SERVICE AS CEREMONY: A *JOURNEY* TOWARD HEALING

*Content warning: this report contains strong language about gender-based violence—domestic violence, sexual assault, human trafficking, and the crisis of missing and murdered Indigenous women—that has been committed against American Indian and Alaska Native women through the voices of the providers that serve them.

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In the tradition of the Coast Salish people of whose land our office is located on in Seattle, Washington, we raise our hands in gratitude to each of the direct-service providers who shared their stories with us. Your stories are sacred, and we hold ourselves responsible for carrying them forward in a good way. We are so inspired by your strength and innovation, by your love for your communities, and by your dedication to ending violence against all Native people. We see you, we stand with you, we love you.

We are grateful for our strong partnership with the National Indigenous Women's Resource Center (NIWRC) who helped to develop this project and who guided the conversations with direct-service providers. NIWRC is a Native-led nonprofit organization dedicated to ending violence against Native women and children. NIWRC provides national leadership in ending gender-based violence in tribal communities by lifting up the collective voices of grassroots advocates and offering culturally grounded resources, technical assistance and training, and policy development to strengthen tribal sovereignty.

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A NOTE ABOUT LANGUAGE

The authors use the terms "Native", "Indigenous", "Indian", and "American Indian and Alaska Native (AI/AN)" interchangeably throughout this report. The preferences of providers are also honored, including acknowledgement of specific tribal affiliation(s), when included in responses.

RECOMMENDED CITATION

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GLOSSARY

Cisgender: A person whose gender identity and expression matches the biological sex they were assigned at birth.

Cultural humility: A lifelong process of self-reflection and self-critique whereby the individual not only learns about another's culture but starts with an examination of her/his/their own beliefs and cultural identities.[1]

Femme: A queer person who presents in a feminine manner; a celebration and refiguring of femininity in a way that is intentional, subversive, and unique to each person.[2]

Indigenous Data Sovereignty: The legal right of a nation to govern the collection, ownership, and application of its own data. It derives from tribes' inherent and legal right to govern their peoples, lands, and resources.[3]

Racial misclassification: When an individual is perceived and categorized by observers as "looking like" a racial group that differs from the individual's self-identified racial group/s, identifies as multiple races which are not accounted for in data collection systems, or whose race is missing in data. American Indians and Alaska Natives experience very high rates of racial misclassification in public health surveillance data, adding to the legacy of erasure and genocide of Native peoples.[4]

Relative: Many traditions share the belief that a community can only be as healthy as any one of its members. When someone is in need, it is the responsibility of the community to surround that person and help to restore balance. These roles and relationships are critical in restoration of cultural ways—as we care for each other, we build forward healing for our communities. Grounded in this understanding, we use relative to refer to "clients, patients, and participants" in programs.

Two-Spirit and LGBTQ+ (LGBTQ2S+): The term Two-Spirit is used to describe gender roles and sexual identities that existed prior to colonization, which cross social gender roles, gender expression, and sexual orientation. Although widespread prior to colonization, the active condemnation, interference, and violent efforts by missionaries, government agents, boarding schools, and white settlers against Two-Spirit individuals meant that Two-Spirit traditions and practices went underground to survive or disappeared in many tribes. Today, lesbian, gay, bisexual, transgender, and queer Native communities are reclaiming the Two-Spirit identity, roles, and traditions.[5]

TYPES OF VIOLENCE DISCUSSED

Dating violence can take place in person, online, or through technology. It is a type of intimate partner violence that can include physical, sexual, emotional, or spiritual violence.[6]

Domestic violence (DV) is one or multiple types of abuse, such as physical, emotional, sexual, financial, cultural, spiritual, or digital abuse aimed at a relative.[7]

Emotional violence is any word(s) or conduct that causes or intends to cause emotional damage and social isolation, including damaging self-esteem. Emotional abuse almost always includes blaming the victim for the abuse.[8]

Gender-based violence (GBV) is violence directed against an individual or group of individuals that encompasses various forms of interpersonal violence such as domestic violence, sexual violence, intimate partner violence, and more. GBV encompasses violence against women and girls as well as against men and boys, people who are LGBTQ2S+, and other individuals who do not conform to dominant gender roles.[9]

Human and Sex trafficking (HT) involves the use of force, fraud, or coercion to exploit a relative and make them perform commercial sex or work. Sex trafficking is a type of human trafficking and is considered a form of modern-day slavery.[10]

Intimate partner violence (IPV) is a form of domestic violence that happens when a current or former spouse or intimate partner engages in a repetitive, fear-inducing pattern of abuse toward their partner to maintain power and control in a relationship. In Indigenous societies, violence is not traditional. Colonization imposes and promotes the domination and ownership of Native women by men, which has laid the foundation for present-day violence.[7]

Missing and murdered Indigenous women and girls (MMIWG) represents one of the most horrific aspects of the spectrum of violence committed against Native women. Current reports of abduction and murder of Native women and girls are alarming—the murder rate of Native women is more than ten times the national average on some reservations. These disappearances or murders are often connected to domestic violence, dating violence, sexual assault, stalking, and sex trafficking. This longstanding crisis of MMIWG can be attributed to the historical and intergenerational trauma caused by colonization and its ongoing effects in Indigenous communities.[11]

Physical violence encompasses actions that create physical injury; threat of injury; or risk physical harm, disfigurement, or death. Physical abuse can also include such things as withholding access to medical treatment or necessities such as food and shelter.[8]

Sexual assault is any type of sexual activity or contact that you do not consent to; it may occur within an intimate partner relationship as a tactic of domestic violence. Sexual assault is a type of sexual violence and are types of rape rooted in power and control—a way for perpetrators to instill fear into victims. Types of sexual assault include harassing or calling you degrading sexual names; fondling, grabbing, or pinching the sexual parts of your body; constantly pressuring you to have sex when you don't want to have sex; forcing you to have sex or engage in unwanted sexual activity (ex. rape, anal rape, forced masturbation, or forced oral sex); drugging so you are unable to consent to sexual activity; using weapons or other objects to hurt the sexual parts of your body.[12]

Sexual violence includes sexual abuse and rape, which involve a destruction of power and an attack on one's personal sovereignty and includes any attempted or forced sexual act against a partner through violence or coercion, be it physical or emotional.[8]

Spiritual violence includes actions that damage one's personal practice of the sacred, creating a severe disconnection with spiritual sources of meaning and resulting in harm to one's spiritual integrity, lack of access to spiritual resources to cope, and/or an inability to pursue spiritual growth.[13]

Stalking occurs when someone repeatedly harasses or threatens someone else causing fear or safety concerns, including making unwanted phone calls; sending unwanted emails, instant messages, text messages, voice messages, or social media messages; approaching a victim or showing up unwanted in places like the victim's home, workplace, or school; leaving strange or potentially threatening items for the victim to find; watching, following, or tracking a victim; sneaking into the victim's home or car; and doing things to scare the victim or let them know the perpetrator had been there.[14]

EXECUTIVE SUMMARY

Healing from violence for Indigneous people is an ever-evolving journey that includes times of joy, tears, celebration, grief, ceremony, and love. This path toward healing often incorporates support of the urban and rural tribal peoples, communities, and programs. This is the story of 24 direct-service providers who work in gender-based violence programs in urban and rural tribal communities across the United States. They have gifted us—Urban Indian Health Institute (UIHI)—stories and experiences that provide a framework for serving Native survivors who primarily identify as Native cisgender women and youth of all genders and their families who experienced sexual assault, domestic violence, dating violence, stalking, trafficking, or who are in connection to community members that have gone missing or were murdered. Native men and Two-Spirit and LGBTQ relatives (adults and youth) are mainly discussed in connection to unmet needs. Providers describe how they utilize and navigate relationships to support survivors and what providers still need to support Native survivors' healing and justice.

> *"We have to give some level of peace in here because we are working with people's suffering, with their pain. And this is in a way very much close to ceremony..."*

Eight types of essential services were offered along survivors' healing journeys. We describe them in order of relative presence[i]: **Native culture, advocacy, behavioral health, support groups, economic stability, housing, medical services, and legal support.** Providers emphasized that how they care for survivors is even more valuable than what they provide. We called this approach *walking with relatives*, and it describes the traditional Indigenous values system of reciprocal responsibility and commitment that providers make in fostering trust, self-worth, authentic relationship, non-judgement or attachment, resiliency, respect for a survivor's own answers, and wraparound care.

Providers describe their relationships with other organizations in their communities as one of their "biggest assets" in meeting survivors' needs. In exploring relationships with law enforcement, one of the strongest themes to emerge was the way law enforcement harms survivors and providers by not being trauma-informed or culturally attuned, and how providers navigate this reality. Providers describe how law enforcement victim-blame, negatively judge, do not believe, or even arrest survivors who have sought help—a finding also illustrated in our *Our Bodies, Our Stories* report.[15]

Providers' stories uncovered six types of unmet needs: **centering culture as the core part of service, increased access to housing and stability, direct legal representation, improved flexibility of grant funds, expanded LGBTQ2S+ services, and including Native youth and men in community prevention.**

Stories also revealed that, through their commitment to *walking with relatives*, providers face unnecessary challenges and structural barriers that contribute to burn out, high staff turnover, and a lack of support for Native survivors. Within this context, providers share what relationships and resources are most helpful for their own survival and healing in caring for Native survivors of violence: **healing in community, honoring boundaries, and self-care.**

Finally, we offer evidence-based recommendations for gender-based violence programs and for funders, policy makers, and philanthropists based on the expertise of the providers who shared their stories.

[i] *Presence is defined as the provider mentioning that the type of service is provided by them or another staff member through the organization where they work. Relative presence is defined as the proportion of providers mentioning the service provided over the total number of providers (n/24).*

RECOMMENDATIONS

FOR PROGRAMS SERVING NATIVE SURVIVORS

1. **Establish culturally attuned healing spaces and centralized services** at urban Indian centers that provide safe ways to learn and practice cultural teachings, participate in ceremony, share stories, and build resiliency through relationship.

2. **Facilitate more opportunities for Native advocates and behavioral therapists** by creating culturally grounded mentorship, continuing education, and employment opportunities for emerging Native students and professionals.

3. **Train medical providers, including dentists, to utilize medical appointments** as a crucial way to identify when relatives are experiencing violence and to engage in safety planning if needed.

4. **Protect flexibility in behavioral therapists' schedules** so that they can meet relatives where they are, which includes finding funding that does not require 40 billable hours per week for behavioral health therapists or protecting a certain number of open spaces for relatives in a week.

5. **Monitor cross-system coordination and adapt intake practices** to support a trauma-informed approach that avoids having people retell their stories over and over.

