and continue accessing services.

5.5.3 Discussion

Common requests included the client's desire for a longer stay at ATHL and to have more one-on-one support during their time there. According to Groenig et al. (2019), "the time-limited nature of formal service fails to recognize the complexity [of] the diverse experiences of women" (23). Services are most effective for women experiencing homelessness when they are not pressured by a time limit and support is offered long-term, including after they exit the program (Groenig et al. 2019). Services are more beneficial when they address both short-term and long-term needs of clients.

Considering this, ATHL clients would benefit from receiving continued support once they exit the shelter, through both expanded outreach programs and the creation of second-stage shelter for Indigenous women in Calgary. These recommendations and any expansion of ATHL programming would require increased funding from all levels of government in order to assist ATHL in supporting Indigenous women.

The next section explores the funding that ATHL needs in order to expand their services and continue to offer culturally-appropriate services to Indigenous women in Calgary.

5.6 AWO TAAN HEALING LODGE NEEDS MORE FUNDING

Staff and clients' concerns are greatly impacted by the funding that ATHL is able to secure. ATHL receives a combination of federal, provincial, municipal, and private funding, on a short-term basis, meaning it is annually allocated and can change from year to year. This inhibits ATHL from developing and implementing multi-year programming. This also impacts the consistency between service delivery from year-to-year. Therefore, it is unlikely that ATHL can address these challenges with the current short-term funding they receive. To provide further support to clients, ATHL needs greater support and increased funding from all levels of government.

5.6.1 Staff Survey Data

According to staff, ATHL is constrained by the yearly funding they receive, which inhibits the implementation of long-term programs. ATHL's services could be enhanced through multi-year funding, which would enable the shelter to implement long-term programs with more consistent outcomes¹¹⁷. According to one staff member, "the on-going need for funding is quite important to our continued growth. I don't believe we are as supported as we could be."¹¹⁸ ATHL staff identified multiple challenges due to funding constraints, including needing more money for Elders, building repairs, staff training, and increasing programs for youth who stay at the shelter. According to one staff member:

Our cultural component is hugely important and we need a reliable Elder contact who will always show up to do the healing circles because the shelter does not have the money to afford more than one Elder, it would be beneficial to have more than one so that we don't have to cancel any healing circles.¹¹⁹

Given that the cultural services offered by ATHL are a strength of the shelter, more funding in order to offer consistent and sustainable cultural services is needed. The lack of adequate funding for ATHL to offer consistent cultural services leads to a gap in service for Indigenous unhoused women.

¹¹⁷ Josie Nepinak, Interview by author, July 24, 2019.

¹¹⁸ Staff 7, Staff Survey, April 2018

¹¹⁹ Staff 6, Staff Survey, April 2018

5.6.2 Discussion

The findings from this research indicate that ATHL needs to expand on the work they are doing with Indigenous women. ATHL is known as a safe haven for Indigenous women. With increased funding ATHL could assist more people, introduce harm-reduction services, and extend the amount of time that they are able to offer support to clients.

The underfunding experienced by ATHL and many other shelters impacts their ability to deliver services, how many clients can be served, and the quality of services delivered. In order to deliver consistent and equitable services, shelters need more funding from the government, especially Indigenous shelters who deal with the added burden of the legacy of colonialism for their clients and increased risks for their clients to experience violence. Increased funding to Indigenous shelters can be considered as part of the larger project of government accountability to Indigenous communities.

Funding for shelters in Alberta has not kept up with rates of inflation, especially for Indigenous shelters. In 2005, the Alberta Council of Women's Shelters (ACWS) did a comparison between on and off reserve shelters to look at quality of funding. There were five on-reserve shelters in Alberta¹²⁰ that received \$1.05 million less than what they should have as provincially-funded shelters (Johnstone 2011). In a similar comparison from 2011, six on-reserve shelters¹²¹ were found to be underfunded by \$2.2 million compared to off-reserve shelters (Johnstone 2011). The underfunding of Indigenous shelters threatens their ability to provide stable and effective programming for their clients. Indigenous shelters need increased and consistent funding from all levels of government in order to effectively serve their clients with appropriate services. This is especially important because as many as 58% of Alberta's shelter seekers identified as Aboriginal, Inuit, Metis, or First Nations (Hoffart 2011).

