

**TOWARDS A SAFER SOCIAL WORK FOR INDIGENOUS PEOPLES SEEKING
SEXUAL AND REPRODUCTIVE HEALTH SERVICES**

By

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TERRITORIAL ACKNOWLEDGMENT

I would like to acknowledge that my university education has taken place on traditional unceded territory of the Algonquin Anishnaabeg people. This Land has been inhabited by them from time immemorial.

As a settler, I am grateful for the opportunity to study here and I thank all the generations of people who have taken care of this Land – for thousands of years. I recognize and deeply appreciate and respect their historic and ongoing connection to this place. This was their Land and home before the arrival of settlers and remains home for many, today. In addition, I want to acknowledge that Ottawa is a home to many different Indigenous Peoples and communities.

Although land acknowledgment is an important act of recognition and respect, it is only one small step toward understanding and challenging the legacies of colonialism – work that should be taken on by everyone living in what is now called Canada. Land acknowledgment is a call for justice and the return of stolen Lands.

With that understanding, I have made it my responsibility to support and listen to Indigenous peoples in their many fights for justice and to advocate for Indigenous sovereignty and self-determination. I also want to recognize the inherent rights of Indigenous peoples and their ongoing struggles against environmental exploitation across Turtle Island. I am committed to openly speaking up against and denouncing injustices. I also have made it my responsibility to educate myself on Indigenous cultures, resurgence, and justice and to create new and meaningful relationships with Indigenous peoples.

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SUMMARY

This *mémoire* is about developing safer social work practices when working with Indigenous peoples in Canada who are seeking sexual and reproductive health services. First, it outlines some important areas for social workers to become familiar with in order to make their practice safer in the realm of sexual and reproductive health. These areas include the realities surrounding the sexual and reproductive health of Indigenous peoples, the ongoing reproductive violence against Indigenous peoples, Indigenous reproductive justice, and the interconnections between social work, settler colonialism, and reproductive violence. Second, this paper explores how social workers can contribute to Indigenous reproductive justice. These include actions such as advocacy and raising awareness, fighting for funding and culturally safe services, learning and remaining critical, educating others and sharing information, and raising awareness about reproductive violence and justice. Altogether, this research provides a number of ways that social workers can help make their practice safer and contribute to ending reproductive violence against Indigenous peoples.

Key words: Indigenous reproductive justice, reproductive justice, reproductive violence, social work, sexual and reproductive health and rights

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LIST OF ABBREVIATIONS

Canadian Association of Social Workers (CASW)

International Federation of Social Workers (IFSW)

National Aboriginal Health Organization (NAHO)

National Aboriginal Council of Midwives (NACM)

National Association of Social Workers (NASW)

Truth and Reconciliation Canada (TRC)

United Nations Declaration for the Rights of Indigenous people (UNDRIP)

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PREFACE

My name is Carole-Ann Filiatreault and I am a White cisgender settler woman who was born on the unceded traditional land of the Mi'kmaq People, which is now called Halifax. Although I am uncertain of the details of my ancestry, I know that my ancestors came from France to settle mostly in the Province of Québec and some in the province of New Brunswick. I recognize here that my ancestors were colonizers and have directly contributed to the colonization of Turtle Island. I also recognize that I, myself, am a settler, a colonizer. This situates me in a structural relationship with the dispossession of Indigenous Lands and the nation-building project that requires ongoing settlement. I am aware of and continue to learn about the ongoing colonial history that shapes how I came to be here.

I have also learned that being a settler comes with responsibilities, such as the responsibility to address and dismantle the oppressive relations that exist between and among settlers and Indigenous peoples and support those existing good relationships. For this research project, I am aware that my positioning as non-Indigenous researcher and student means that there are limits to my understanding of Indigenous knowledges. Consequently, I chose to center the voices of the participants in this research as they are the true experts.

The reasons for choosing this topic is based on two events. My passion for reproductive justice started while I was doing an internship at a sexual and reproductive health organization. From there, I began reading about reproductive violence and reproductive justice. Then, I started a Master's program in Justice Studies and had a class on Indigenous justice. Putting my passion of reproductive justice together with what I was learning in the class about Indigenous justice, I started to question the experience and position of Indigenous peoples in the reproductive justice movement. My initial research question for this project was to see if the mainstream reproductive

justice movement differed from Indigenous reproductive justice and if so, how. Yet, as a non-Indigenous person, I realized that I cannot and should not conceptualize Indigenous reproductive justice. This led me to reorient my research as I started focusing on my position as a social worker. Recognizing the colonial legacies and violence perpetrated by the social work profession, I decided to research how the profession could be made safer for Indigenous peoples. This research project is particularly directed at non-Indigenous social workers who work in the field of sexual and reproductive health but can also apply to any social worker that may encounter forms of reproductive violence when working with Indigenous peoples.

I further acknowledge that although my university education promoted structuralism, anti-oppression and social justice, theories and practices of social work can often be more client-oriented and desirable-behavior focused (e.g psychosocial theories). For this research, I have chosen to position social work in relation to its past and ongoing role in colonialism. Any social worker working with Indigenous peoples should recognize this relationship and understand the colonial legacies of the profession that continue to impact Indigenous peoples and communities. In addition, both the participants and I wanted this research to focus on positive aspects and strengths of Indigenous women and the services they access. This is why I did not focus on reproductive violence against Indigenous peoples. On the contrary, I outlined the participants' point of views on reproductive justice and finished by providing potential solutions against reproductive violence.

For the sake of this project, I chose to use the term *Indigenous* to refer to First Nations, Inuit and Métis people to be consistent with the *United Nations Declaration for the Rights of Indigenous people* (UNDRIP) (United General Assembly, 2008) and the *Truth and Reconciliation Commission of Canada* (2015). Nevertheless, I recognize that the term

Indigenous encompasses many cultures and nations, and that further studies must be conducted with respect to the differences found within and between First Nations, Inuit and Métis people, groups and communities. In this regard, since I focused on interviewing services providers and program managers that receive a variety of service-seekers from all three Indigenous groups, this research also sometimes discusses the specific experiences of First nations, Métis or Inuit peoples, based on what has been conveyed by the research participants as well as their own experience and ancestral lineage.

TRIGGER WARNING

This research paper contains information about settler colonialism and reproductive violence against Indigenous peoples in Canada which may be triggering to victims, survivors or anyone living with intergenerational and historic trauma. If you feel triggered, please stop reading, seek support from people you trust, and know that there are both local and national resources that can support you.

INTRODUCTION

Sexual and reproductive health is directly connected to gender equity, social justice, people's physical and mental health, opportunities in public and private life, education, and economic and political participation (Alzate, 2009; International Federation of Social Workers, 1999). The World Health Organization (WHO) views reproductive health as follows:

Within the framework of WHO's definition of health as a state of complete physical, mental and social well-being, and not merely the absence of disease or infirmity, reproductive health addresses the reproductive processes, functions and system at all stages of life. Reproductive health, therefore, implies that people are able to have a responsible, satisfying and safe sex life and that they have the capability to reproduce and the freedom to decide if, when and how often to do so. (2019)

In other words, reproductive health goes beyond the physical aspects of health to encompass social, mental and other aspects that influence one's ability to live a safe and satisfying sex and reproductive life. Alzate (2009) further argues that sexual and reproductive health is interlinked with human rights, including the right to timely and accurate information, the right to have access to contraceptive methods of their choice and the right to appropriate prenatal, delivery, and postpartum health care services. Yet, not everyone has equal access to those rights. In Canada, Indigenous peoples are among those who experience the most negative sexual and reproductive health outcomes¹.