6. **Create community standards of practice** for serving Native survivors:

    a. **Offer a vetted referral network** that is safe for Native and other Black, Indigenous, and other People of Color (BIPOC) communities.

    b. **Create advocate standards** that are not Eurocentric in nature and foster an approach that supports *walking with relatives*.

    c. **Ensure that Two-Spirit identities and non-binary identities are being included** in direct services.

    d. **Incorporate standards of *walking with relatives*** into program planning such as **fostering humility** in direct-service outreach, communication, strategic planning, and programming, and commit to evaluating it.

    e. **Ensure that any non-Native program staff serving Native communities** receive continuing education on historical/current trauma and are capable of using culturally responsive approaches.

Photo credit: Monycka Snowbird (Anishinaabe)

    f. **Protect safety by ensuring that ceremonial practitioners, medicine people, and other cultural teachers are safe** and do not cause harm to their community.

    g. **Extend advocacy efforts into nearby college and university campuses** to help protect Native women and LGBTQ2S+ communities within school settings.

7. **Pay direct-service providers livable wages** and help them with access to housing as an exercise of community care for Native survivors. Identify, hire, or financially support Native women already doing good work in the community.

8. **Support direct-service providers with good supervision, professional development opportunities, and supportive spaces** for providers to process and debrief difficult cases with others in their field.

9. **If your community is ready to engage men in prevention and accountability work**, support, train, and hire Native male providers to assist with other men who are ready to engage in building community accountability culture and traditional roles for men in protecting Native women, children, and femmes as sacred members of the community.

10. **Create spaces for youth involvement and leadership** that are flexible, fun, inclusive, and non-judgmental, and provide sexual education around body sovereignty and healthy relationships.

11. **Provide support for intersectional** work including in addiction, suicide prevention, elder abuse, HIV/AIDS prevention and treatment, etc.

12. **Support direct-service providers in MMIWG and human trafficking** with the tools they need to address when someone goes missing, including private investigators, search teams, background check software, etc. [ii]

[ii] *National Indigenous Women's Resource Center (NIWRC) provides the following resource, "When A Loved One Goes Missing: A Quick Reference Guide for Families of Missing Indigenous Women: What to Do in the First 72 Hours" which can be accessed at niwrc.org.*

FOR FUNDERS, POLICY MAKERS, AND PHILANTHROPISTS

1. **Redirect funding to provide housing and stability.** Investing in housing is investing in survivor safety. Housing stability is key for helping survivors find safety as they rebuild their lives.[iii] According to the Centers for Disease Control and Prevention (CDC):

> *"Housing programs that support survivors in obtaining rapid access to stable and affordable housing reduce barriers to seeking safety. Once this immediate need is met, the survivor can focus on meeting other needs and the needs of impacted children. These programs can include access to emergency shelter, transitional housing, rapid rehousing into a permanent home, flexible funds to address immediate housing-related needs (e.g., security deposits, rental assistance, transportation), and other related services and supports."*

2. **Provide additional large ($100,000+), multi-year (5+), renewable, unrestricted, flexible funds for tribal and urban Indian communities that are set aside and made available through noncompetitive processes to honor tribal sovereignty and the knowledge that communities hold.** Adequate, flexible funding not only improves outcomes for Native survivors but also contributes to provider well-being and sustainability.
    a. **If a noncompetitive process is not possible, take steps to decrease the burden of application processes** like allowing applicants to talk to you on the phone, share videos, or have other options in how they share information.
3. **Create funding opportunities for grassroots groups, mutual aid networks, co-ops, and movements with no legal status who are working to end violence against Native people.** Create funding opportunities that promote collaboration instead of competition. Give directly to Native survivors.
4. **Stop siloing.** Provide funding opportunities that recognize and allow for flexibility in addressing the intersections of sexual assault, domestic violence, intimate partner violence, trafficking, MMIWG, housing, suicide, substance use, and prevention work.
    a. **Create a "violence package" that covers all services** (advocacy, housing, legal aid, culturally attuned healing, etc.) instead of having to apply to separate grants from the same federal agency to cover different services.
5. **Fund dedicated legal representation for family and civil law** to support Native women as they navigate the protection of their families.
6. **Invest more resources in behavioral health and social services as well as spaces to imagine and support community alternatives to law enforcement.** Too often police are called to address mental health crises which other professionals would be better equipped to address, including some of the Native direct-service providers interviewed.
7. **Change how you evaluate.** Engage providers in shaping evaluation and reporting requirements to ensure that metrics are meaningful and useful for their organization and Native community. Be open to data beyond numbers and use an Indigenous evaluation framework that supports storytelling as an Indigenous value. For annual reporting, consider having a conversation with organization staff with the funder taking notes.
8. **Be good partners who honor tribal sovereignty and self-determination of survivors.** Trust that Native communities and survivors know what they need.
    a. This looks like providing flexible funding, valuing culturally grounded approaches and not imposing western ways, asking for and acting on feedback, being open to difficult conversations, and supporting Native providers and survivors in identifying, designing, and leading solutions.
9. **Support law enforcement working to build authentic relationships** with the communities they serve and un-learn racist, sexist, homophobic, and transphobic responses. Law enforcement must honor the humanity of survivors as well as of people who cause harm.
10. **Support culturally attuned training for law enforcement.** Community-based Native organizations should be funded if they are providing this support for law enforcement. Providers stressed the importance of having "top-down" buy-in by law enforcement agencies and mandating or incentivizing trainings with continuing education credits.
11. **Support community organizations to develop re-entry programs for survivors of violence who have been criminalized.**

[iii] *For additional resources that identify housing needs, please visit: Washington State Coalition Against Domestic Violence, Safe Housing, NIWRC, and Preventing Intimate Partner Violence Across the Lifespan: A Technical Package of Programs, Policies, and Practices (cdc.gov)*

BACKGROUND

Across the United States, more than 730,000 American Indian and Alaska Native women are impacted by violence each year.[16] Specific forms of gender-based violence (GBV) committed against Native women and Native femmes are domestic violence (DV), human trafficking (HT), intimate partner violence (IPV), sexual assault (SA), and the crisis of missing and murdered Indigenous women and girls (MMIWG).[15] Native survivors deal with long-lasting physical, emotional, spiritual, and psychological trauma from this violence, and this trauma becomes a part of cumulative injury over lifespans and across generations, emanating from the violent history of genocide and colonialism committed against Native people.[15,17]

In *Our Bodies, Our Stories*, a 2018 study of Native females over the age of 18 living in Seattle, WA, 94% of those who participated had been raped or coerced into sex at some point in their life.[15] Efforts to track and evaluate the true scope of violence against Native women have revealed that more than 1 in 2 will be victims of sexual violence in their lifetime and more than 1 in 3 will be raped, compared to 1 in 5 non-Hispanic white women.[16,18]

While the results of these types of studies indicate that Native women and Native femmes are more likely than women of other ethnic groups to become victims of various forms of violence, they cannot be generalized across all Native populations and are likely an undercount due to ongoing systematic underreporting, racial misclassification, and distrust of law enforcement keeping them from reporting.[15]

Potential mistrust in law enforcement may stem from a historic failure in bringing cases of sexual assault to justice. As an example, among the Native women and Native femmes surveyed in the City of Seattle for *Our Bodies, Our Stories*, only 8% of reported cases of rape ended in a conviction.[15]

Despite barriers within law enforcement and justice systems, many of the women talked with their family and friends about what had happened to them. This indicates strong community and family ties, which serve as a cultural protective factor for survivors. These conversations build resiliency and community, all of which are key components of Native culture.

Programs that address the physical, psychological, emotional, and spiritual impacts of gender-based violence; respond to community needs; and encompass culturally attuned services are essential to survivors' healing. Native women and Native femmes have a variety of specific service needs like housing, transportation, or legal services as well as needs related to their children and community.[19] Because Native communities are "colonially underserved yet historically resilient",[iv] it is important to support their needs and advocate for additional funding and legislation to uplift Native communities in responding to the public health crisis of violence committed against their community members.

In 2021, UIHI released the report, *Supporting the Sacred: Womxn of Resilience*, for Native survivors of sexual violence in urban Native communities.[20] The report identified needs caused by the COVID-19 pandemic and resources available for survivors of sexual violence in urban Native communities and offered recommendations for resources needed for healing. The report concluded that there are not enough culturally attuned services available or accessible to urban Natives for their healing.

As a companion to *Supporting the Sacred: Womxn of Resilience*, we conducted in-depth, conversational interviews about already-provided services with 24 direct-service providers who work with Native survivors of violence through urban and tribal programs, knowing that there is fluidity in where someone might need to access services and respecting that Native people live in both urban and rural areas. This report offers additional insight into the experiences of survivors through the providers that serve them. It identifies the resources providers currently have the capacity to offer, the strengths they bring to their work of "walking with relatives," and the resources they need more of as they intentionally hold space for Native survivors to heal and push back against systems that choose to harm them.

More than
1 in 2
Native women will be victims of sexual violence in their lifetime

ONLY 8%
of reported cases of rape ended in a conviction

[iv] *The phrase, coined by Abigail Echo-Hawk, reclaims the term, "historically vulnerable and underserved."*

WHO ARE THE PROVIDERS?

Of the 24 providers interviewed, 79% identified as American Indian and Alaska Native and represented 15 different tribal affiliations, while 21% identified as non-Native. Providers' main roles included directors (29%), advocates (17%), therapists (17%), case managers (12%), managers (12%), or other direct-service roles (3%). Regarding the experience providers had caring for Native survivors of violence, 29% had 16 years of experience or more, 41% had 6 to 15 years, and 29% had 5 years of experience or less.

As providers described the main types of violence their programs addressed, it was clear that the needs of Native survivors pull them in and out of different, and often overlapping, areas of gender-based violence. Most providers were focused on domestic violence (83%) and sexual assault (71%) followed by human trafficking (29%), intimate partner violence (25%), being unhoused (25%), the crisis of missing and murdered Indigenous women and girls (17%), and child advocacy (13%). Providers represented a total of 14 states, serving relatives through gender-based violence programs in urban areas (50%), tribal reservations (17%), or a mix of environments (33%). The geographic distribution of the programs by IHS region is represented in Figure 1.