These on-reserve shelters are funded by Indian and Northern Affairs Canada (INAC), a federal body, whereas ATHL is funded by a combination of federal, provincial, and municipal funding.

¹²⁰ Shelters included Paspew House in Fort Chipewyan, Sucker Creek Women's Emergency Shelter in Enilda, Bigstone Cree Native Women's Emergency Shelter in Wabasca, Eagle's Nest Shelter in Morley and Ermineskin Women's Shelter in Maskwacis.

¹²¹ The additional shelter was Kainai Women's Wellness Lodge located in the Blood First Nation.

Regardless, ATHL experiences this same type of underfunding being on off-reserve Indigenous shelter. ATHL is doing important work in counteracting the marginalization of Indigenous women, and they need more support from government.

CHAPTER SIX – CONCLUSIONS AND RECOMMENDATIONS

6.0 CONCLUSION

The findings from this research have addressed the five research questions and explored related topics. The findings were analyzed through an intersectional lens, giving attention to how clients of Awo Taan Healing Lodge (ATHL) are impacted by their positionality as Indigenous women. My own positionality as a white woman in a position of privilege led me to incorporate Indigenous methods in order to ensure that I conducted unintrusive, reciprocal research and I remained aware of my own subjectivity.

The first research question (what services are available at ATHL?), was addressed through a comprehensive overview of ATHL's history, services, organizational structure, and community contributions. I found that ATHL offers a multitude of services, including culturally-appropriate services that are responsive to the needs of the Indigenous women who seek shelter there. These services are offered through the lens of Trauma-Informed Care and healing from the historical trauma that impacts Canada's Indigenous populations. ATHL has a long history of supporting the local Indigenous community through events, conferences, and contributing information to 2018 National Inquiry into Missing and Murdered Indigenous Women. It is no surprise that the majority of their clients are Indigenous women who are seeking safe shelter and culturally-appropriate services.

In answer to the second research question (who does ATHL serve?), data from client files revealed that most clients are first time clients of ATHL (56.8%) who come from Alberta (52.3%) and Calgary (47.7%). Alberta's economic and employment fluctuation found in 2015 had an impact on the demographics of ATHL clients in 2015. ATHL is able to adapt to client changes and meet the needs of various people impacted by economic strain.

The average age of ATHL clients is between 20 and 39-years-old. This aligns with the average age of Calgary's overall unhoused population and the fact that Indigenous peoples in Alberta are younger on average than non-Indigenous people. The majority of ATHL clients are Indigenous women (70.5%)

fleeing domestic violence (93.2%). Indigenous women need services and programs that are catered to them and that address the historical and cultural context they are living within.

Additionally, the needs of ATHL clients are changing and becoming more complex. Staff reported that clients of ATHL have become increasingly likely to be experiencing mental health concerns in addition to fleeing domestic violence. Data analyzed from client files revealed that from 2010 to 2019 there were more instances of chronic health issues and mental health issues, including experiences of suicidal thoughts. Clients are coming to ATHL after more violent instances of domestic violence, as evidenced by higher scores in the Danger Assessment and more frequencies of injuries resulting from domestic violence.

Finally, it is likely that clients of ATHL are increasingly more likely to be dealing with addiction, as the instances of substance use, particularly of opioids has increased greatly in Alberta in the last ten years. The changing needs of clients means that ATHL needs to adapt to meet the needs of their clients. This could be addressed through various strategies, including the application of a Harm-Reduction Model, where clients are supported with safely using substances and dealing with addiction. Other strategies include expanding services to former clients, such as traditional ceremonies that are open to the public.