For instance, Indigenous women suffer from higher rates of sexually transmitted diseases, reproductive tract infections, high-risk pregnancies, complicated and preterm pregnancies, teenage pregnancies, infant and maternal mortality (sometimes 2 to 4 times higher), infant deformity, and sexual violence (Stout, Kipling & Stout, 2001; Luo & al., 2010). Indigenous

¹ Although it is not the focus of this research paper, it is important to note that Inuit people experience some of the most extreme health disparities in Canada (Neufeld & Cidro, 2017). More research is needed to truly understand Inuit's sexual and reproductive health specifically. In addition, awareness of Inuit realities must be raised.

women are also more likely than the general population to have low- and high-birthweight babies and babies born with fetal alcohol spectrum disorder and other developmental disorders (Wassimi & al., 2011), and have higher rates of diabetes (Crowshoe & al., 2018). There is also an overwhelming disparity in the number of Indigenous children in the child welfare system (Blackstock, 2009). In fact, while 7% of children across Canada are Indigenous, they account for nearly half of all the foster children in the country (Statistics Canada, 2016). Overall, negative sexual and reproductive health and the removal of children are important to flag as they impede people's ability to parent their children and transfer their culture.

Directly linked to these realities is the fact that Indigenous women face multiple barriers to accessing culturally safe and comprehensive sexual and reproductive health services. Such barriers include, although are not limited to, long travel distances (Neufeld & Cidro, 2017), languages barriers (Webster, 2018), jurisdictional disputes (Olson & Couchie, 2013), the normalization of the uneven distribution of health funding, resources and services according to state-constructed Indigenous identities (Apale, Deleary & Yee, 2011), and the fierce distrust and/or fear of health care systems due to alienating and intimidating Western approaches and mistreatment that are rooted in stereotyping, colonialism and racism (Cameron & al., 2014; Kirby, 2017; Stote, 2015). In addition, Métis and non-Status First Nations people are excluded from many Aboriginal specific health entitlements and services, including the Non-Insured Health Benefits (NIHB) program² (Apale, Deleary & Yee, 2011). Some services also require on-reserve residency in order to receive funding for or access to a service or program, as well as the roster of approved services and medications is constantly changing (Apale, Deleary & Yee,

² The NIHB program provides medically-necessary coverage for eligible First Nations and Inuit people in Canada. The program covers claims for certain drugs, dental care, vision care, medical supplies and equipment, short-term crisis intervention mental health counselling, and medical transportation, which are not always insured by provinces and territories or other private plans (Government of Canada, 2019).

2011). Overall, these barriers endanger the health of Indigenous peoples and are direct results of colonization as well as racist, colonial and oppressive policies and practices (Apale, Deleary & Yee, 2011). Since health care constitutes a major aspect of social work practice, it is important to look at the role of social work in the field of sexual and reproductive health.

Social workers provide a substantial portion of all sexual and reproductive health services (Alzate, 2009). According to the Canadian Association of Social Workers (CASW) (2000), out of the 93% of social workers working in an occupational category in Canada, 74% are employed in the health and social services, which include sexual and reproductive health services. In terms of working in the field of sexual and reproductive health, social workers work in child welfare agencies, hospitals (care, treatment and rehabilitation), health and community service centers (e.g. counselling, community development), private practice (e.g. sex therapy, policy and program development), and federal and provincial departments or social planning councils (e.g. policy analysis, policy development and planning) (CASW, 2019). Monica Alzate (2009) argues that while sexual and reproductive health may not be every social workers' main field, they may encounter people with different needs, concerns, or situations that affect their sexual and reproductive health thus making it important for social workers to be aware of such a field.

In terms of social workers working in the field of sexual and reproductive health, reproductive justice may be a good framework to incorporate into their practice. According to one of the founders of the reproductive justice movement, Loretta Ross, reproductive justice can be defined as (1) the right to have children, (2) the right to not have children, and (3) the right to parent children in safe and healthy environments (Ross & Solinger, 2017). Some scholars, such as Jessica Liddell (2019) and Brenda Smith (2017), use the reproductive justice framework to examine complex issues surrounding sexual and reproductive health and argue for the need to

incorporate reproductive justice frameworks into social work practice and research. For Liddell (2019), the social work profession is uniquely suited to this approach due to its connection to both research and practice and its commitment to social justice. Liddell (2019) further supports that the reproductive justice framework provides the social work discipline with an approach that is “both congruent with its practice aims (promoting the holistic well-being of clients) and with the profession’s theoretical and philosophical foundations” (p.100). Consequently, merging social work theories and the values of reproductive justice would begin to address the need for a more holistic and social justice-based approach to sexual and reproductive health.

Social work scholars in the field of reproductive justice, such as Jessica Liddell (2019), however, have not yet engaged with *Indigenous* reproductive justice, specifically. Liddell’s (2019) exploration of the common grounds and trends between reproductive justice and social work lacks an essential critical analysis of the ongoing role of social work in colonization. Although situated in the United States, Liddell’s research is relatable to the Canadian context. In fact, the National Association of Social Workers (NASW) of the United States and the Canadian Association of Social Workers (CASW, 2019) share values and principles that Liddell (2019) has linked to reproductive justice. These include respect for the inherent dignity and worth of persons, the pursuit of social justice, and service to humanity. Despite these links, Liddell (2019) does not identify or critique the ongoing role of the social work profession in oppressive structures such as settler colonialism. In Canada, the social work profession has cultivated and (re)produced “a central mechanism to consolidate white middle/upper class superiority through the valorization and normalization of the nuclear heterosexual family” (Ou Jin Lee & Ferrer, 2014, p.5). This racist and classist mechanism further marginalized and oppressed Indigenous women who did not fit in the domestication project and the promotion of a social order that

valorized the white, middle/upper class, heterosexual, cisgendered, and able-bodied nuclear family (Ou Jin Lee & Ferrer, 2014; Thobani, 2007). With this understanding, the profession of social work has been especially “intrusive, judgmental, controlling and harmful” (Baskin, 2006, p.7) toward Indigenous peoples. It is therefore, imperative to look at the role of social work in colonial policies and practices in order to delve into the possible relationships between social work and *Indigenous* reproductive justice.

Liddell’s (2019) work does not engage with the question of how social workers have been complicit in reproductive violence against Indigenous peoples. Reproductive violence, also known as reproductive oppression or injustice, can be defined as “the control and exploitation of women, girls, and individuals through [their] bodies, sexuality, labour, and reproduction” (Bridges, 2011, p.88). Social workers have directly contributed to eugenics and continues to contribute to population control, the removal of children (e.g. residential schools, the 60s scoop, and the current child welfare system), and the control of women’s bodies, sexualities, fertility and reproduction (McLaren, 1990; Neufeld & Cidro, 2017; Stote, 2012; 2015). Considering the role of social work in colonialism and reproductive violence against Indigenous women, there is an urgent need to delve critically into the profession of social work and its relationship with sexual and reproductive health and Indigenous peoples.

Merging social work theory and values with a reproductive justice framework allows for a more holistic practice to address issues related to sexual and reproductive health (Liddell, 2019). Therefore, this research will explore how social workers can better work with Indigenous peoples specifically by educating themselves on the elements that will be outlined in this paper, incorporating how to make services safer for Indigenous peoples as highlighted by interview participants, and acknowledging, respecting, and promoting Indigenous reproductive justice.

Understanding the roots, the struggles, the key elements associated with reproductive violence, and the steps taken by the Indigenous reproductive justice movement helps position the need for this research. More specifically, this research seeks to answer the following questions: what elements do social workers need to know in order to make their practice safer for Indigenous peoples seeking sexual and reproductive health services and how can they contribute to Indigenous reproductive justice?