FIGURE 1: Geographic Distribution by IHS Region

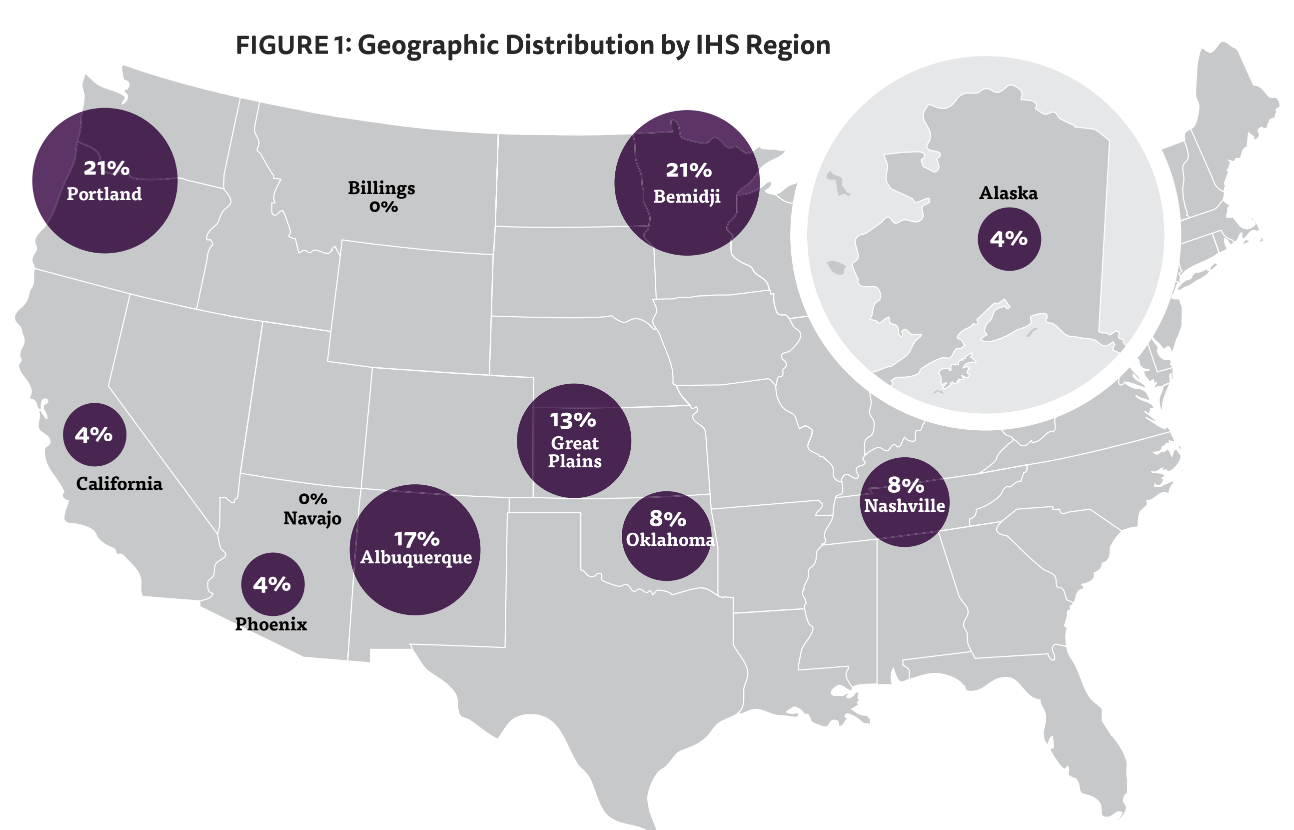
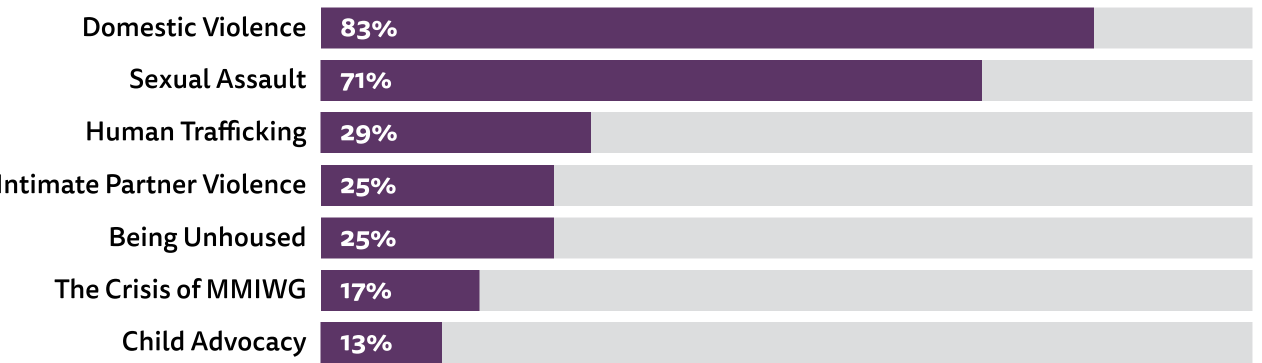


FIGURE 2: Providers Focus Areas



RELATIVES SERVED

All providers reported that the primary relatives they served were **cisgender women and youth of all genders** (and their families) who experienced sexual assault, domestic violence (emotional, physical, psychological, and spiritual), dating violence, stalking, trafficking, or were in connection to community members that were missing or were murdered. Serving **men and Two-Spirit and LGBTQ (LGBTQ2S+)** relatives more frequently entered into the conversations around unmet needs.

Overall, providers described who they serve much more fluidly than rigid programmatic definitions prescribe.

> *"If you work with American Indians and Alaska Natives, you work with survivors…I think the biggest thing for me is breaking those misconceptions about whether you work in the field or not… "*

Several providers noted that most of the Native adults they see were victimized in some way when they were children. This finding corresponds with the experiences reported in UIHI's *Our Bodies, Our Stories* report, which found that 94% of Native women had experienced sexual assault or coercion and that for 82% of them, the incident happened before they were 18 years old.

ROOTED IN RESPONSIBILITY

> *"I'd always do what I can, because to me, that's part of who I am, part of being a Dakota woman is to serve and be of service to others, aside from a job title, aside from an education or a degree, those can all be viewed as acts of Western philosophy or a Western mindset.*

Providers described a sense of reciprocal responsibility to their work, communities, and future generations because they recognize that holding the trust and stories of Native survivors is an honor. Many providers shared how this understanding of responsibility emerged from personal life experience, cultural identity, and feelings of empathy or relatedness with survivors. Some providers identified as survivors themselves. Many described how they had advocated long before they knew what "advocacy" was and how (whether paid or not) they would always strive to serve their community.

One provider described wrestling with wanting to leave an organization, but, as the only Native provider, she worried about who would advocate and provide appropriate care for Native survivors.

Native providers expressed how distrust of health and social services fueled their desire to seek education and provide better care for their communities. For some, the lack of Native representation in the field also led to an increased awareness and sense of duty.

While powerful examples of providers' love for Native people, these reflections on responsibility also illustrate a broader lack of culturally grounded care by and for Indigenous people—a need also highlighted by survivors in *Supporting the Sacred: Womxn of Resilience*.[20] In our interviews, non-Native providers spoke to the responsibility of being humble and intentionally learning and adapting so they could better serve Indigenous people in a culturally attuned way.

RESOURCES PROVIDED

We asked the providers to share their experiences serving Native survivors of violence including what they had the capacity to offer immediately and whether the COVID-19 pandemic affected that capacity. Overall, providers shared eight types of resources or services they provide.[v] Reflections on COVID-19 are provided as an Appendix.

Types of Resources or Services Provided	Number of Providers	%
Native Culture	24	100%
Advocacy	20	83%
Behavioral Health	18	75%
Support Groups	15	63%
Housing	12	50%
Economic Stability	11	46%
Medical	10	42%
Legal Support	7	29%

NATIVE CULTURE

Native culture emerged as an essential offering, in that it was the only resource or service described in every interview with Native and non-Native providers as well as the most mentioned across all interviews. As one provider put it, **"I'm just trying to think how we would even separate out the cultural aspect."** We used "Native culture" if the provider led their stories about the services or resources they offer by describing the use of Native teachings, practices, ceremony, or identity.

CULTURAL TEACHINGS

Cultural teachings included fostering storytelling spaces, bringing elders in to share their stories and teachings, using humor as medicine, teaching and using Native languages, and connecting to plant and water teachings.

> *"The beauty of serving our people is to be able to share stories—when someone's telling their story, they're trusting you, they want that blanket around them..."*

[v] *Presence is defined as the provider mentioning that the type of service is provided by them or another staff member through the organization where they work. We ordered services provided by relative presence. Relative presence is defined as the proportion of providers mentioning the service provided over the total number of providers (n/24).*

Photo credit: Monycka Snowbird (Anishinaabe)

COMMUNITY HEALING SPACES

Providers described community healing spaces as safe, accessible, culturally welcoming, flexible, and responsive to survivor needs. As one provider noted, "One day we could do a protection order and then we'll go kayaking and learn water songs." Providers also shared about the importance of these spaces for urban Natives in particular: "Being able to provide that for survivors is really nice just because it's kind of them getting back to their traditions or their cultural healings without having to go all the way back home to their reservation."

Many providers described the healing benefits of talking circles, support groups, and gathering in community to have conversation as a stress buffer. During these conversations in community, it was healing for Native survivors to work with their hands to learn and practice cultural skills, including plant medicine, beading, making earrings, sewing ribbon skirts, and making jingle dresses: "Helping to bridge that sense of identity that was ripped away from us many moons ago and provide them with a sense of their cultural identity or a sense of taking pride in their culture, I think that that's *just as* important as going to a therapy session or going to a support group."

Specific events dedicated to honoring collective grief, trauma, and awareness were also shared as examples of healing. One provider spoke about a run they held to honor the memories of missing and murdered Native relatives and how it gave the community an opportunity to grieve collectively. Community members placed anonymous messages along the race course that they had collected from friends and family about why the missing and murdered relatives were important to them.

CEREMONY

Providers recognized that for many Native survivors, it can be hard to see a different way of being due to the perpetuation of violence over the course of survivors' lives. According to providers, this is where cultural teachings and ceremony play an important role in spiritual healing. Ceremonial practices included engaging respected medicine people to come in and assess what may be needed, smudging, sweat lodge (or lodge), purification ceremonies, naming ceremonies, and dancing. Providers also saw themselves within ceremony: "In doing work with survivors, my approach is that this is very much tied to ceremony and the honor that we should be applying to victims and survivors when we do this work. We should be cleansing ourselves every day because it's very real what we get into." Many providers described their organization's ability to offer traditional medicine—sage, sweetgrass, cedar, tobacco—to their clients and to their staff as very helpful.

In addition to acknowledging the power of ceremony for healing, providers were also careful to acknowledge the importance of professional boundaries and safety: "I'm not pushing tradition. I'm just asking, 'what makes you feel good?'" Reflecting on the great damage that can be done by illegitimate practitioners posing as professionals, providers also spoke of the importance of ensuring traditional Indian medicine practitioners are safe and responsible members of the community: "[victimizing women] would never be a part of any ceremony. Nobody should ever do that in that space when we're looking for help and healing..."

PROVIDERS' NATIVE IDENTITY AND CREATING INCLUSIVE SPACES

Providers' Native identity also plays an important role in serving Native survivors. Providers described the importance of seeing somebody that Native survivors can relate to or who might understand them a little bit better: "...I've also heard secondhand knowledge in the community here about survivors walking into a certain location and seeing nothing but white people and feeling like they didn't belong or feeling like they were being looked down upon."

Another Native provider went on to say, "a big part of what I see as a difference between my work and the work of westernized or white people in other programs is that there's so many different layers of what we need to be working on. It's not just like, okay, these are red flags for domestic violence, you know?" Understanding strength and resiliency of Native people and how intergenerational trauma shows up was an example of the strengths that Native and culturally attuned providers can offer to Native survivors.