Research questions three through five (what are the most beneficial services for ATHL clients? And are there gaps in services? If so, what are they?), were explored through qualitative data analysis. This research found the most beneficial services at ATHL to be the culturally-appropriate services offered, including access to traditional ceremonies, smudging, healing circles, mentorship from Elders, sacred cultural space, and traditional medicines.

The importance of culturally-appropriate services is related to the cultural and collective trauma in Indigenous communities. To heal Indigenous peoples' cultural and collective wounds, culturally appropriate solutions are needed. These culturally appropriate services create a welcoming environment for ATHL clients, where they can practice traditions, find spiritual connections, and know they are

coming to a shelter where they are less likely to experience racism. These factors combine to help clients be more at ease in an incredibly stressful situation.

A large percentage of ATHL clients also found housing during their stay, with 31.8% finding permanent housing and 11.4% finding second-stage housing. Data from client files showed that the longer a client stays at ATHL the more likely they are to find housing. This points to the success of ATHL in assisting their clients to find housing, despite the lack of affordable housing in Calgary and the economic impacts on income and housing.

One gap in service that was identified was the lack of continued support for clients once they exit ATHL, particularly the culturally-appropriate services. Staff of ATHL stated that the opening of a second-stage shelter for Indigenous women in Calgary would benefit ATHL clients by opening up a safe space to access support for longer periods in order to find safe and adequate housing. This appears to be particularly important for women with children, as they are staying at ATHL for extended periods of time.

These recommendations for expanded services will likely be impossible without increased funding for ATHL, as they are currently constrained by their yearly funding. Staff noted that with increased funding ATHL could offer more cultural services on a more consistent basis. Considering the important work being done by ATHL, the underfunding they experience is an obstacle to their work and a failure of all levels of government in being accountable to Indigenous communities. Accountability from the government could include increased funding for Indigenous shelters on and off reserves, increased funding for culturally appropriate services for Indigenous peoples, and a focus on policies that eliminate Indigenous homelessness, such as affordable housing initiatives and second-stage housing that is tailored to Indigenous women and their unique needs. These findings contribute meaningful information to the existing literature on Indigenous women's experiences of homelessness, and the shelters that serve them.

6.1 RECOMMENDATIONS

Based on the findings of this research I have two recommendations that both focus on improvements to the services accessed by Indigenous women seeking shelter. These include accountability from all levels of government in their duty to support Indigenous peoples and continued research on this topic.

6.1.1 Government Duty to Support

All levels of government in Canada have made commitments to be accountable to Indigenous communities in making amends for past injustices and mending the current relationship between Indigenous peoples and non-Indigenous Canadians. From the federal government's Truth and Reconciliation Commission to Alberta's creation of the Ministry of Indigenous Relations. Unfortunately, these commitments have largely been acts of tokenism. For example, according to Bingham et al. (2019), "violence against Indigenous women in Canada has been widely publicized but has not informed the planning of housing interventions" (1). Acknowledgments have been made of the violence and barriers Indigenous communities face, however this has not translated into concrete actions that improve the lives of Indigenous peoples, such as increased affordable housing, increased funding to shelters, and increased support for programs that assist Indigenous communities.

Canada, and specifically Calgary, lack Indigenous-run and Indigenous-focused services for unhoused individuals (Jadidzadeh and Falvo 2019). Support for Indigenous-run and Indigenous-focused programming should be a main motivation of where funds can be allocated in order to help Indigenous communities. Government support could be realized through funding to shelters that is for the development or improvement of culturally-appropriate services. Indigenous peoples are overrepresented in the unhoused population and would benefit from the implementation of culturally-appropriate services at all shelters. ATHL is uniquely suited to assist Indigenous women, and thus should be allocated more funding and support from a government level in order to do this.

There is progress being made in this area. It was announced on June 17, 2021, that the Government of Canada¹²² had selected areas for twelve new Indigenous emergency shelters to be built across Canada. The government has allocated \$85 million over five years to build and operate the new shelters, and a further \$10.2 million annually after the first five years (Canada Mortgage and Housing Corporation 2021). The new shelters include two Alberta locations, one at Sturgeon Lake Cree Nation and one at Whitefish Lake Cree Nation. Importantly, the shelters will be Indigenous-led and offer cultural services that are vitally needed at these types of organizations.