Developing an understanding of how social work might be made safer for Indigenous peoples is crucial as reproductive violence against Indigenous peoples continues today in various forms. For instance, the lack of access to safer sex supplies and education, the high rates of maternal and infant mortality, the unacceptable health disparities between Indigenous and non-Indigenous people, the medicalization of reproduction and motherhood, forced or coerced sterilizations, and conservative sexual health education agendas³ are all elements that contribute to reproductive violence against Indigenous peoples. This research is also crucial as both the *Truth and Reconciliation Commission (TRC)* (Truth and Reconciliation Commission of Canada, 2015) and the *United Nation Declaration on the Rights of Indigenous peoples (UNDRIP)* (UN General Assembly, 2008) have emphasized the importance of sexual and reproductive health and rights of Indigenous peoples. Call to Action #54.4 of the TRC specifically mentions that reproductive and sexual health factors, such as infant mortality, maternal health, birth rates, infant and child health issues, and the availability of appropriate health services as areas that need to be addressed (Truth and Reconciliation Commission of Canada, 2015). Calls to Action #18 to 24 of the TRC further references the need to address the health disparities between

³ For instance, the current Ontario government has modified the curriculum, bringing back sexual education to how it was in 1998. Many aspects of this new interim curriculum reiterate the marginalization and oppression of certain populations (e.g. LGBTQ+ communities, Indigenous people, people living with disabilities, etc.) and reinforces the negative taboo of sexual activity.

Indigenous and other Canadians and reorganize the value of Indigenous health practices (Truth and Reconciliation Commission of Canada, 2015). In addition, Article 21, 23 and 23 of the UNDRIP support that Indigenous peoples have the right, without discrimination, to the improvement of their economic, social and health conditions and the right to traditional medicines and to maintain their health practices (UN General Assembly, 2008). Article 21 specifically states that the government must take effective measures to address inequalities (UN General Assembly, 2008). Moreover, the 2016-2020 strategic plan of the Canadian Association of Social Workers (CASW), has made it a priority to develop stronger connections with Indigenous communities to better support them in the issues they are facing and pursue shared advocacy goals (CASW, 2019). Overall, this research opens a door for any social worker, although more particularly for social workers working with Indigenous peoples in the realm of sexual and reproductive health, by exploring how to make their practices safer.

Chapter 1 critically examines benevolence as a characteristic trait of the social work profession and analyses how social work has contributed to the settler colonial nation-building project. The chapter explores the concept of reproductive violence against Indigenous women and its intersections with settler colonialism and social work. Subsequently, this literature review will continue by examining the concepts of reproductive justice and Indigenous reproductive justice as they serve as blue prints to bring justice forward and help identify concrete steps for social workers to take in order to make their practice safer. Chapter 2 presents my methodological approach. In it, I discuss the critical social work approach and argue for the need to incorporate principles from an Indigenous feminist approach to better support the research as it addresses the intersections between colonialism, race and gender. Multidimensional reflexivity will also be discussed in the methodology section. Chapter 3 will delve into the methods used for

this research, including semi-directed interviews, a thematic analysis, a collective discussion with interview participants of the thematic analysis, and multi-dimensional reflexivity. Next, Chapter 4 will examine two of the main themes arising from the interviews: 1) violence against Indigenous peoples and 2) Indigenous reproductive justice. Chapter 5 will then analyze the last main theme which is: 3) steps moving forward. The goal of this section is to look at the elements that are important to know in order to make social work safer for Indigenous peoples who are seeking sexual and reproductive health services and investigate how social workers can contribute to Indigenous reproductive justice. Chapter 6 will identify some of the limits of this research. Lastly, this paper will conclude with a summary of the issue, the analysis and the themes discussed.

CHAPTER 1. LITERATURE REVIEW

1.1 Social Work, Settler Colonialism and Reproductive Violence

1.1.1 Social Work and Settler Colonialism

Social work is traditionally considered a benevolent profession that seeks to promote social justice and change by engaging and working with individuals, groups and communities (Chapman & Withers, 2019). According to the Oxford dictionary (2003), benevolence refers to: 1) [a] disposition to do good, desire to promote the happiness of others, kindness, generosity, charitable feeling (as a general state or disposition towards mankind at large) or 2) an expression of goodwill, an act of kindness; a gift or grant of money; a contribution for the support of the poor. In other words, social work is a profession that seeks to do good for others. Indeed, according to the Canadian Association of Social Workers, social work is defined as:

a profession concerned with helping individuals, families, groups and communities to enhance their individual and collective well-being. It aims to help people develop their skills and their ability to use their own resources and

those of the community to resolve problems. Social work is concerned with individual and personal problems but also with broader social issues such as poverty, unemployment and domestic violence. (2018)

The goal of social work is then to *help* people who have been marginalized, violated and/or oppressed. Yet, some authors have argued that the benevolent mentality of social work is problematic as it hides and suppresses the violence the profession has perpetrated (Chapman & Withers, 2019). For Paulette Reagan (2010), in the Canadian context, a “mentality of benevolent paternalism became a rationale and justification for acquiring Indigenous lands and resources” (p.4). Chapman & Withers (2019) further argue that the White colonial nation-building project that sought to eradicate Indigenous peoples utilized the perceived benevolence and care of the social work profession to disguise such desired end result. With this understanding, although the social work profession has been portrayed as a benevolent one, it has contributed to paternalist policies and thinking which limited Indigenous peoples’ liberty and autonomy by expressing an attitude of superiority. In other words, the profession helped solidify the classist, racist and colonial structures surrounding the nation-building project. Overall, social work continues to enact colonial violence through normative discourses and benevolence-rooted, paternalist practices.

The perception of Canada as a benevolent and inclusive nation-state (Regan 2010; Thobani 2007) has served to render invisible the collective memories of Canadians and their origins which are founded on white supremacy and settler colonialism (Chapman & Withers, 2019). Indeed, the profession of social work contributes to what Patrick Wolfe (2006) calls, a ‘structure of elimination’, often presented under the guise of being ‘helpful’. According to Yee and Dumbrill (2003), the oppressive history of social work is founded in what they describe as a ‘whiteout’ where “histories and experiences of white social workers are both unmarked and universalized in relation to racialized Others” (in Ou Jin Lee & Ferrer, 2014, p.2). This

marginalizing and near absence of racialized perspectives has been used to systematically exclude certain members from the Canadian nation-building project, including Indigenous peoples (Ou Jin Lee & Ferrer, 2014). For instance, the removal of children from their families and communities, the process of dispossessions (e.g. land exploitation), discriminatory policies (e.g. *Indian Act*) and settlement (e.g. creation of reserves) have created a social and racial hierarchy that continues to inform the practice of social workers today (Fortier & Hon-Sing Wong, 2018; Ou Jin Lee & Ferrer, 2014). For Fortier & Hon-Sing Wong (2018), there are three core responsibilities in which the social work profession remains rooted in settler colonialism:

(1) aiding in the dispossession and extraction of Indigenous peoples from their territories and communities; (2) supporting the (re)production of the settler state; and (3) acting as a buffer zone to contain and pacify Indigenous communities that are either engaged in direct confrontation with the settler state or are facing crises due to state and corporate practices of resource extraction and dispossession (p.6).

These colonial practices are often explicitly and implicitly utilized by social workers. For Razack (2009), the profession's historical abuses against Indigenous peoples have contributed to a dominant ideology that is "tinged with the stain of colonialism" (p.11). The profession has been and continues to be complicit in perpetuating racial hierarchies through devastating colonial policies and practices (Fortier & Hon-Sing Wong). For instance, Indigenous children currently are still overly represented in child and family services, a service provided in majority by social workers (Blackstock, 2009). In fact, in 2016, although Indigenous children account for 7% of all children in Canada, they account for 48% of all foster children (Statistics Canada, 2016). In addition, social workers have contributed to the forced sterilization of Indigenous women – a practice that was only recently denounced in late 2018 (Stote, 2012; 2015; UN Committee against Torture, Dec. 5th, 2018). In sum, social work cannot solely be regarded as a helping

profession as it continues to contribute to settler colonialism. Knowing how the colonization of Indigenous lands has affected individuals, communities, and families is crucial (Sinclair 2009).