Providers talked about the need to reclaim Native identity and culture as a source of power in direct services. They recognized how the violence of forced assimilation and removal has separated many Native people from their communities and traditions: "A lot of our women have been removed or their parents were removed from their home communities. So they don't know a lot of traditional teachings." Most importantly, providers emphasized the importance of inclusion when connecting Native survivors

of violence to cultural services and resources who may hold multiple identities or not have grown up with their cultural teachings or ways: "Their prayers, no matter what language they're said in, are from their tribe because they are too. It costs us nothing to offer that bit of grace and kindness."

> *"We find that women heal and are much more open to talking about difficult things if they're in a kayak in the middle of a reservoir where no one can hear them and to me that's way more confidential."*

ADVOCACY

Advocacy happens in the form of mobile advocacy, safety planning, systems advocacy, and case management. Providers protect and advocate for their communities in many different ways, including

- increasing access to sexual assault services including offering Sexual Assault Nurse Examiner (SANE) exams and sexual assault advocacy.
- educating communities about emotional abuse, substance abuse, and suicide prevention.
- educating property owners about domestic violence.
- creating MMIW task forces and fighting for the inclusion of missing relatives ignored by law enforcement systems.
- keeping families intact.
- pushing the courts, district attorney's office, and tribal leadership to protect survivor's safety through protective orders and safe housing options.
- safety planning when systems fail people.
- creating stalking logs for relatives.
- doing supervised visitation and exchange.
- engaging in treatment planning.
- encouraging survivor-led advocacy.

COMMITTED TO COURAGEOUS ADVOCACY

> *"We literally do everything—we'll testify in court, and we'll butcher a buffalo, and everything in the middle...it just depends on what it is you need."*

Shining throughout our interviews with providers was their *commitment*. Many said they "do everything," described their work being "24/7," and shared how they strive to be available whenever and wherever needed by survivors. Providers will go to the hospital with a survivor at 2am, will have daily conversations with them, send supportive text messages to youth on weekday evenings, and visit grieving families in their homes.

Providers showed fierce and courageous advocacy for survivors.

Providers showed fierce and courageous advocacy for survivors—whether educating landlords about domestic violence dynamics, "planting seeds" within their own organization, talking with government funders about tribal sovereignty, holding partner agencies accountable for harm, or communicating the need to move beyond crisis response and toward a larger vision of justice.

In advocating and speaking truth to power, providers took personal and professional risks to fight for what they feel is right for survivors and the broader community. When faced with resistance or hostility toward their advocacy efforts, providers demonstrated persistence and resilience: **"I get through those obstacles any way that I can for the survivors....fighting until my last breath. That way...they feel safe, they feel supported, and they feel empowered again."**

BEHAVIORAL HEALTH

Providers offer culturally attuned counseling, which includes pushing against or updating western-taught practices that are not supportive for Native communities, or as one provider put it, "I refuse to be part of something that is harmful." If providers do have to refer out for behavioral services, they are careful to look for safe spaces for Native people: "I would never refer them to a counselor in the area, like, 'oh, let me Google a counselor and send them there.'" The behavioral health providers we spoke to were willing to create safe, supportive, and trauma-informed care in ways that Native survivors have reported is often not possible with non-Native providers who lack a culturally attuned approach.[20]

> *"I kind of get a brief idea of why you're coming in and then I really work on building a relationship and figuring out what do I need to do to make this feel safe for you..."*

Other services offered included:

- Addressing self-harm and suicide prevention
- Emergency counseling
- Sexual assault counseling
- Domestic violence counseling for individuals and families
- Behavioral health clinics
- 24-hour provider availability by phone
- Community support groups for women
- Mental health clinics
- Treatment facilities and treatment planning for substance abuse
- Wraparound family protection and intergenerational trauma support
- Youth therapy

Providing services to address self-harm and suicide prevention was noted as critical to behavioral health services for Native survivors of violence: "Being able to provide something like suicide intervention, especially with someone that has just come out of an abusive relationship, is really, really important just because a lot of survivors have been there, you know, where they either thought about suicide or they've been threatened by their partner with suicide if they leave them."

Providing inter-generational trauma support was mentioned by another provider who explained that her goal was, "helping to foster connection between moms who have experienced trauma so that they can build that attachment and connection with babies."

SUPPORT GROUPS

Providers leaned heavily on culturally attuned social support groups as important resources for Native survivors of violence—48% of the time, group support was described as community healing spaces rooted in culture as described above under "culture": *community healing spaces*.

The other 52% of the time, support groups were described as part of relationship building, advocating, and providing needed social healing outlets for women, men, youth, mothers, and LGBTQ2S+ communities. Examples included "play and learn" support groups for women with children, yoga and tai-chi group classes for survivors living in a safe house, sexual assault support groups, and skill building support groups for survivors of violence.

HOUSING

Only 50% of providers described assisting survivors with emergency shelter, transitional housing, temporary shelter for trafficking victims, housing assistance, housing for elders, and accommodating pet needs at shelters, and the majority of those were referrals. The very few that could offer housing resources talked about the continuous capacity they must build and re-build to serve their community:

> *"A lot of time when an Indigenous survivor of violence comes to see me, the number one concern for them is housing."*

"We were able to offer transitional housing for four months to so many clients a year...once we wrote that grant, we're like, 'Oh no, that's not enough, we have to write another one.' So we wrote another grant that offered transitional housing for up to a year for clients. And then after that, we were like, 'No, for some clients a year is not enough.' So then we wrote another one for two years. And so, transitional housing is something that we have a very strong focus on here, so we can help people just rebuild their lives."

ECONOMIC STABILITY

Many providers see violence happening as a direct result of economic insecurity and reliance on the abuser. Economic insecurity is being addressed through flexible financial assistance including

> *"A really important service we provide is flexible financial assistance, recognizing that if you live in poverty, you'll experience violence more, and if you experience violence, you're more likely to live in poverty."*

- food donations.
- culturally attuned financial literacy and education.
- donations of furniture, housing essentials, school supplies.
- job skills training.
- work and court clothes donations.
- rental and utility assistance.
- car repair and transportation support.
- moving cost and ID replacement.
- support with housing, school, and job applications.
- purchasing of tombstones.

Providers were also passionate about providing their relatives with what they deserve: "When women are starting over, it's a dignity issue. Like, we're not going to give you some thrift store reject crap. We're

not going to give you things that we wouldn't put in our own houses—we're giving you nice things because this is what you're deserving of." And they recognized the financial hardships that violence forces into their communities. As someone who specializes in the MMIWG crisis noted, "people shouldn't be starving at the same time they've put money out for a funeral or paid a private investigator, and so those are things we do too."

MEDICAL

Providers described offering medical care as a part of wraparound services for survivors of violence. One advocate told the story of going out to find a trauma-informed dentist who could receive a survivor who had incurred physical assault to her mouth and how, through cosmetic dental surgery, he gave her the confidence that no one should ever take her smile away.

Wraparound medical services included

- access to dieticians.
- trauma-informed physical health spaces such as yoga, reiki, acupuncture, and other modalities for healing.
- dentistry.
- traditional Indian medicine.
- maternal and family health.
- advocacy within hospital settings and offering SANE exams.
- vaccine clinics (e.g. COVID-19).

Medical services were also mentioned as a crucial way to screen for violence and engage in safety planning if needed: "There's so much opportunity by building relationship...if [medical providers] truly know their patients, they can provide some of the other services available to get [relatives] into safer places."

LEGAL SUPPORT

Only 29% of providers' programs were able to provide legal services, which included protection orders, emotional support during court, a partnership with the Legal Action Fund, and an attorney. Of particular note was a new online protection order system: "Instead of having to go to a courthouse...and having to be re-traumatized or fearful of what's gonna happen there...being able to do it in their own home, online through the computer is really, really nice for those survivors."

WALKING WITH RELATIVES: SERVICE AS CEREMONY

The strongest thread across all interview conversations was the way that providers create safe, culturally attuned spaces while providing the resources mentioned above. Woven together like a braid, their stories of responsibility, relationship building, and commitment demonstrated that how they provide care is as invaluable as what they provide. We called this approach "Walking with Relatives." It includes the reciprocal responsibility and commitment that providers make to fostering trust, self-worth, authentic relationship, non-judgement or attachment, resiliency, respect for a survivor's own answers, and wraparound care. As one provider explained, "...so much of it is kind of this invisible labor that we give that is actually very life-saving. Much more than I can put and develop in a program is being available for people and listening to their story and getting them through enough to get to the next part, right?"

REIGNITE FEELINGS OF SELF-WORTH

> *"Together, we just drafted a local land acknowledgement—we try to put survivors in leadership roles whenever we can if they're comfortable. We all can do the stuff."*

Finding ways to reignite feelings of self-worth in survivors motivated providers. Some were building up their communities to be inclusive of survivors so that they didn't feel isolated by including them in everything from voter registration events to hosting ribbon skirt-making workshops: "There's no limit to what they can do... we shine that spotlight on them so they know those things." Another provider talked about how much she had changed the previous program to empower Native women while they were living in a safe house: "We're doing teachable moments and empowering. We're not just giving them money and helping them to the next spot. We're trying to give them tools that will help them go from victim to survivor."

CULTIVATING AUTHENTICITY

Despite the recognition that the process can be long and unpredictable, fostering honest, trusting relationships was a priority. As one provider said, "All of these fears that we have are justified because that's happened to us in the past when we've asked for help. And so it's long, that trust building, that relationship building."

"I truly believe in working from the heart...That is who we are. That is how we deal. That is how we treat people."

Providers valued authenticity in their relationships with survivors. They talked about their frustration with how many closed doors their clients had to go to before they got to them and how the best way they could approach the work was to offer "this peaceful place for folks to come and to catch their breath" from the endless referrals. We also heard about the importance of honesty and care in respecting each person's unique circumstances—providers cautioned that no two Native people are the same and neither are their needs.

For many providers, their authenticity was based in interrelatedness, kinship, and cultural values, remembering that, in some way, we're all related. Sharing the word in their Diné language, K'é, a provider explained that relationality informed every aspect of their work: "I don't even know how to explain what it means, but it's relationality and with beauty and with a good heart and good intention." For many, that authenticity also comes from uplifting the intersectionality of their work and breaking down silos that view sexual violence as somehow distinct from the intersections of domestic violence, intimate partner violence, and economic justice that play into it.

FLEXIBLE AND NON-JUDGMENTAL

Providers fiercely implored others to take an open, flexible, and non-judgmental approach when caring for Native survivors of violence. A provider shared a story of not setting time limits for how long survivors are connected to their services—other than the housing limits imposed on them by Office for Victims of Crime (OVC)—and how the provider continues to reach out and include any relatives they have ever served in everything they do.

Behavioral therapists emphasized the importance of funding that prevented them from having to have 40 billable hours per week so that they could create room in their schedule and then "make that room have to stay there" for relatives who needed to re-schedule: "It ends up being that folks that need the services the most are either in the crisis, the assault just happened, or they're just willing to start saying that it happened now...those folks have a lot going on in their life..."