This type of government initiative directly benefits Indigenous women and acknowledges the government's duty to support Indigenous communities. An area that the government is failing Indigenous communities and the shelter system is through the closure of Supervised Consumption Sites.

6.1.2 Supervised Consumption Sites

In contrast to the duty of the government to support all people in Alberta, the United Conservative Party (UCP) recently announced the closure of the only Supervised Consumption Site (SCS)¹²³ in Calgary, Alberta. This decision will have a detrimental and deadly impact on individuals with addictions who rely on the SCS to use substances safely under supervision and also access other services, including social workers and opioid-dependency treatments.

The SCS exists on a continuum of care with emergency shelters. The closure of the SCS will have an impact on ATHL in that they will likely see increased overdoses and deaths within their shelter. Shelters in Alberta see an increase in overdoses and deaths when clients have no other safe areas to use substances. This increases during the cold winter months when the option to use substances outdoors is also eliminated. This places an added burden on shelters and their workers, including the need to monitor clients more closely, be prepared to do First Aid and administer Naloxone, and the mental and emotional toll of witnessing overdoses and death. The UCP's decision to close the SCS in Calgary will have a

¹²² In partnership with Indigenous Services Canada (ISC) and Canada Mortgage and Housing Corporation (CMHC).

¹²³ Supervised Consumption Sites (SCS) are a service that allows people to use drugs in a monitored and clean environment. This reduces the harms associated with substance use. Individuals can also access counselling, social workers, and opioid-dependency treatments at these locations. SCS operate on a Harm-Reduction Model.

detrimental impact on substance users, shelter workers, and the network of support for unhoused individuals in Calgary.

6.1.3 Continued Research

There is a lack of research on Indigenous women's experiences of violence, homelessness, and trauma, and how this impacts their interactions with services and service providers. Continued research on homelessness is needed, particularly qualitative research that explores firsthand knowledge of homelessness. The unhoused population, and especially Indigenous women within the unhoused population have been underutilized as informants and experts of their experiences. The information that could be gathered from this population would be able to inform policies and programs to better serve them and others in similar circumstances. Further research on this topic should focus on groups within the unhoused population that have been underserved and have valuable ideas about services they need.

Another useful topic of research would be on the children of women who are seeking shelter, particularly Indigenous children and how they can be best supported during that experience. Children experiencing homelessness are in a particularly vulnerable position and need as many effective resources as possible. This is especially true for Indigenous children, who are nine times more likely to use emergency shelters than non-Indigenous children in Canada¹²⁴ (Government of Canada 2019). As well, individuals who experience homelessness in childhood are more likely to experience recurrent episodes of homelessness as adults, particularly when there is additional childhood experiences of family conflict and violence (Tutty et al. 2009). Considering these statistics, research is needed on the best practices for serving Indigenous children in shelters and what interventions could possibly inhibit repeat episodes of homelessness in adulthood.

The data provided by ATHL contained limited information about the children of clients, however there was not enough data to make any meaningful conclusions from. This would likely be a difficult to

¹²⁴ According to the National Shelter Survey, 2005-2014 period.

reach population with challenging ethical concerns, however research on the children of ATHL clients, or other shelter users, could lead to important data about service improvements.

6.2 LIMITATIONS

While this research uncovered meaningful findings, it was limited by the nature of the data that was used. Secondary data and archival data are useful sources of information, but they lack the control that accompanies primary data collection. Issues I encountered included missing data and inconsistent data management, which were amplified due to the small sample size. This research was a great learning experience in using secondary data and creating ideal primary data in the future.