In response to past and ongoing colonialism, Raven Sinclair (2009) emphasizes that Elders identified over fifty years ago that there is a need for Indigenous social workers who will work with individuals and communities in culturally appropriate ways. Some social workers have also taken up anti-oppressive approaches to dismantle structural barriers and forms of oppression (e.g. Laird, 2008; Wong & Ying Yee, 2010). Others have sought to decolonize the profession altogether (e.g. Gray, Yellow Bird, & Coates, 2008; Hetherington, Coates, Gray & Yellow Bird, 2013; Tamburro, 2013). There is also an established branch of social work that is specifically developed for and by Indigenous peoples which is known as Indigenous, Native, or Aboriginal social work (Baskin & Sinclair, 2015; Laitrinen & Vayrynen, 2016; Morissette, McKenzie & Morissette, 1993; Sinclair, 2004).

1.1.2 Reproductive Violence and Settler Colonialism

Settler colonialism in Canada is based on the desire to acquire Indigenous peoples' territory to establish new political communities. Settler colonialism is about a continuous and ongoing process of dispossession and settlement. (Wolfe 1999). As Patrick Wolfe (1999) states, "settler colonialism destroys to replace" (p.388). In other words, settler colonialism aims to eliminate Indigenous peoples, nations and political and economic structures in order to build a new nation of settlers. Indeed, unlike other forms of colonialism where people are there to primarily exploit natural resources or extract labour power extract resources, settler colonialism additionally involves permanent invasion (Coulthard 2007; Wolfe 2006). It represents what Wolfe's affirms is "a structure not an event" (2006, 388). In Canada, settler colonialism continues to greatly impact Indigenous communities.

Interlinked to settler colonialism is reproductive violence, which as mentioned in the introduction is “the control and exploitation of women, girls, and individuals through [their] bodies, sexuality, labour, and reproduction” (Bridges, 2011, p.88). Reproductive violence is rooted in colonial violence, white supremacy, dispossession, eugenic and population control ideologies and practices, and environmental exploitation. The links between reproductive violence and settler colonialism can be seen through the processes, policies, and practices that have tried to eliminate Indigenous peoples over time. Indeed, the control of women’s reproductive choices, capacities and agencies have been central to the strategic and systemic assimilation of Indigenous peoples in Canada (Stote, 2015). Indigenous women were depicted as ‘primitive’ in comparison to European civilization and racial progress and were especially targeted as they became a *threat* to colonization (Cull, 2006; Boyer, 2009). As Emberley (2007) explains, “the reproductive body was and remains a crucial component of colonial and neocolonial governance” (p.47). For Stote (2015), the imposition of Western medical practices on Indigenous peoples, although often carried as a humanitarian concern, has also allowed the state to “maintain its colonial grip on and undermine the health and integrity of [Indigenous] people” (p.5). Through control of women’s bodies, fertilities, reproduction, and sexualities the state had direct effect on Indigenous peoples’ identity and culture. Such control has been translated into colonial policies and practices such as, although not limited to, the *Indian Act*, the medicalization and criminalization of reproduction, the removal of Indigenous children, the deterioration of traditional gender roles, and the marginalization and prohibition of midwifery (Blackstock, 2009; Bourassa & al, 2004; Boyer, 2009; Jasen, 1997; Neufeld & Cidro, 2017). Overall, years of colonialism, paternalism, and state surveillance have deterred traditional midwifery, culture, traditions, customs, understandings and meanings associated with pregnancy,

child birth and gender roles (Bourassa & al, 2004; Boyer, 2009; Neufeld & Cidro, 2017). Social work has directly contributed to reproductive violence against Indigenous women in Canada in these respects.

1.1.3 Reproductive Violence and Social Work

Although there is currently no literature that explicitly explores the links between social work and reproductive violence as such, some authors have identified that through its role in colonialism and white supremacy, social work has both indirectly and directly contributed to reproductive violence through eugenic and population control practices (McLaren, 1990; Stote, 2012; 2015), the removal of children (Blackstock, 2009; Blackstock & Trocme, 2005; Ou Jin Lee & Ferrer, 2014) and the extraction and dispossession of resources (Fortier & Hon-Sing Wong, 2018). These are all examples of forms of reproductive violence that impeded Indigenous peoples from living healthy sexual and reproductive lives. Indeed, in 1951, the Canadian Association of Social Work positioned social work as the suitable profession to oversee child welfare in Indigenous communities, meaning social workers had the power to remove children from their families and communities under the guise of a benevolent action.

The removal of children is a practice directly linked to the colonial state that dictates the agency, or lack of, of Indigenous individuals and communities to take care of their children (Neu & Graham, 2006). This resulted in assimilation and facilitates the ongoing dispossession of Indigenous peoples from their territories (Fortier & Hon-Sing Wong, 2018). Although social workers who advocated for child welfare may have had good intentions, it is important to critically examine how such intentions are rooted in Eurocentric and assimilationist foundations (Blackstock, 2009). Attempting to control Indigenous peoples' sexual and reproductive agency was part of the nation-building project that continues to impact Indigenous peoples' lives today.

This first half of Chapter 1 explored how social workers have been complicit in (re)producing both settler colonialism and reproductive violence. Social workers have contributed to colonial and paternalist policies which continue to affect Indigenous peoples' lives. While there are ongoing efforts to decolonize and change the profession, social work maintains its roots in settler colonialism, and has participated in eugenics and population control. Its role in these forms of oppression establish the need for unique ways to make the practice safer for Indigenous peoples. The next half of Chapter 2 will look at reproductive justice as it has been one of the responses to reproductive violence.

1.2 Reproductive Justice

1.2.1 Mainstream Reproductive Justice

Reproductive justice is the combination of both human rights and social justice. It is a movement that was created by Black American women in 1994. As mentioned in the introduction, reproductive justice can be defined as (1) the right to have children, (2) the right to not have children, and (3) the right to parent children in safe and healthy environments (Ross & Solinger, 2017). Reproductive justice has a broad definition that recognizes the wide range of issues that impact women's reproductive freedom. It "centralizes intersectional and locally grounded examinations of women's embodied experiences, seeking to explain and address oppressions that are produced along multiple institutional dimensions and experienced across multiple social locations" (Gurr, 2015, p.32). Within this understanding, reproductive justice advocates for a wide range of services such as access to contraception, abortion, artificial reproductive technology, family planning, pre and post-natal care, comprehensive sexual education, safe conditions for childbirth, and empathic birth attendants (Chrisler, 2014; Luna & Luker, 2013; Ross, 2017; Zucker, 2014). It also draws critical attention to eugenics, population

control, the criminalization of reproduction, the correlation of environmental degradation with infertility, and cultural shunning of teen mothers (Chrisler, 2014; Gurr, 2015; Kirby, 2017; Luna & Luker, 2013; Ross & Solinger, 2017). Further, the movement relates to broader issues such as labor practices and conditions, peace, prejudice and discrimination, educational equity, poverty, and health and health-care disparities which directly impact power relations (Chrisler, 2014).

Reproductive justice challenges ignorance, poverty, discrimination, oppression, and other forms of injustice (Chrisler, 2014; Ross, & Solinger, 2017). This can be translated into actions like assuring access to comprehensive sexual education, paid maternity leave and childcare, and assuring a world where women are free of discrimination on all levels including in terms of economic, gender-based, sexual, racial, (dis)ability, and environmental freedom and justice (Chrisler, 2014; Hoover & al., 2012; Luna & Luker, 2013; Ross, 2017). Reproductive justice unmask power relations between policy and practices and reproduction, fertility, bodily autonomy, and sexuality from an intersectional approach (Ross & al., 2017).

Intersectionality, a concept developed by Kimberlé Crenshaw (1989; 1991), explores, acknowledges, and describes the confluence of oppressions linked to people's identities. The reproductive movement incorporates the concept of intersectionality as it attempts to comprehend how different identity factors, including race, class, gender, ethnicity, and sexuality intersect and construct gender implications of motherhood and citizenship, sex and reproduction (Ross & Solinger, 2017). As Ross (2017) explains, intersectionality "recognizes the power differentials between self-described identities and the oppressive nature that society contributes in conversations on race and gender by describing the places where multiple identities come together or intersect" (p.288). For example, the reproductive justice movement is fighting

sexualized caricatures of women of color by deconstructing the racialized and misogynist discourse of popular culture (Ross & al., 2017).