Another provider shared that creating this guarded, flexible space for Native survivors also has benefits for attending to intergenerational and community trauma. With more space available, providers are better able to meet emergent needs that expand from an individual to the community around them—for example, when survivors refer their family members or friends to a provider for help once a safe relationship is established.

Providers compassionately remind others that people are still healing and not everyone wants a service when they come in—some survivors simply want a place where they can be around other people safely. Providers viewed judgement as a form of abuse that further traumatizes survivors: "I'm not here to judge you. I'm not here to say you can't go back to this person. I'm gonna be the person that's gonna be here." As an alternative, providers center survivors and respect their clients' own answers:

"What's best for her is not necessarily what you think is best for her or what you know is best for her or not good for her (laughs). Building those trusting relationships then having her identify barriers and knocking those barriers out of the park. Really centering it on the survivor, not on your reports, not on your numbers, not on what looks best on paper, but really what is best for her."

NATIVE SURVIVORS AS THE BEST TEACHERS

Providers championed Native survivors and communities as the best teachers and innovators for the systems providers want to create and believed that survivors are the experts in the field and in what needs to be implemented. One provider's biggest take away from their work was that, "if someone knows more than you, that's a good thing...it's a good thing [when] there's more knowledge than you have out in the world, and clients have that knowledge too... you don't have all of the answers, you don't have the only way out there."

Learning to humbly listen to survivors was something that providers have worked on throughout their careers and continue to work toward: "as I've gotten older...it's really about hearing the story and about letting them know I believe them, and I hear them, and I see them, and what do you need?"

RELATIONSHIPS AS RESOURCES

We asked providers about relationships that help them to help survivors. Providers strengthen both personal relationships and formal partnerships to better care for survivors: "I feel like those partnerships are so important because they help cut down barriers. They help survivors feel safe, they help them feel supported...."

Examples of partners that help providers were:

- community agencies
- coalitions
- government entities
- tribes
- private businesses
- schools
- churches
- philanthropy
- social services
- healthcare professionals
- individual community members providing mutual aid

> *"The most important role as an advocate besides believing your survivors...is knowing the resources in your community like the back of your hand—our partnerships are our biggest asset."*

Through relationships, providers help survivors access needed resources such as housing, furniture, childcare, food, clothing, counseling; know who else is 'safe' to refer Native survivors to; coordinate cross-system responses; and educate partners about gender-based violence and trauma-informed care. Many Native providers work within the constraints of small budgets but creatively leverage resources through their partnerships. For example, one provider described how her program did not have enough funding to host events, but, through a connection with the university Title IX Coordinator, she was able to collaboratively organize a speaker series for students.

Relationship building is more than a pragmatic strategy for accessing resources—it ties into providers' values of walking with relatives. One provider shared that taking the time to deepen personal relationships with existing partners, rather than continuing to build more and more partnerships, was important: "It took us a quarter of the year to do this, but I got to know them as people...I believe that that will better serve our people." Another provider shared how relationships tie into her vision of collective liberation: "What's really important for me and my program is recognizing the relationships and the commonalities that we all have and that when we work to help others and to create more just systems, we help ourselves as well."

Through relationship with others, providers work to build material and spiritual resources for a better future. Another provider compared the relationships she carries with other groups to the veins in her own body. She said:

> *"They all feed into different aspects of things, but they also require some work in order for these things to circulate in a good way so that there's not tokenism happening, there's respect and there's trust building that's actively happening both ways, whether it be with folks from other tribal communities—'cause I also know that I'm a guest when I come to their lands—[or] being really careful about non-Natives and what I'm opening up my community, myself, or my spirit to. It's a lot going on, but I think, so am I, (laughs)—all of these relationships are important to me."*

COMPLEX TIES TO LAW ENFORCEMENT

Providers' roles in protecting Native survivors of violence sometimes require that they operate within law enforcement and criminal justice systems. We asked providers about their philosophy or relationship with law enforcement when it came to supporting survivors. After this question, we were met by audible sighs, long pauses, tears, and in some cases even uncomfortable laughter. When reflecting on their experiences with law enforcement, most providers shared that "it depends"—on the individual officer who showed up, the police department, the geographic area, and the perceived racial or class identity of the survivor.

In a time when conversations around the role of police are deeply political and potentially divisive, providers shared how they must navigate their own feelings while balancing survivors' needs and workplace beliefs.

Every organization approaches its role, boundaries, and relationship to law enforcement differently; every provider has their own philosophy. However, woven throughout providers' answers was a sense of pragmatism and deep commitment to improving safety for Native survivors when interacting and working with law enforcement.

STORIES OF HARM

While national conversations around police violence and structural racism have increased after the countless murders of Black, Indigenous, and other People of Color (BIPOC) by the police have started to be more centered in mainstream media, Native communities have long understood the risks of involving law enforcement. In our interviews, 88% of providers described direct and indirect experiences with police violence, racism, and abuse. Some talked about police violence against Native people in their own or nearby communities, including police shootings, sexual abuse, and harassment of unsheltered and transgender relatives. Current and past abuses rooted in systemic racism and colonialism have led to justified fear and mistrust of law enforcement for many Native people—calling the police is not always safe or even an option for many survivors of color.

As providers support survivors in navigating involvement with law enforcement, they must also reckon with how the larger context of police violence impacts their own lives. One Native provider shared how she and her husband intentionally build relationships with local officers as a strategy to protect their son from being killed: "We were scared to death he's going to get shot...How do I get [law enforcement] to give a crap about my kid and not see him as whoever their fear is going to tell them he is in that moment?"

Another shared how she saw friends and other people of color being pulled over, arrested, or "handcuffed and sat on the curb to [be made] an example of" by police. She reflected that coming into an organization that is "very pro-law enforcement has been really hard. I have to put a lot of my hesitations aside."

One of the strongest themes that emerged from our interviews was the harm caused to survivors from law enforcement not being trauma-informed or culturally attuned. Providers described how law enforcement victim-blame, negatively judge, do not believe, or even arrest survivors who have sought help—a finding also illustrated in *Our Bodies, Our Stories*.[15]

> *"I have someone that filed a domestic violence report...returned to the police and said, uh, 'Never mind, these bite marks on my back are, uh, self-inflicted.' And they said, 'Okay, so you wanna recant? Yes. Okay, you're under arrest for filing a false police report.' So now this woman has a felony, a felony because [law enforcement] don't understand domestic violence. They don't understand that she has to do that for her safety."*

Harm also comes from law enforcement not seeming to care and "not doing their jobs" when survivors or families do choose to report. **Providers shared stories about families who received no or delayed responses from law enforcement in cases of missing or murdered loved ones, a finding mirrored in UIHI reports on MMIWG**.[21,22] A few providers also talked about a lack of law enforcement infrastructure in some tribal areas and pattern of officers with known records of excessive force being transferred over to their tribal community.

Beyond law enforcement, providers also reflected on survivors' experiences with racism and re-traumatization in the courts, low filing rates by prosecutors, and broader ideas regarding the role of prisons and punishment versus accountability. Some expressed a need for more responsive, accountable, trauma-informed systems. Others wrestled with the desire for alternatives to calling the police but feeling that there were no other options. Collectively these stories show the limits of the criminal legal system to protect Native victims and provide justice for Native survivors.

STORIES OF RELATIONSHIP BUILDING

While providers shared stories of police violence and harm, there were also powerful examples of successful collaboration between providers and law enforcement agencies. In our interviews, 79% of providers reflected on working with law enforcement to build effective partnerships. Providers shared with us how they have worked with law enforcement as part of coalitions, how individual officers were able to get to know and build trust in the local community, or how a District Attorney's office adjusted procedures to make it easier for survivors to receive Crime Victims Compensation.

One provider shared a powerful story about working with law enforcement agencies across tribal, state, and international jurisdictions to serve a protection order—seeing each other as part of one community even while being told the opposite by government authorities.

Many providers saw building positive relationships with law enforcement as essential for reducing harm and improving experiences of Native survivors. Throughout the interviews, we heard stories of providers taking on the extra role of educating officers to be more trauma- and culturally informed, whether through formal trainings or individual advocacy and interactions. Many stressed the importance of additional training for law enforcement partners and the positive difference it can make for survivors.

In building partnerships with law enforcement, some providers shared it was helpful for them to establish clear boundaries around their different roles. However, even with these boundaries, feelings and relationships between providers and law enforcement remain complex. Some navigate this challenge by choosing to view law enforcement as one of our relatives.

"...we believe that building relationship with people, no matter what, is going to get us to this vision of healing and justice. And that includes and means law enforcement...walking our Indigenous values means believing, even though it can feel very cloudy right now and unclear, that that will truly carry us through...and so our strategy has been to work with law enforcement. Not in a way that work with law enforcement means doing things on their terms and way...but working with law enforcement in a way that we ask them who they are as people, and ask them to know us as people."

In one interview, a provider talked about police violence but then reflected on how officers are also human. She joked "we're the most complicated species that the Creator created. You know, we were, so that's why we were the last." As these providers uplifted the humanity of law enforcement in our interviews, their broader work highlights the continued need and importance for law enforcement to also recognize Native people and survivors as human and deserving of justice.

THE GREATEST UNMET NEEDS

We asked providers to reflect on what has been essential in supporting survivors and what unmet needs remain in their communities. In response to unmet needs, most providers reacted with an audible pause or uncomfortable laughter, feeling overwhelmed by where to start or how long to go on.

Providers identified six types of unmet needs:

- Centering culture as a core service
- Housing and stability
- Legal representation and criminal justice reform
- Flexibility of grant funds
- LGBTQ2S+ services
- Include Native youth and men in community prevention

CENTERING CULTURE AS A CORE SERVICE

Across all stories, 83% of providers cited unmet needs for culturally supportive healing services. What came through in every story told was that this should be considered the core part of direct services. When asked what has been most healing for survivors, one provider shared, "I think for Indian people, it's definitely starting with a sweat[vi] and getting connected. We want to see people heal. I know for a fact that our cultural teachings—our cultural ceremonies—help people heal and move through that hurt."

> **"I wish I had a cultural wellness center where we could just all congregate in one area."**

Providers continued to talk about the need for collaboration and community healing spaces and reminded us that many Native survivors may lack access to cultural teachings, practices, and spaces, particularly in urban settings. Reflecting on

[vi] *A sweat is one type of traditional healing ceremony offered by some Native communities. The ceremony is performed by a qualified, traditional Indian medicine practitioner, and the specific cultural protocols differ from community to community.*

what's most healing, another provider shared that, "genuinely, it's been the Native women-led healing opportunities and groups and community events."

One provider's biggest dream was for "a centralized space where Native people could gather and work toward these healing modalities together and really build community in that way."

One thing was clear across providers' stories: support for more Native advocates, more Native therapists, and more Native-run organizations is needed to make direct services more culturally supportive.