Another limitation of this research is the lack of generalizability of case study research. Case studies are not generalizable in the same way as large-scale quantitative data; however, they are an opportunity to reveal empirical information about an environment (Yin 2014). This research is not generalizable to any women's shelter or the experiences of their clients. However, this research was able to reveal useful information about ATHL and serve as a foundation for future research related to these topics.

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APPENDIX A: COMMUNICATION WITH HON. RAJAN SAWHNEY

To the Honourable Rajan Sawhney:

My name is Jacey Magnussen and I am a master's Student at the University of Calgary. I am currently writing my thesis focusing on Indigenous women's experiences with shelter access in Calgary. Through this research I have found that shelters in Alberta deal with chronic underfunding, particularly Indigenous shelters.

My research focuses on Awo Taan Healing Lodge (ATHL) in Calgary, Alberta. ATHL is an Indigenous women's shelter that offers a number of services, including emergency accommodation, crisis support, child support, and importantly, culturally-appropriate services. ATHL provides their clients with cultural supports through healing circles, access to Elders, traditional ceremonies and prayers, access to traditional medicines (including sweetgrass and sage), and the frequent opportunity to smudge. These services are extremely beneficial to the Indigenous women who seek shelter at ATHL, as the experiences of homelessness and/or domestic violence that have led them to ATHL are qualitatively different than non-Indigenous women who are experiencing homelessness and/or domestic violence.

As I am sure you are aware, Indigenous women are more likely to experience homelessness and domestic violence than non-Indigenous women. This is due to the legacy of colonialism present in Canada and an overall disregard for Indigenous women and their safety that is rampant in Alberta.

Considering the support that ATHL provides to women experiencing homelessness and domestic violence, I am writing to you to inquire if you have any plans to advocate for further support and funding for Indigenous shelters in Alberta. I understand that funding for on-reserve shelters is different than funding for off-reserve shelters, and that ATHL is unique as an Indigenous shelter in an urban centre. Greater funding for ATHL could mean an expansion of their culturally-appropriate services that benefit Indigenous women and the process of healing from trauma.

Increased support and funding for ATHL is one way the Alberta Government could provide more support for Indigenous women.

Sincerely,
Jacey Magnussen

APPENDIX B: COMMUNICATION WITH HON. RICK WILSON

To the Honourable Rick Wilson:

My name is Jacey Magnussen and I am a master's Student at the University of Calgary. I am currently writing my thesis focusing on Indigenous women's experiences with shelter access in Calgary. Through this research I have found that shelters in Alberta deal with chronic underfunding, particularly Indigenous shelters.

My research focuses on Awo Taan Healing Lodge (ATHL) in Calgary, Alberta. ATHL is an Indigenous women's shelter that offers a number of services, including emergency accommodation, crisis support, child support, and importantly, culturally-appropriate services. ATHL provides their clients with cultural supports through healing circles, access to Elders, traditional ceremonies and prayers, access to traditional medicines (including sweetgrass and sage), and the frequent opportunity to smudge. These services are extremely beneficial to the Indigenous women who seek shelter at ATHL, as the experiences of homelessness and/or domestic violence that have led them to ATHL are qualitatively different than non-Indigenous women who are experiencing homelessness and/or domestic violence.

As I am sure you are aware, Indigenous women are more likely to experience homelessness and domestic violence than non-Indigenous women. This is due to the legacy of colonialism present in Canada and an overall disregard for Indigenous women and their safety that is rampant in Alberta.

Considering these points, I am writing to you to inquire if you have any plans to advocate for further support and funding for Indigenous shelters in Alberta. I understand that funding for on-reserve shelters is different than funding for off-reserve shelters, and that ATHL is unique as an Indigenous shelter in an urban centre. Greater funding for ATHL could mean an expansion of their culturally-appropriate services, particularly if the funding was long-term. With long-term funding ATHL could implement programs that are consistent across multiple years.

Increased support and funding for Indigenous shelters is a concrete way for the Alberta Government to support Indigenous communities and make amends for the historical trauma that impacts Indigenous Peoples.