An important point to raise here is that reproductive justice is “not reducible to identity politics and is fundamentally anti-essentialist, because no one viewpoint can fully express the multiple meanings and subject positions of diverse people who experience reproductive injustices” (Ross & al., 2017, p.290). This anti-essentialist foundation is true for many groups of people who have their own relationship with reproductive justice. For instance, the unique realities and experiences with reproductive violence have led Indigenous peoples to create their own definition and conception of reproductive justice.

1.2.2 Indigenous Reproductive Justice

Although the term ‘reproductive justice’ was first coined in 1994 by feminists of color, its conceptualization existed in Indigenous communities before colonization occurred. As Theresa Lightfoot points out, “It’s disrespectful to pretend like [reproductive justice] wasn’t alive in our communities... Our [reproductive justice] was made illegal on purpose, but that’s never mentioned anywhere” (cited in Danforth 2010, n.p.). For many, Indigenous reproductive justice is at once a struggle to reclaim Indigenous birth practices and sovereignty over the family, a demand for customary rights and emerging forms of matriarchy, and a movement toward self-determination and community resurgence (Gurr, 2015; Kirby, 2017; Neufeld & Crido, 2017; Stote, 2017). For one of the movement’s leading advocates in Canada, Jessica Danforth (previously Jessica Yee), the movement

allowed us [Indigenous peoples] to take a stand and resist the hierarchal imperialism of state manufactured healthcare by centering our self-determination to decide what’s best for our bodies, communities, and human rights in a way that acknowledges where this all went wrong in the first place (2010, p.2).

In other words, to achieve Indigenous reproductive justice, Indigenous peoples must regain control and agency over their sexual and reproductive health by connecting them to Indigenous knowledge, culture and language. Indeed, reproductive justice for Indigenous peoples relates to “broader struggles for environmental justice, cultural rights and respect for Indigenous ways of knowing and doing, and, ultimately, for material decolonization and self-determination” (Stote, 2017). With this understanding, Indigenous reproductive justice is a multifaceted movement that fights for various types of justice, decolonization and self-determination. It is highly important and timely as it challenges the structural roots of reproductive violence that is negatively impacting Indigenous communities.

Understanding the movement is an important aspect of this research project as it highlights the need to address disparities, injustices, and structural barriers that impede people, families and communities from living healthy sexual and reproductive lives. In sum, Indigenous reproductive justice provides a framework that is developed and led by Indigenous individuals and that offers insight into how social work could be made safer for Indigenous peoples who are accessing social and healthcare services. Social workers should engage with reproductive justice in local contexts and explore how they can help contribute to that justice.

CHAPTER 2. METHODODOLOGICAL APPROACH

This project addresses the lack of critical knowledge developed on the role of social work in the field of Indigenous sexual and reproductive health, rights and justice by questioning what elements are important in order to make social work safer for Indigenous peoples and how social workers can contribute to and/or support Indigenous reproductive justice. This project takes a critical social work approach that is heavily informed by Indigenous feminist principles and approaches. The critical social work approach helps to explore social problems as arising from

various forms of oppression and injustices rather than focusing on individualized issues. Indigenous feminist approaches help contextualise the relationships between colonialism, sexism, racism, and the patriarchy. Together, these approaches help to make sense of the complex colonial context of the settler state and the role of social work in such a state.

2.1 Critical Social Work Approach

Although there are many interpretations and representations of critical social work, Healy (2011) outlined four commonalities of a critical social work approach: 1) a recognition that large scale social processes, particularly those associated with class, race and gender, contribute fundamentally to the personal and social issues social workers encounter in their practice; 2) the adoption of a self-reflexive and critical stance to the often contradictory effects of social work practice and social policies; 3) a commitment to co-participatory rather than authoritarian practice relations; and 4) working with and for oppressed populations to achieve social transformation. These four commonalities are important for social workers who are trying to make their practices safer.

The first point acknowledges that problems individuals live with are rooted in structural oppression and barriers, which for this research can be translated to the oppression and barriers Indigenous peoples face when accessing sexual and reproductive health services. The second point is essential to making the profession safer for Indigenous peoples as it pushes social workers to learn about, acknowledge, and critique the role and position of both the profession and these as embedded within oppressive structures. The third and fourth points can help make social work safer as it recognizes the service seeker as the expert and encourages social workers to collaborate in finding solutions. Altogether, these four points are important aspect of the

critical social work approach and can be utilized by social workers trying to make their practice safer.

Critical social work is also about the analysis of power and the relationships between oppressive structures (Rossiter, 1996). For Campbell & Baikie (2012), critical social work enables people to “question and unlearn old thinking habits and opens up alternative ways of interpreting and acting on social problems and structures” (p.69). It requires an active mental, spiritual, emotional, and physical engagement from learners (Campbell & Baikie, 2012). In other words, it is about “finding ‘comfort with discomfort’ and then calmness in the midst of inconsistency and uncertainty” (Campbell & Baikie, 2012, p.69). A critical social work approach can empower social workers to question their positionality, the profession and their stance on social problems.

Challenging and critiquing both the profession and one’s position as a social worker can lead to doubt and self-questioning as to whether one is in the right profession. Nonetheless, as Baskin (2006) argues, understanding one’s complicity in structures of oppression as a social worker is an important component of a critical self-awareness. By utilizing their critical lens, social workers can play an important role in challenging systems of oppression. Indeed, as Campbell and Baikie (2012) mention, critical social work also refers to a commitment to understand, critique, and transform the profession of social work and the unjust nature of society. This reorientation of social work fundamentally transforms how knowledge and practice are viewed (Rossiter, 1996) and can be very beneficial in the fight for justice.

Nevertheless, the critique of social work is too often done in a “decontextualized fashion with little continuation or contemporary resonance” (Fortier & Hon-Sing Wong, 2018 p.11). In other words, although social work has recently been acknowledged as having been complicit in

the colonial nation-building project, there is still work to be done in contextualizing it within the context of ongoing colonialism that still exists today. An Indigenous feminist approach helps to strengthen this research by addressing the relationships between different forms of oppression which affect sexual and reproductive health.

2.2 Indigenous Feminist Approach

Feminism has multiple definitions and approaches due to the diversity of women's cultural, political, and racial identities and specific experiences (Green, 2007). For some Indigenous feminists, it entails raising "issues of colonialism, racism, and sexism, and the unpleasant synergy between these three violations of human rights" (Green, 2007, p.20). More precisely, Indigenous feminism represents "a critical paradigm that analyses how gender injustice against Indigenous women emerges from colonial policies and patriarchal practices that inscribe gendered power dynamics to the detriment of Indigenous women" (Suzack, 2015, p.261). Arvin, Tuck & Morril (2013) further argue that Indigenous feminist theories critique the interlinked connections between settler colonialism, heteropatriarchy, and heteropaternalism. For Joyce Green (2007), Indigenous feminism is a social movement that is fueled by theory and dedicated to action, transformation and praxis. In other words, it is a movement that is theoretically informed and that strives on politically self-conscious activism (Green, 2007). The goal is to achieve gender-based justice through decolonization, building Indigenous legal frameworks and political platforms that incorporate Indigenous traditions, and restoring Indigenous women's collective status (Green, 2007; Ladner, 2009; Lawrence, 2003; Suzack, 2009).

According to Arvin, Tuck & Morril (2013), Land, sovereignty, futurity and decolonization are important concepts in Indigenous feminist theories. Indeed, Indigenous

feminism holds a unique potential to decolonize settler states as it fights against both heteropatriarchy and settler colonialism and recognizes that “Indigenous sovereignty struggles are gendered frequently [which] requires revising conventional concepts of sovereignty, decolonization, and social change altogether” (Arvin, Tuck & Morrill, 2013, p.24). Regardless, it is important to note that there exists many variant definitions and approaches to Indigenous feminism.