UNMET BEHAVIORAL HEALTH NEEDS

Many providers shared that there are simply not enough behavioral health counselors and therapists to meet the needs of Native survivors. "Counseling therapy is always the biggest need," said one provider, while another explained the successes of an experienced Native therapist: "It was wild how quick this department went from being like disorganized and kind of chaotic [with] no policies, no paperwork, and no real flow to guide how you're supposed to work, to all of a sudden being ready to roll. All of a sudden, we have this whole young staff of Native professionals."

> *"It's horrifying, like horrifying, the level of incompetence and ignorance I see in even the mental health community around working with Native people."*

When it came to the importance of offering trauma-informed therapy and counseling, providers were very frustrated in how Native survivors are currently being treated: "These clinicians would come in and they have this clear clinical view of what the work should and will look like. And when they come in and it doesn't look that way, they don't know how to transition into something else; they don't know how to be flexible and adaptable and meet the needs. If you're not flexible with this population, you're not gonna meet the needs." Similarly, in our *Supporting the Sacred: Womxn of Resilience* report, we found that many of the survivors knew they would benefit from having a licensed therapist that identified as Native.[20]

UNMET ADVOCACY NEEDS

Providers spoke about not being able to address the needs in their state, county, or even in single families facing multi-generational sexual violence because it requires more than one or two Native advocates, which most programs simply did not have: "In our tribal community, both urban and rural, we don't have nearly enough tribal advocates."

Another provider described getting advocates as her "number one need" in order to disrupt cycles of violence in her community: ".... having someone there [that's] not there to tell you what to do, which is what most family members will do, [but] who's there just to support you and to allow you to get that power."

> *"It would be helpful if there was an organization that stood on its own that was staffed by Natives on Native books to just really help inform this work—but I wish I had like 10 more of me to do it."*

Additional unmet advocacy needs were

- **Safety planning:** Intentional and organized safety planning was expressed as an area that needs much more support, especially in rural areas: "We know research shows it takes maybe seven times for someone to leave—if you have that barrier of you trying to get out of a rural setting that's very isolating, that literally means part of your safety plan is to get yourself on a plane."
- **Suicide prevention:** Behavioral health providers and advocates graciously reminded us that self-harm commonly shows up as a symptom of previous sexual assault in Native communities. Current funding and programmatic support are inadequate for the culturally attuned suicide prevention, intervention, and community care that is a necessary part of their violence prevention, response, and healing work.
- **Addressing violent, racist narratives that threaten the well-being of Native communities:** Providers, both Native and non-Native, called out the need for better cultural humility within non-Native spaces and enhanced non-Native education around tribal sovereignty, self-determination, and cultural practices across urban and tribal communities. Non-Native providers implored public education spaces to include acts of genocide and oppression committed against Native people in their curriculums. Non-Native providers also suggested other forms of decolonization work, including supporting land return efforts as a systemic approach to ending violence against Native people.

HOUSING AND STABILITY

HOUSING NEEDS

Across 83% of providers, emergency, temporary, and permanent housing was cited as the most vital unmet need for Native survivors of violence. According to the resource disparity summary produced by *Stronghearts Native Helpline*, the Nation's only Native helpline run by Native advocates, there are only 57 Native domestic violence shelters nationwide for 574 federally recognized Indian

tribes.[23] Across all providers, no matter the types of violence they addressed or if they served urban, tribal, or Native survivors from mixed environments, stories of the housing crisis were told over and over again. It was clear in providers' stories that not being able to address the basic and fundamental human right to shelter is very hard on providers: "In our area, we literally don't have a shelter anywhere, so we're having to utilize a bunch of hotels."

"I see a lot of clients coming in for housing…it just hurts, it hurts my heart 'cause…I can't really do much…"

Housing was described as the "core" of many problems in both urban and rural tribal settings. Providers talked about the specific sheltering needs for women with children, for children who have experienced sexual assault by family members, for Native survivors of violence struggling with addiction, and for male and Two-Spirit survivors of sexual assault:

"If we had a shelter and we have Native women and their families, we could get so many women out of the human trafficking game. We could get so many women on their feet, help them stabilize and move into their own housing with their families in safe environments. And it would be much easier. We've been talking about trying to figure out shelter since I came."

Providers urged housing needs be prioritized and are putting more pressure on funders and policy makers to take housing directly into account when addressing violence against Native people: "Instead of getting hundreds of thousands of dollars in grant money to do technical assistance, to have non-Native people do technical assistance for Native people, I think we should be looking at finding funding to purchase land and get a safe house." Many providers spoke of housing as an effective prevention strategy noting that if housing is lost, "it just snowballs after that—things spiral out of control and child protective services is involved and you're more likely to be a victim of these other things we talked about." Others expressed the need to re-direct funding to support housing, saying, "all systems in the U.S. that are based on racialized capitalism need some reform—invest the money that we spend on police into these social services, into housing. Like give people housing."

STABILITY NEEDS

Along with access to housing, there was a disparity between stories of resources provided versus those still needed when it came to providing other forms of stability like childcare, cell phone support, direct financial support, job skills, transportation for both urban and rural Native communities, and re-entry support for survivors exiting incarceration. **58% of providers were frustrated by a lack of broader support for economic stability noting that: "I'd really love to see more employment and economic programs for folks.**

Finding safe, accessible childcare options for survivors with children was a noted difficulty due to scarcity and expense—as one provider described, "it's horrible." Transportation challenges were also a common concern. One provider explained that "a lot of folks, maybe don't… can't drive, don't have access to a car, maybe don't have a safe family member to drive them…and so those kinds of things are like their everyday structural barriers."

Finally, given the high rates of survivors of violence being victimized and being criminalized, re-entry support for Native survivors was also expressed as an unmet need: "We've had a number of people that have been convicted that then have trouble getting a job, getting an apartment, et cetera, even though they're really trying to work on stabilizing and building a healthier life—it's really important and something that is kind of missing to some degree."

Strong recommendation: Across interviews, providers advocated for connecting housing and stability as a direct part of providing culturally attuned services. **One of their biggest dreams and strongest recommendations was having culturally attuned, wraparound housing and stability options for Native survivors of violence in their community:**

"What we would like to have here [is] a traditional housing community center where we could have in-house daycare, cultural components, gardens, we could do the therapy in house, the groups in house, where everything is right there. Because a lot of times [with] transitional housing, when something goes wrong it's always because a survivor repeats some of those same codependent behaviors and moves another abuser in to the house. So, if it was a little bit more structured, we could avoid that situation and then give those women a bigger opportunity to heal before they start repeating some of those situations."

LEGAL REPRESENTATION AND CRIMINAL JUSTICE REFORM

Forty-nine percent of providers could not address the legal needs of their community. Providers voiced that one of their greatest needs is having lawyers that can work directly with them on behalf of their clients—lawyers who understand tribal law and federal Indian policy, who understand the Indian Child Welfare Act (ICWA), and who can navigate multiple jurisdictions.

Examples of unmet needs included access to

- civil litigation lawyers,
- tribal lawyers,
- criminal litigation lawyers,
- ICWA advocates and specialists,
- private investigators, and
- Native led criminal justice reform.

"We don't need another fricking committee or task force. We need lawyers that will get paid to work with Native women"

One provider explained that "…access to legal services for custody situations, for things after the protection orders are in place, to help with the divorce and all of those other sorts of things if necessary, that would be huge, but we just don't, we don't have it—[so] get attorneys, actual attorneys."

The need for private investigators was emphasized as one of the most important and effective solutions by those who have successfully rescued Native women from human trafficking: "If the police are not doing their job, we [must] have somebody…because for way, way too long, we have just had to shut our mouth and take it, you know? We need to stop that. We need to empower the families to where they don't have to just take it…there's dog teams, there's all these places that are good at search and rescue, and we need to be able to utilize them."

Providers also expounded upon the need for criminal justice system reform at the systems level. As one provider explained, "gender-based violence is not going to end just by keeping survivors safe. It just isn't." Providers advocated for more support for holding perpetrators accountable in addition to supporting survivors. As another provider explained, current systems can put all of the responsibility for legal accountability and healing on the survivor, revictimizing them: "the system needs to take responsibility and the perpetrator needs to take the responsibility." Incorporating more lessons learned from tested reform models that have modernized systems to be tribally run and operated, such as the Alaska Tribal Health System, was recommended as an important way to incorporate Indian self-determination in criminal justice system reform.[24]

FLEXIBILITY OF GRANT FUNDS

Funders, government agencies, and urban and rural tribal leadership play important roles in helping or harming the work that providers do to serve their communities. Through our interviews we heard calls for increased funding, moving from harmful to more Indigenized funding practices,[vii] and a broader need for funders and government leadership to honor tribal sovereignty and community wisdom.

UNDERFUNDED AND UNDERVALUED

Providers described how exhaustive it is for programs to innovate every time they need another grant to cover a need and how operating in this context creates a lack of money to sustain steady staff and operations. This limits providers as they put their already overburdened time and resources into grant management rather than in the actual work: "There isn't sustainable funding for tribal public safety that supports the infrastructure and operations that can sustainably provide safety to tribal people. They're living off one-year cycles—grants to grants to grants. And that has just got to stop…."

In this reality, tribal and urban Indian communities are forced to compete for funding against other organizations who are often working toward the same goals: "We're competing for grants with these [organizations] led by non-Native people, and again, I don't think anyone wants to do that…so there's so much need for steady, multi-year, renewable, non-competitive funding that prioritizes tribal people."

Providers described how the legacy of colonialism has left many Native communities without the resources promised to them through laws, treaties, and pledges by the U.S. Government, and how, too often, urban Indian programs are completely overlooked by funders.

In contrast to the harm that comes from having to operate out of scarcity, one provider shared with us what it felt like after the organization secured flexible funding:

> *"Now that I have funding, it will break down a lot of those barriers that I wasn't able to quite do at first…I feel so good (joyfully laughs) because I, I feel like it is such a relief for me to be able to be in a room with a survivor and also be like, not only was I able to listen to your story—[but that] one thing that you're really worried about - whether that's getting a protection order, having a safety plan, getting food or getting a hotel—I will be able to help with that and that feels so good, versus calling another agency…and [being] told "no, no, no, no… we don't have it, we don't have it, we don't have it, we don't have it."*

As this provider described the positive difference that flexible funding made for Native survivors, it was clear through the excitement and joy in their voice that having these resources also had a powerful impact on their sense of self as a provider. Government agencies and funders have an opportunity to continue sparking this excitement and joy, making positive difference for Native survivors, and supporting provider sustainability by allocating more flexible funding and fairly compensating providers for the valuable work they do.

HANDCUFFED BY POLICY AND GRANT RESTRICTIONS

While allocating adequate funds for meeting Native survivors' needs is an important first step, providers warn that harm will continue unless there is also change in policy and reporting processes.