Sincerely,
Jacey Magnussen

APPENDIX C: COMMUNICATION WITH HON. JASON LUAN

To the Honourable Jason Luan:

My name is Jacey Magnussen and I am a master's Student at the University of Calgary. I am currently writing my thesis focusing on Indigenous women's experiences with shelter access in Calgary. Through this research I have identified that Indigenous women seeking shelter benefit from a Harm-Reduction Model that accommodates their various needs, some of which include an appropriate response to addiction and substance use.

Considering this, I am writing to you to express my concern over the closure of Calgary's only Supervised Consumption Site (SCS). In the report on why the Alberta Government is closing this service, several reasons are cited, including increased crime, increased needle debris, and a lack of policing of the area. I am wondering why these issues weren't meaningfully addressed as opposed to closing the service.

The harm that will result from the closure of the SCS will greatly impact multiple populations in Calgary, but in particular the unhoused population. Further, Calgary's other organizations that assist the unhoused population will likely see an increase in overdoses and deaths. Is there a plan to provide further support to Calgary's shelters that will see the ramifications of this closure?

Overall, I am wondering if the UCP has put anything in place to mitigate the impact of the SCS closure.

Sincerely,
Jacey Magnussen

APPENDIX D: DANGER ASSESSMENT

DANGER ASSESSMENT

Jacquelyn C. Campbell, Ph.D., R.N.
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Several risk factors have been associated with increased risk of homicides (murders) of women and men in violent relationships. We cannot predict what will happen in your case, but we would like you to be aware of the danger of homicide in situations of abuse and for you to see how many of the risk factors apply to your situation.

Using the calendar, please mark the approximate dates during the past year when you were abused by your partner or ex-partner. Write on that date how bad the incident was according to the following scale:

1. Slapping, pushing; no injuries and/or lasting pain
2. Punching, kicking; bruises, cuts, and/or continuing pain
3. "Beating up"; severe contusions, burns, broken bones
4. Threat to use weapon; head injury, internal injury, permanent injury
5. Use of weapon; wounds from weapon

(If **any** of the descriptions for the higher number apply, use the higher number.)

Mark **Yes** or **No** for each of the following. ("He" refers to your husband, partner, ex-husband, ex-partner, or whoever is currently physically hurting you.)

- ___ 1. Has the physical violence increased in severity or frequency over the past year?
- ___ 2. Does he own a gun?
- ___ 3. Have you left him after living together during the past year?
3a. (If have *never* lived with him, check here _____)
- ___ 4. Is he unemployed?
- ___ 5. Has he ever used a weapon against you or threatened you with a lethal weapon?
(If yes, was the weapon a gun? _____)
- ___ 6. Does he threaten to kill you?
- ___ 7. Has he avoided being arrested for domestic violence?
- ___ 8. Do you have a child that is not his?
- ___ 9. Has he ever forced you to have sex when you did not wish to do so?
- ___ 10. Does he ever try to choke you?
- ___ 11. Does he use illegal drugs? By drugs, I mean "uppers" or amphetamines, "meth", speed, angel dust, cocaine, "crack", street drugs or mixtures.
- ___ 12. Is he an alcoholic or problem drinker?
- ___ 13. Does he control most or all of your daily activities? For instance: does he tell you who you can be friends with, when you can see your family, how much money you can use, or when you can take the car? (If he tries, but you do not let him, check here: _)
- ___ 14. Is he violently and constantly jealous of you? (For instance, does he say, "If I can't have you, no one can.")
- ___ 15. Have you ever been beaten by him while you were pregnant? (If you have never been pregnant by him, check here: _)
- ___ 16. Has he ever threatened or tried to commit suicide?
- ___ 17. Does he threaten to harm your children?
- ___ 18. Do you believe he is capable of killing you?
- ___ 19. Does he follow or spy on you, leave threatening notes or messages, destroy your property, or call you when you don't want him to?
- ___ 20. Have you ever threatened or tried to commit suicide?
- ___ Total "Yes" Answers

Thank you. Please talk to your nurse, advocate, or counselor about what the Danger Assessment means in terms of your situation.