This project draws heavily from Indigenous feminism as this approach can help better address and understand the gendered nature of reproductive violence that disproportionately affects Indigenous women and as it is a direct result of the interconnectedness between colonialism, sexism and racism. It helps to make links between how reproductive violence has been and continues to be influenced by capitalist, heteropatriarchal, and colonial systems.

In sum, although unsettling, taking a critical social work approach that is heavily informed by Indigenous feminist principles and approaches helped me to understand and explain the relationship between reproductive violence and colonialism by exploring the structural forms of oppression and the injustices that can impede some Indigenous women from achieving a healthy sexual and reproductive life.

CHAPTER 3. METHODS

My initial ambition for the methods used in this project included participatory research with sharing circles as methods of collecting data as these relate more to the ethical and community dynamics of conducting research with Indigenous peoples (Kovack, 2009). In this regard, I acknowledge that participatory research is a Western approach to conducting research and that there is a growing need for Indigenous methodologies (Kovach, 2009). Yet, major limits, such as a limited amount of time and resources, as well as the expectations linked to this

research paper and my degree were some barriers (see chapter 6). With that in mind, I chose methods that fit within those limits, while attempting to equalize power relations, which are inherent in Western approaches to research.

To work towards more equitable power relations, I approached this project with cultural safety in mind, which for Wabano (2014) can be found “in the domain of understanding because it requires the service provider to acknowledge their own lens and self-reflect” (p.2). In addition to this critical self-reflection, culturally safe practices call for analysis of power imbalances, institutional discrimination, colonization, and colonial relationships (National Aboriginal Health Organization, 2009). Throughout the research, I have tried to be as culturally safe as possible by constantly learning and asking questions, by guarding against reproducing or solidifying unequal power relations, by reflecting on my positionality, my actions and my thinking, by remaining authentic, honest, empathetic and flexible, by actively listening to the participants, and by gifting tea and baked good to the knowledge-keepers who were the participants in this research. I also reflected on settler colonialism and its effects on this project, the participants and whom this research is connected to. Furthermore, I remained critical of the ongoing role of social work in settler colonialism and the ways social work can be made safer. My engagement in cultural safety was omnipresent in this research.

With cultural safety in mind, my methods for this research all lie within a qualitative research paradigm. My methods involved: 1) individual semi-directed interviews, 2) thematic analysis of transcripts, 3) collective discussion with interview participants of the thematic analysis, and 4) multi-dimensional reflexivity. These methods allowed me to better gather information on the concept of reproductive violence and reproductive justice. Each of the

participants will receive a copy of this mémoire. Furthermore, two out of the three participants wished to remain anonymous and will be identified as Participant B and Participant C.

3.1 Individual qualitative semi-structured interviews

Ten invitations were sent out by email requesting participants for individual qualitative semi-structured interviews. I was interested in speaking with frontline workers and/or program managers of Indigenous non-governmental organizations in the region of Ottawa who work in the field of reproductive health, rights and/or justice. The two criteria I was looking for among research participants were that they have experience doing front-line work with Indigenous peoples and that they identify as Indigenous themselves. Non-Indigenous people could not have spoken for Indigenous peoples about their conception of Indigenous reproductive justice. Three people responded and agreed to participate in the research: two Indigenous service providers and one Indigenous program manager accepted the invitation to participate in the research. Their participation added depth to this project on Indigenous experiences with reproductive health, colonization, and reproductive justice which would not otherwise have been possible had I interviewed non-Indigenous participants. The purpose of these interviews was to better understand Indigenous peoples' conception of Indigenous reproductive justice and to identify ways social workers can make their practice safer and contribute to the movement.

The rationale for frontline workers is that they will have both diverse first-hand experiences with Indigenous peoples and will likely have a good understanding of the policies that influence Indigenous peoples' reproductive and sexual health. The discussions, which lasted between 50 to 90 minutes, were recorded, transcribed, coded and analysed. In this sense, since semi-structured qualitative interviews “focus on addressing questions rather than testing

hypotheses” (Blandford, 2013, p.3), the interviews allowed me to discuss social and personal experiences with participants in some depth (DiCicco-Bloom & Crabtree, 2006, p.318).

3.2 Thematic Analysis

A thematic analysis of the interviews was chosen to analyze the data due to its flexibility, its usefulness for working directly with participants, and its ability to provide an in-depth description of the data set (Braun & Clarke, 2006). A thematic analysis was also chosen as it is “a useful method for examining the perspectives of different research participants, highlighting similarities and differences, and generating unanticipated insights” (Nowell & al., 2017, p.2). With that in mind, I was able to compare and contrast themes between interviews. Moreover, for this project, the thematic analysis was conducted inductively, which means that the themes were not driven by my theoretical interest in the area but rather by the participants’ interviews (Braun & Clarke, 2006). For instance, my research question evolved after talking to the participants. It quickly became apparent that my question of origin was missing something and failed to address what the participants were communicating to me. In addition, it was important to be transparent about how my theoretical understanding and my positionality would influence the thematic analysis. As no one can truly be objective, and no research completely free of biases, I acknowledge and recognize that my thematic analysis was influenced by both the person I am and the research process itself. Consequently, I engaged in an ongoing and vigilant reflexive practice, which pushed me to question myself throughout my research and adjust it when needed (see section 3.4).

For this project, in order to look beyond what the participant said or wrote and to better understand the features and meanings of the discussions, a latent approach was chosen (Braun & Clarke, 2006). A latent approach attempts to identify the underlying ideas, patterns and

assumptions of the data (Braun & Clarke, 2006). To attempt to lessen the impact of my lens on the analysis, as discussed in section 3.3, I engaged in follow-up discussions with two of the participants to make sure that I was not misinterpreting or misrepresenting the content of the interviews. One follow-up discussion lasted 40 minutes and the other lasted an hour. During that time, I presented an overview of the themes collected in the interviews, asked questions about their relevancy and accuracy and opened the floor to any questions or comments the participants had. The participants were encouraged to engage as much as possible and their feedback was incorporated into this *mémoire*.

Overall, three overarching themes were created from the interviews: 1) reproductive violence against Indigenous peoples, 2) Indigenous reproductive justice and 3) ways social workers can make their practice safer and contribute to Indigenous reproductive justice. From these, 27 sub themes were created: ten under the first theme, seven under the second theme, and ten under the third. Participants were very helpful in deciding which themes should be added in the paper and what elements needed to be added or removed.

3.3. Data Analysis Discussion

Two meetings were organized with two of the three participants who wished to engage in the analysis of the data collected. The third participant had wished to participate but was not able to due to personal reasons. The participants were given the option to meet in a group discussion setting in order to potentially stimulate deeper discussions. One of the rationales for this method was its opportunity to “yield knowledge and insight which would otherwise be inaccessible to external researchers; but which may be crucial to achieving locally relevant and useful outcomes for those involved” (Easpaig, 2015, p.49; Radermacher & Sonn, 2007). The hope was that this collective analysis would allow participants to directly engage in the research process and allow

for a chance to discuss any changes that need to be made, any missing themes and the next steps for the research project (Simonds & Christopher, 2013). Only one of the participants wanted to meet collectively, so the participant and I decided I would meet participants individually to accommodate everyone.

As Braun and Clarke (2006) mention, the themes did not ‘emerge’ or were not ‘discovered’ as this would be a passive account of the process of analysis. For this research, the themes were discussed with the participants. The compiled themes from the different interviews were explored with participants to ensure and discuss their relevance and accuracy. Both participants were given a summary outline of the themes selected in the thematic analysis and a more thorough analysis of the themes. These discussions were very insightful and led to some changes and deeper analysis in the themes. This step of the methodology helped reduce the power relations that existed between the participants and my identity of student/researcher and empowered them as participants in the research process (Ballesteros & Mata-Benito, 2018; Easpaig, 2015).