[vii] We define Indigenizing funding practices as shifting funding institutions, systems, and practices from the legacy of colonialism (divide, control, exploit) to our original ways of being and knowing that support reciprocal relationships grounded in respect, connection, belonging, and self-determination. For further information, go to: Angarova G, Francour D. Indigenizing Philanthropy Series. Cultural Survival. https://www.culturalsurvival.org/IndigenizingPhilanthropy. Published December 15, 2020. Accessed September 27, 2021; Villanueva, E. Decolonizing wealth: Indigenous wisdom to heal divides and restore balance. Oakland, CA: Berrett-Koehler Publishers, Inc; 2018.

"...It's always a lot more complicated than what the systems make things out to be, or even how our grants outline what we're supposed to do...it never reflects on what we're really trying to deal with. And even though they say tribes can kinda personalize it to what's going on, that's not the experience of it when you're running that program....so it's this really weird handcuffed way of trying to help heal..."

In our interviews, we heard how support for Native survivors was often impeded by policy restrictions. One provider shared how, until her organization successfully advocated for policy change, Native survivors in her community could not access state resources without a police report or documentation from a licensed mental health provider, both of which can be unsafe and even dangerous for Native survivors to obtain in the absence of accessible, culturally attuned services. Another provider shared how state requirements and mandates around discharge policies made it difficult to have flexibility or keep an "open door" when working with trafficking survivors—despite the evidence that flexibility is essential for continued care and safety.

The ways that grants are written can also be detrimental. In one interview, a provider shared how, after her program obtained a new federal grant, many of the community members she previously served no longer qualified for programming. Other providers had funding that did not allow them to serve youth or cover the cost of needed items (electronics, food, paying for external trainers, etc.). Many also talked about the challenges of grant funding sources that narrowly focus on one area and ignore the reality that survivors often experience multiple intersecting forms of violence. Siloing different forms of gender-based violence from each other (as well as from issues such as suicide, mental health, or substance use) make it harder for providers to meet each person where they are and serve survivors in a holistic way. Finally, Native people living within urban Indian environments are sometimes overlooked even by grants written with a focus on American Indian and Alaska Native communities.

Beyond being handcuffed by policy and grant restrictions, providers endured harmful grant application and reporting processes. As providers apply for different grants to cover different service elements, they are beholden to different requirements and paperwork over and over again. One provider shared how she wished there was one "DV package" that covered all services—Native culture, advocacy, housing, behavioral health, legal aid—instead of having to apply to separate grants from the same federal agency to cover different aspects of domestic violence. Another described reporting as "painful," with funders only interested in numbers and not the stories behind them which are a vital component of reporting in Indigenous communities. One provider suggested that being able to share videos during the application process or having an alternative, culturally attuned framework that was not solely focused on numeric outcomes would better capture the full impact of providers' work without cutting staff off from communicating the reality of their programs in more effective ways.

WHITE SUPREMACY AND PATERNALISM

Woven throughout these stories was the presence of patriarchal power dynamics between providers, funders, government agencies, and even tribal leadership. We heard examples of funders treating tribes like non-profits instead of sovereign nations, grant requirements imposing Western interventions and philosophies on Native survivors, and tribal leadership dictating services instead of leaning on the expertise of Native survivors and providers in knowing what is needed.

"...allow our community to implement their services the best way...that best meet the needs of their communities....the feeling I get with a lot of funders, both like foundation funders and... government funders is very patriarchal – 'we know this is how this is gonna work in your community. So, this is how we want you to do it.'"

Funders, government agencies, and tribal leadership can better support providers and Native survivors by operating out of a place of cultural humility. Part of that humility is reclaiming spaces for Native women, girls, and femmes as leaders and decision makers in their communities. As life givers and cultural bearers, they form the foundation of a healthy community, passing on the love, care, and skills necessary to move from generation to generation in a good way. Providers also encourage taking a critical look at the way government-to-government relations and tribal sovereignty are being honored on and off reservations. Most importantly, providers urge us to trust and empower those directly affected by violence in knowing what they need and supporting healing through sharing decision-making power with them.

LGBTQ2S+ SERVICES

Fifty percent of service providers directly expressed feeling uncomfortable that they haven't been able to do more for Native Two-Spirit and LGBTQ (LGBTQ2S+) survivors. While 62% of providers reported providing minimal resources, everyone felt it was not enough. As one provider put it, "they are underheard and they're underserved for sure."

Providers were working to address the needs of Native LGBTQ2S+ relatives and educating their community by

- making referrals to statewide transgender resource centers.
- integrating trauma-informed empathy into medical services for LGBTQ2S+ survivors of sexual assault and domestic violence.
- offering Two-Spirit and nonbinary social support groups.

- educating youth about the cultural roles of Two-Spirit people across different tribes as a form of reclamation and empowerment.
- encouraging the support of all LGBTQ2S+ identities as critical parts of Native youth suicide prevention.

Unmet needs described included

- support for LGBTQ2S+ survivors who have been sexually assaulted and harassed by law enforcement.
- improved knowledge sharing about cultural roles that extend beyond "men" and "women."
- Two-Spirit cultural resources and spaces for simply gathering.
- LGBTQ2S+-specific outreach and accessible wrap around services for survivors of violence.

As one provider put it, "if they wanna wear that ribbon dress, wear that ribbon dress. If they wanna wear pants and a ribbon shirt, wear pants and a ribbon shirt, you know? Having people understand that and respect that." While more funding is needed to support culturally specific programming for Native LGBTQ2S+ relatives, several providers reflected on the harm that can come from service providers' own biases and the need for a broader cultural shift in how we think about sexuality and gender identity: "...Our culture has always been ever evolving and it should evolve to consider the gender binary that exists."

INCLUDE NATIVE YOUTH AND MEN IN COMMUNITY PREVENTION

> *"I think the healing for the next seven generations is happening right here, right now, and we get to bear witness to it."*

ENGAGING YOUTH

Healing for the next seven generations begins at birth and continues through providers' work to support youth and strengthen families. **Fifty percent of providers described not being able to meet the needs of youth in their communities.**

These unmet needs include

- child sexual abuse and the need for body sovereignty and prevention curriculum in education systems and tribal youth programs.
- importance of having safe cultural spaces where youth can find social support and trusted adults who they can talk to.
- mental health support.
- opportunities to get involved.
- empowering and educating Native youth about sexting, protecting themselves, and knowing how laws around the age of consent vary across jurisdictions.
- more support for Indigenous birth workers.
- addressing bullying in schools against Native youth.
- suicide prevention.
- youth-focused substance abuse treatment and prevention.

Prevention also means recognizing and engaging Native youth as leaders. One provider reflected on how she was inspired by young people who are talking about consent and speaking out against injustice at community events. She shared a story about learning from youth at an MMIWG talking circle, saying, "they had this like really profound awareness and different perspective than us women could have, right? 'Cause they were younger. And then that they were able to speak their mind about it like just so clearly and were poised, and it was really neat to see. So, I just hope they keep doing that."

INCLUDING MEN AS BOTH SURVIVORS AND PERPETRATORS OF VIOLENCE

Forty-two percent of providers advocated for working more with Native men, both as survivors and perpetrators of violence. While 58% of providers had offered services to Native men as survivors of violence, very few Native men were accessing services. There was one exception where the provider noted that they actually had more male survivors in their safe house than women and femmes at the moment. That provider, as well as one other, gave examples of the hesitancy that Native men had in seeking services despite their needs as survivors of abuse. The provider also noted that while the needs of men are different, "they had also experienced really similar things to the women."

> *"I can do this my whole life. I can dedicate myself to violence against women and what's happening. But we are going to get nowhere if we don't hear from the men."*

In reflecting on healing for the next seven generations, another provider shared about the self-defense classes her organization is providing to help stop abuses against Native youth, and she describes the impact working with young Native men and boys is having: "It is healing for the other people involved and not just the girls—I'm really excited for the men's [class], because it is something that I don't think anyone has done in conjunction with a girls club...these young men are getting stolen too, you know." Some providers are reclaiming the traditional cultural roles for men in preventing violence in their community healing spaces: "We have a guy that works with batterers and men that have been abused. And he brings it back to traditional responsibilities and roles, and they run some support groups or educational groups 'cause it's a prevention coalition."

Working with male perpetrators of violence was expressed as a means for community prevention, which parallels the findings of our previous report *Our Bodies, Our Stories*.[15] Within this context, providers reflected on the impact that colonization has had on Native families and young men and the resulting intergenerational trauma, coming to believe that "hurt people hurt people…you're not just talking about one layer of things that they experienced. There are so many layers." As providers brought up the need to talk to men, they were careful to acknowledge the complexity in supporting healing for men while continuing to center the needs of women: "[We] are trying to understand the best way to serve survivors…bringing up men isn't meant to override the experiences of women, but it's an important part of the solution."

Beyond providing services to male survivors and providing spaces to heal for men who have harmed, providers also talked about the need to address perpetrator accountability and fostering a broader culture of community accountability. One provider voiced frustration with a lack of accountability for men who chose to harm Native women and children: "They're our brothers or uncles or grandparents, you know. They're there in our community…there is more being done to protect the people who are causing harm then there is to protect the kiddos."

FOSTERING SUSTAINABILITY: CARING FOR PROVIDERS

"Most of my team has weekend jobs, so where are they getting the rest? And they're working in very emotionally heavy jobs, so where, where are they taking care of themselves?"

Providers are committed to walking with relatives in their communities and face a variety of challenges and structural barriers in doing so. These barriers contribute to burn out, high staff turnover, and a lack of support for Native providers in the field.

Some of the challenges we heard about through our interviews included

- the burden of educating other professionals on how to better work with Native survivors.
- a lack of material resources to do their work of supporting Native survivors.
- vicarious trauma from continued exposure to stories of violence.
- unlivable wages for advocates, counselors, managers, and even directors.
- lateral violence due to community-based organizations competing for resources.
- the violence of white supremacy, paternalism, and gender inequity.

The lack of investment in vital services for survivors also impacts providers' well-being as they put in extra labor to locate needed resources and navigate complex bureaucracies—often working through evenings and putting in weekend hours, all with low salaries. Providers commented on low pay and high burn out as being widespread issues, disrupting care for survivors. Even those not on the frontlines are affected, as one provider shared how an executive director of another program told her, "we're undervalued by IHS, so even I have a salary that I can't live on here if I were single." Considering all these challenges, we asked providers what relationships they draw on to give them strength in their work supporting survivors.

HEALING IN COMMUNITY

In our interviews, providers shared that they found strength, purpose, and support in

- their relationships with other advocates, Elders, family, and community members.
- access to cultural resources such as traditional teachings, cultural values, ceremony, smudging.
- supervisors who help providers debrief and reflect.
- leaning on peers for help problem-solving a difficult situation.
- finding inspiration from the strength of a young person willing to testify in court.
- talking with other people of color about the challenges of working in a mainstream white organization.
- knowing they were not alone in their work but part of a larger movement toward healing and justice.