APPENDIX E: ELDER FOCUS GROUP DATA

Data from the Elder focus group revealed information about ATHL's culturally appropriate services, including why it is important to offer those onsite. Elders also offered suggestions about how to reach clients once they leave ATHL, such as opening ceremonies to the public. And finally, Elders mentioned the need for increased funding for ATHL.

Culturally Appropriate Services: Data from the two Elder focus groups revealed more information about the important culturally-appropriate services at ATHL. According to the Elders, access to traditional Indigenous practices and spirituality is important to the well-being of clients. Providing culturally-appropriate services offers a connection to client's ancestry and is easily-accommodated with the help of Elders. Ceremony and a connection to culture is the foundation clients need in order to be successful with other aspects of their journey, such as finding income and housing. One Elder stated:

Elders and ceremonies are so helpful in this place because you don't have to go out and search for healing. Because you also have to get a house, income, and so on. And this is where Elders make a great difference in that, because you are teaching them to help them get through alot of different things.¹²⁵

Access to Elders means that clients can receive cultural support on-site, thus relieving time constraints that clients are dealing with during their stay. During their stay at ATHL clients undertake housing, income, and social assistance matters. Having cultural supports on-site ensures that it remains a priority for the clients that want it and they are able to access these services without leaving the facility. Further, any on-site services available at women's emergency shelters are desirable as there are safety concerns with exiting the facility. Clients may be at risk of revealing where they are staying to their abuser or facing violence from their abuser once they leave the shelter.

Services for Former Clients: Elders identified a gap in cultural services for clients after they leave ATHL. Clients can receive referrals to ATHL's Family Wellness Centre where they can access cultural programs, such as healing circles for families and children and cultural support from Elders.

¹²⁵ Elder 3, Focus Group, May 17, 2018

Indigenous parenting workshops, and family counselling are also available. However, Elders noted that improvements need to be made to ensure a connection is made and referrals are followed through on, including follow-up outreach for clients after they have exited the shelter. An Elder stated that ATHL should “connect the women better with Parent Link, especially for when they leave. [We] should have follow-up outreach, Elder, and Cultural Supports.”¹²⁶

Another Elder suggested using ATHL as an access point to public ceremony. Broadening this access could also build on the communal aspect of the healing process. As one Elder shared:

Ceremonies for the public at Awo Taan, or ceremony of some kind for Awo Taan to host for the community for healing. And especially because we are called Awo Taan, we could say this is part of our shield, these once-a-year ceremonies. Maybe once a year is not enough, but we could also think about opening our space for those ceremonies.¹²⁷

ATHL’s name (which translates to shield in Blackfoot) can influence how services delivery should continue after client’s exit ATHL. They can remain under the shield and as a part of the community.

Increased Funding for ATHL: Once again, the theme of inadequate funding came up in Elder focus group data. The ability for ATHL to expand their outreach programs, offer ceremonies to the public and former clients, and continue offering robust cultural supports is dependent on their funding and support. Elders stated that with increased funding more support could be given to current and former clients, including more ceremonies and events.¹²⁸ According to an Elder:

We could do more if we had more funding, like ceremonies... more funding and support would help us to better support and teach and have resources to teach women and always invite them back.¹²⁹

According to this Elder, more ceremonies could be performed at ATHL with increased funding. As well as increasing the support available for clients during their stay and after they have exited ATHL. One Elder suggested that ATHL needs to organize a time to meet with funders and the Elders in order to

¹²⁶ Elder 1, Focus Group, April 28, 2018

¹²⁷ Elder 2, Focus Group, April 28, 2018

¹²⁸ Elder 4; Elder 5, Focus Group, May 17, 2018

¹²⁹ Elder 5, Focus Group, May 17, 2018

establish what cultural services need funding and how to improve access, all the other focus group member agreed with this statement. This could be an important step for ATHL in communicating to funders the importance of increased support for their cultural services.