3.4 Multidimensional Reflexivity

It is crucial for non-Indigenous researchers immersed in Western ontological understandings of reality to be vigilant and to take part in an ongoing reflexivity due to the colonial divide between Eurocentric and Indigenous worldviews (Getty, 2010; Rowe, Bladry and Earles, 2015). This is highly important considering my position as both a student and a social worker. In terms of social work, for Baskin (2006), reflexivity is not only the critical examination of one’s own beliefs, culture and biases but also a critique of the social work profession itself. Rowe, Baldry & Earles (2015) go even further with this reflection and argue that the way to help negotiate and bridge the ontological, epistemological and axiological

differences between Indigenous and non-Indigenous is through what they call ‘multidimensional reflexivity’. This concept includes four types of reflexivity: inter-personal, performative, epistemic, and textual. These four types require an acute awareness of the researcher’s position, the production of knowledge, the paradigm chosen, and the relationship of the text to the outside world (Rowe, Bladry, and Earles, 2015). Multidimensional reflexivity serves as a catalyst for non-Indigenous researchers to engage in an ongoing reflexive process (Rowe, Baldry & Earles, 2015).

As a non-Indigenous researcher, I have engaged in Rowe, Baldry & Earles’ (2015) concept of multidimensional reflexivity. Multidimensional reflexivity requires non-Indigenous researchers to “transgress the persistent belief in the superiority of Western paradigms, and the concomitant marginalisation of the subjugated knowledges, and to prioritise the voices of the real experts on Indigenous concerns: Indigenous people” (Rowe, Baldry & Earles, 2015, p.29). With that in mind I never saw myself as the expert, chose Indigenous feminism as my approach for this research, prioritized talking to Indigenous peoples directly and engaged them in the data analysis. The goal was for me to guard against unconsciously imposing my Euro-western lens in the analysis of the interviews. From beginning to end, I questioned myself on diverging aspects such as my role as researcher and the impacts of me being a White researcher, student, and social worker. I also questioned the influence of my personal, social, cultural, historical, and political lens to life in my research, the imbalanced power relations that I carry as a privileged person, and the impacts of my privileges on the production of knowledge. These reflections were either put in writing and/or discussed with my research supervisor whose research focuses on Indigenous and non-Indigenous relations in Canada and colleagues going through the same thinking process. Furthermore, these fears I held of not being the right person for this research or of not doing the

right things were also discussed with two of the participants. Aware that my research could contribute to power imbalances, epistemological and colonial violence, I sought to deconstruct and challenge the hegemony of western research by criticizing the role of social work in colonialism, prioritising the approach of Indigenous feminism, and including Indigenous writers and scholars.

CHAPTER 4. RESULTS

After reflecting on the interviews, it became clear that although the initial goal of this research was to find practical ways for social workers to make their practice safer, this would be a premature step as interview participants put stronger emphasis on both the ongoing violence that impacts both communities and individuals today and the need for structural change to bring justice forward. In other words, focusing on making the practice of individual social workers safer would bypass acknowledgment of the violence and structural change that was emphasized as crucial by participants and that is seen as necessary foundational knowledge for social workers. This analysis section will focus mostly on articulating that foundational knowledge and treats that knowledge as a necessary precursor to making social work practice safer in the realm of reproductive health. This includes the many forms of reproductive violence against Indigenous peoples and the concept of Indigenous reproductive justice.

4.1 Reproductive Violence against Indigenous peoples

Although participants signaled that they wanted to see more than another research on problems Indigenous peoples are facing, it was also important for them that the ongoing violence being perpetrated against Indigenous women be acknowledged and explored; it was important to participants that Indigenous peoples understand “why they are the way they are today and why

their situations are the way they are” (Participant C). This section will therefore delve into parts of the legacy of colonialism that continues to impact the everyday existence of Indigenous peoples today. More precisely, it will discuss the roots and consequences of ongoing reproductive violence practices by outlining the participants’ lived and work experience. This chapter provides an entry point to understand the current state of Indigenous sexual and reproductive health. It is also a fundamental chapter for social workers working with Indigenous peoples as it will help them understand the roots of many problems linked to reproductive violence. With this better understanding, they will be able to bring a critical lens to the services provided to Indigenous peoples who are experiencing any forms of reproductive violence. In other words, this chapter highlights some of the elements social workers need to know as a first step to making their practice safer for Indigenous peoples seeking sexual and reproductive health services.

4.1.1 Reproductive Violence against Indigenous Women

In Canada, the state has perpetrated reproductive violence against Indigenous peoples through colonial policies, interventions, and institutions. As previously mentioned, reproductive violence, also known as reproductive oppression or injustice, is about the control of women’s bodies, sexuality, fertility and reproduction (Bridges, 2011). For Indigenous women, this includes the control of women’s sexual and reproductive agency and autonomy, the promotion of harmful birth control for population control ends, the control of family planning, the marginalization and prohibition of midwifery, and forced and coerced sterilizations (Stote 2012; 2015; Neufeld & Cidro, 2017). It also includes environmental exploitation, the *Indian Act*, residential schools, the 60s scoop, the current child welfare system, the overrepresentation of Indigenous women incarcerated, and much more (Blackstock, 2009; Bourassa & al, 2004;

Hoover & al, 2012; Hoover, 2017). Overall, reproductive violence is a form of gender-based violence that violates women's sexual and reproductive rights and where women's agency and ability to make informed choices is being coerced or controlled.

All participants discussed, explored, denounced and criticized the different forms of reproductive violence that have been affecting Indigenous women in Canada. These include: stigma and discrimination, lack of funding, lack of qualified personnel, inability to access traditional knowledge, language barriers, geographic barriers, forced and coerced sterilization and birth control, traumas and child and family services, and maternal evacuations. In the sections below, I will expand on each of these forms of reproductive violence as brought forth by interview participants. Social workers can build their knowledge around these areas in order to provide a critical understanding of the realities Indigenous people face with regards to accessing culturally safe sexual and reproductive health services. In addition, this chapter outlines some of the areas social workers can take action to support the goals of Indigenous reproductive justice and further make their practice safer.

4.1.2 Stigma and Discrimination

Each of the participants talked about the discrimination Indigenous people face in healthcare settings. For instance, Stephanie mentioned that due to stereotyping, pregnant Indigenous women often face stigma or discrimination when seeking healthcare.

That can mean very minor like minor aggression ways as well. It's like when you go to the doctor's office, there may be stigma or discrimination or things that may be implied like 'Oh I know you may be considering drinking while you're pregnant' and a woman may not. She may be perfectly healthy. This is her third child and she has loving, caring and wonderful home. But because of her being Indigenous or representing a person of color or such. Those could be a way that can really impact her right for informed care and consent from the practitioner. (Stephanie)

Stereotypes, explicit and unconscious biases and prejudices have created unsafe spaces for Indigenous women seeking healthcare who continue to face stigma and discrimination. As articulated by Stephanie, Indigenous women face violence in healthcare settings due to their race and gender.

Participant B, who works often with children, explained that young Indigenous peoples face significant ageism as a form of discrimination on top of racism, especially when seeking sexual and reproductive health services.

Youths, who we know in these systems - their voices aren't, I guess, heard. They face discrimination. They face prejudice and racism. (Participant B)

If they happen to be a young person, you know, the prejudice and the racism that comes with being an Indigenous person, being a visible Indigenous person, it really impacts on someone's ability to have reproductive justice, like what we were talking about to have their wishes understood potentially and met. (Participant B)

To support someone... Like if you're looking at a young person, an Indigenous young person whose let's say is 16 or 17, and is looking at, you know, wanting to keep the baby and care for the baby, that can be a significant intervention in terms of time. Just thinking about the possibility that child welfare is involved, that requires a lot of advocacy and putting a lot of different support in place to make sure the baby can stay with mom or with the parents so, yeah. (Participant B)

She goes further to express that medical interventions can be influenced by the age of the care seeker and that consent is not always properly sought.