> *"...We don't heal in isolation. Like we heal with our communities, especially if what you're healing from is often cumulative and collective."*

Throughout our interviews, it was clear that the relationships that providers had with each other, with survivors, and with the broader community were key to well-being and sustainability. Fostering respectful relationships can even lead to a sense of mutual healing. As one provider reflected, "I'm getting healed from being able to teach these girls how to stay safe."

HONORING BOUNDARIES & SELF-CARE

> *"If we don't take care of ourselves, we are going to either burn out, or...if we have our own unresolved wounds, they're sure to show up as well."*

While supportive relationships with others are key to well-being, providers also talked about the importance of self-care, knowing oneself, and honoring personal boundaries. Connecting with culture through smudging, prayer, humor, or talking with other Native people was a common self-care strategy for many Native providers. As some also shared how their commitment to helping others can overshadow personal needs, having coworkers who share the work and remind providers to take care of themselves is helpful for supporting provider sustainability.

MOVING FORWARD IN A GOOD WAY

This story paints a vivid, realistic picture of how all communities can support Native survivors' healing and prevent future harm. By listening to this story, sharing it, and making it a part of our intentional actions going forward, we will strengthen providers' walk with relatives on the journey toward healing.

In conclusion, we offer 12 tangible recommendations for programs serving Native survivors and 11 specific recommendations for funders, policy makers, and philanthropists. Government agencies and funders in particular have an opportunity to make a positive difference for Native survivors by allocating more flexible funding, equitably compensating, and supporting Native communities addressing violence for their invaluable commitment and expertise.

APPENDIX 1:

HOW DID THE COVID-19 PANDEMIC AFFECT DIRECT-SERVICE PROVIDERS?

INCREASED WORKLOAD AND PRESSURE ON PROVIDERS' MENTAL HEALTH

During the pandemic, direct-service providers were committed to and resilient in extending themselves even further to find the culturally appropriate resources that could meet the needs of their community—needs which were increasing during the pandemic. Some outpatient behavioral health services and therapists were not available during the pandemic, and the need for safe housing put pressure on already limited housing availability in both urban and tribal settings. This finding was echoed in our report *Supporting the Sacred: Womxn of Resilience*, where 61% of responding survivors said COVID-19 impacted their ability to get mental health services[viii]. The importance of in-person connection was challenged when traditional, culturally informed ways to connect and care for relatives had to be adapted to align with recommended measures of social distancing: "We have to acknowledge that all of our regular coping mechanisms have been taken away from us."

Providers noted that youth and Elders had a harder time connecting virtually. In the switch, a lot of providers experienced "drop-off" among relatives who lacked the physical spaces needed for safe, private conversation within their homes or who had accessibility issues, "virtual fatigue", or who simply preferred in-person services.

> *"We have always known [meeting basic needs] was a disparity pre-COVID and we have already done a lot of that work—it was just more of it, more consistently, I guess."*

This had an impact on providers who worried about the health and safety of the people in their communities: "That lack of ability to have in-person groups was really challenging, especially for folks who are struggling to not feel alone in what happened to them. And it was incredibly frustrating for me in our community." Another shared that, "it's been hard because you can't be with them physically. You have these people like pouring their heart out via Zoom, and then they close the laptop and they are in their room and they're alone. It doesn't go away for them—the flashbacks are there, the triggers are there, the thoughts are there...so it's been really hard in that respect."

[viii] *Baker, L. Goforth-Ward, M. May, K. Echo-Hawk, A. Urban Indian Health Institute, Seattle Indian Health Board (2021). Supporting the Sacred: Womxn of Resilience, WA: Urban Indian Health Institute.*

On top of that, providers shared that they did not have access to the typical social and community spaces that help to restore and balance their own physical, spiritual, mental, and emotional health. During COVID-19 some providers saw an increase in employees who were really struggling with their mental health: "We saw a huge increase in employees seeking services, many of them struggling with DV situations at home. And so I think that's a unique part of working with Indian Health Service...Natives have to recognize there are so few resources [so] it creates more of a barrier if you're not seeing your employees."

CREATIVE SOLUTIONS AND RESILIENCY

Despite the challenges implementing measures of social distancing, direct-service providers adapted and met the needs of their relatives in any way they could. Sending care packages with smudge kits, online youth support groups, private telehealth sessions, online self-defense classes, and holding outdoor spaces for confidential conversation and check-ins helped them to stay connected when the ability to be in person was taken away: "So we developed a tele-behavioral health room where we just have a computer and everything is like very available to be sprayed with Clorox...we bring patients who have [unsafe home situations] into a space that's private and comfortable and safe, and so that's been super helpful."

Many providers gave credit to communities coming together and the relationships that providers intentionally nurtured beyond organizational resources and services. "It wasn't any government agency—the tribal, state, federal government. It wasn't any NGO. It was the mutual aid partnership that came to meet the needs of our people. These community advocates are meeting the needs of our people, and they're doing it with their own resources." And once again, connection to culture was at the heart of healing during the pandemic.

Direct-service providers at healthcare centers prioritized COVID-19 vaccination outreach and vaccine clinics for Native relatives when vaccines became available: "So our agency as a whole has actually been putting a lot of their energy into providing vaccines...we have been having vaccine clinics throughout the week—and especially on the weekends—trying to target the Native American population."

> *"I think that now more than ever it's important to use our medicine you know, use our cultural approaches to this pandemic."*

The commitment to safety during COVID-19 was also shared: "Families we work with are so resilient already, they've been through so much [and] this was definitely still more stress that they didn't need, but I think they handled it better than some people."

During the pandemic, the special pre-existing community relationships that providers had created became even more valuable: "I'm actually really excited about how our program is strengthening relationships with outside organizations, especially during COVID. Everybody has a really high caseload, so when we're able to find out who specializes in what, we're able to better fit the puzzle pieces together."

APPENDIX 2: METHODS

Our data collection and analysis methods honor our Indigenous values of conversation, storytelling, reciprocity, and shared decision making.

FUNDING AND ETHICAL APPROVAL

This project was funded by the Centers for Disease Control and Prevention (CDC) under the grant CDC-RFA-OT18-1803: Tribal Public Health Capacity-Building and Quality Improvement Umbrella through the National Center for Injury Prevention and Control. The contents of this framework are solely the responsibility of the authors and do not necessarily represent the views of the CDC.

IRB approval for research was obtained through the Portland Area Institutional Review Board (PAIRB).

RECRUITMENT AND INCLUSION CRITERIA

The National Indigenous Women's Resource Center, Inc. (NIWRC), a Native-led nonprofit organization dedicated to ending violence against Native women and children, assisted UIHI in distributing announcements for participation within their networks of programs and well-established listservs.

As a Tribal Epidemiology Center, UIHI also utilized outreach networks such as other tribal epidemiology networks including projects funded under IHS's Domestic Violence Prevention program. We included anyone who was English-speaking, 18 years old or older, of all genders, races, and ethnicities who work or volunteer for programs that serve Native women and Native femme-identifying individuals who have experienced domestic violence, intimate partner violence, sexual assault, human trafficking, and the crisis of MMIWG.

Everyone who consented to participate met these criteria and received a $50 electronic gift certificate for their time and contribution. Each provider also received a PDF copy of the informed consent form with the email invitation to their interview time. The conversation facilitator went over the informed consent form orally at the start of every interview to ensure free, prior, and informed consent to participate (or not) and consent to having their interview recorded (or not). The virtual interviews were conducted via Zoom, a cloud-based telecommunications company that provides videotelephony software, hosted at Urban Indian Health Institute. This platform allows for participants to use either WIFI-enabled devices or a landline to connect to the call. All 24 providers were comfortable with having their conversations recorded. Using Rev.com, their audio recordings were transcribed to written narratives.

INTERVIEW CONVERSATIONS

Drawing on conversational and storytelling approaches to interviewing supported by Indigenous methodologies,[25] we began each interview by simply asking, "who are you?" without soliciting specific demographic information about age, race, ethnicity, and gender. As a qualitative approach to storytelling within an Indigenous paradigm, this was intentionally done to empower providers to introduce and describe themselves in their own words.

Because we were interested in the role that Native identity plays in providing services for Native survivors of violence, the exception to this was that we specifically asked each provider whether they identified as American Indian or Alaska Native if it was not shared during their introduction of themselves. At the beginning of the interview, and at appropriate moments throughout, the facilitator also shared about their own mixed American Indian and Alaska Native identity, their tribal ancestry, their identity as a mother, and their intentions, including related professional and personal experiences as an expression of relationality and respect for the provider as has been supported by other Indigenous qualitative researchers.[25,26] As a means of culturally attuned interviewing, this helps to encourage trust building for both the storyteller and the listener.[25]

On average, interviews lasted 59 minutes, ranging from 24 minutes to 1 hour and 57 minutes. During the interview session, seven questions were asked, however, the facilitator opened the space for the storyteller to move in and out of the specific questions as needed and used prompts only as necessary to help guide the conversation back to the general focus areas.

Topics covered included

- services that organizations offer to survivors.
- relationships their organizations have in their community.
- the organization and participant's philosophy or relationship with law enforcement.
- the values that providers hold close to their hearts in providing services.
- gaps in community services or other resources that help survivors in their healing.

Silence and active listening were used to support relatives during conversations, and any discomfort that occurred during the interview was actively addressed by the facilitator by pausing, offering to stop the conversational interview, offering to skip questions or stopping recording, reflecting back with empathy, and offering access to the StrongHearts Native Helpline (1-844-7NATIVE (762-8483).

STORY ANALYSIS

Interview conversation recordings and de-identified transcriptions were uploaded to Dedoose Version 8.0.35 (Dedoose), a qualitative data management and analysis software.[27] The analysis of stories was guided by grounded theory and thematic analysis.[28] Three UIHI evaluators independently listened to each interview conversation recording in its entirety to center Indigenous values of approaching the stories in a good way, fully honor each story shared, and note initial impressions and important cues (such as long pauses, laughter, silence, and tone) that were not captured by written transcripts.

After listening to a recording, each evaluator then read the corresponding transcript and noted main topics or patterns. Upon review of the first 10 interviews, the UIHI evaluators met to collaboratively create a "codebook" based on emergent topics from providers' interviews. Evaluators discussed and refined codes until reaching consensus on final codes and their definitions.

Using the codebook, evaluators coded all interviews separately in Dedoose while continuing the protocol of first listening to each recording. All of the codes were cross-checked and validated by a different coder, and the evaluators met regularly to discuss questions and reflections on the stories. Dedoose memos were utilized to track any questions coders had (n=33 questions) and to indicate when excerpts that were coded required validation by the other coder due to discrepancies (n=115 excerpts). Coders also highlighted excerpts that reflected the quality of interviews through positive feedback or appreciation offered from the participant during the conversation (n=13/24 providers). In addition, coders used memos to document their own reflections, quotes that exemplified codes, any transcript errors, and needs identified by providers that were not otherwise captured by specific codes. Once coded, interview excerpts were divided by code topics between two evaluators who then conducted thematic analysis and pulled out recommendations shared by providers.

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Data for Indigenous people, by Indigenous people.