What we see a lot is, with young mom, or young parents. There's a lot more medical interventions and it's often not done with informed consent. So that would be a big issue for me. [...] I think in my mind it borders with violence, just things like we've seen, like the use of forceps or I think it's called an episiotomy, like when you have to cut during labour to like facilitate the baby getting out, but like doing those things more quickly and without informed consent. And I think like thinking about the experiences of the young people that we have worked with; I don't know, it's really difficult when a doctor's telling you 'ok we need to cut you'. It's really difficult to say like 'no I don't want that'. (Participant B)

Discrimination and stigma are also directly linked to the age of the person seeking care. Young Indigenous people tend to not be believed as much due to ageist beliefs that impede them from receiving appropriate and safe services.

Stephanie explains that there are several factors that can deter Indigenous women from accessing sexual and reproductive health services:

A lot of us experience or have worked with people who have a lot of trauma associated with sex, so it can be very difficult when you are trying to get people in your doors to offer these sorts of programming. So, [the services] are popular in the sense that when people know where they are, and they want to access them, they will. But if they don't or they still have a bit of hang up on whatever that might be, [... like] trauma or embarrassment, stigma, shame; they may not. (Stephanie)

Experiences of trauma, as well as shame or embarrassment which can be felt by women who are aware of the stigmas associated with accessing such services can make it difficult for women to reach out or attend these sorts of programming.

Overall, stigma, discrimination, stereotypes, racism, and ageism have been impeding Indigenous peoples from accessing proper culturally-safe sexual and reproductive health services. It is important for social workers to understand the impacts of such violence in order to identify and speak up against any stereotyping that might be happening in their workplace. Social workers can also reflect on their own explicit and unconscious biases and any prejudices they may hold in order to be able to better support Indigenous people and offer better and safer services.

4.1.3 Lack of Funding

Two participants talked about the lack of funding for both Indigenous organizations at large and Indigenous sexual and reproductive health resources specifically. For example, participants were saying that they lacked the funding to fully provide sexual and reproductive health services for everyone.

We've been a bit overwhelmed. Like right now, what our funding allows for is two lead [service providers]. [...] We're actively looking for more funding, because just the demand for services, we're not able to, I guess, keep up at this time - just because we have very limited funding. (Participant B)

I think examining [organizational and financial] structures and how [the government] implement[s] healthcare on reserves, and northern and rural communities is key in ensuring those accesses to services - and definitely more money is key. (Stephanie)

As seen in these quotations, the lack of funding is overwhelming to service providers and organizations who are limited in their resources and the services they can offer. Having more money is key in increasing the accessibility of culturally safe services.

When asked about whether anyone could participate in their services regardless of age, Participant B mentioned that the lack of funding for the project she is working on has been limiting for Indigenous peoples seeking their services who do not fit in the requirements dictated by funders.

Funding is especially for youth right now. It would be great to expand it because obviously people at every age need that type of support. So, it is something we're working on. (Participant B)

The limited funding also means that some resources are restricted in the people they can support.

This leaves many people in the margins.

One participant also talked about the strong relationship between labelling and funding.

*Healthy sexuality can be many different things to different people so like I try to approach that from like a cultural lens too as part of our funder mandate from the government. [...] It's really interesting because previously, you'd label things as HIV for example. That is our funder's plan and what our mandate is. It's having us offer information on HIV and how does that look like educating people on that and such. But THAT won't fly very well. [...] So I think it takes a little strategic thinking about how you want to move forward with something like that. And labeling things is **really** critical. (Stephanie)*

So, that's why approaching programming differently. So, I don't actually label our women's group healthy sexuality women's group. We just call it a Diva

Night or a Women's Night. So, when they come in, that expectation isn't that they are going to be talking about sex all the time or safer sex or they're going to talk about STIs or contraception. (Stephanie)

How organizations label their activities can have a huge impact on those organizations' funding. That is why some have to find alternative solutions that will please both the funding agency and the person seeking care to make sure they receive funding for certain areas, including sexual and reproductive health.

Canada's commitment of \$650M over 3 years to fund sexual and reproductive health and rights internationally became a topic of interest for Stephanie. Although she agrees for the need for funding abroad, she criticizes the government for not investing in services locally.

Canada [has been a] repeated offender of sending [its] money elsewhere when it's needed here. And don't get me wrong, those countries, especially in Africa, I think Sudan is one of them, they NEED it. They definitely need that support. But here's the thing though, you can't do it off the backs of Canadians that need it here too. Because like some of those reses that you go up North, some of those are like third-world countries. They're ghettos, like straight up! So, I don't understand how [Canada isn't funding services locally and uses] that same rhetoric of 'oh we don't have the money' or 'we give the money to your band' - which that's another whole bag of worms. (Stephanie)

The role of funding is crucial to the survival of organizations. An attentiveness to funding and a willingness to fight for more funding are important elements for social workers to keep in mind in order to make their practices and approach safer.

For Stephanie, the lack of funding and accountability clauses were truly a key barrier for accessing sexual and reproductive services.

I think, and at the end of the day, it always come down to money. And I mean, they need to have better services in place and a lot of it has to do with not just putting money into these services but having like accountability clauses too to ensure [the Government of Canada is] doing the things [it] say[s] [it's] going to do. (Stephanie)

Funding is also a fundamental element that social workers can advocate for to bring Indigenous reproductive justice forward and make their practice safer. For Stephanie, the money should go to Indigenous organizations rather than governmental organizations and could contribute to increasing the cultural safety of organizations and service providers.

Like most things to build people up is to build them through their economy. So, I believe [funding] should go to the Indigenous organizations. Because time and time again it's showing that it's going through government organizations and it's not working. There's like these huge competing worldviews that just aren't compatible. Like sociologically, it doesn't work. I mean it does, but that takes nuances and training and a lot of development. And I mean that could be the source of funding too, like keep the structures as they are but give culturally sensitive or safe training of some sorts. (Stephanie)

Participants also talked about how funding needs to be sustainable and needs-based. The money needs to go reserves, settlements, Northern, rural and urban communities.

[Another crucial element of funding is] providing money to Indigenous communities, on reserves, in settlements or in urban communities to be able to provide sexual and reproductive health services or support to access to services outside of the mainstream model. (Participant B)

So, I think examining [...] how they implement healthcare on reserves, and I mean northern and rural communities is key in ensuring those accesses to services and definitely more money is key. (Stephanie)

Overall, the lack of funding has been limiting Indigenous peoples from accessing sexual and reproductive health services. In fact, funding is essential to the creation and survival of Indigenous organizations and as mentioned by the participants, this is the case in every setting, be it on-reserve or in an urban setting. It has also limited service providers who must provide more and better services with less resources. Although social workers already have limited funding and are not responsible for providing funding, they can advocate for further funding given to Indigenous organizations and communities. Indeed, social workers can push the federal

government to implement more funding platforms for Indigenous people and transfer more dollars directly to communities.

4.1.4 Lack of Qualified Personnel

Further, Stephanie talked about the lack of qualified personnel and limited staff, especially in the North, which directly impacts the access and quality of health care services.

Like I know a good friend of mine, she's a nurse up in James Bay at one of the communities there. She's one of the couple of nurses that's working there at the moment. She was saying that even though she has her designated hours, they can expand beyond that. People can come to her door and be like 'I have this health emergency or this, this, or this, can you please help me?' Obviously, she will. But the point of the matter is that it just shows how limited staff and qualified people go up there. (Stephanie)

Like I know in Nunavut at the moment, they're hiring. They're looking for all these qualified professional people to fill these roles, like mental health, social services, health care, legal affairs of some sorts, whatever that might be, and teachers! But the problem is, they are not getting enough of those people applying for these positions, so they fill them with less qualified people, which drastically influences the services that people get. (Stephanie)

Overall, the lack of qualified personnel and limited staff has been impacting both services providers and seekers. Service providers feel overwhelmed and often overwork themselves while service seekers are not able to access the appropriate care. This issue is important for social workers as they may experience such reality and will need to find ways to remedy the situation in order for Indigenous people to have access to services. It is also an important element for social workers who do not work in these areas to understand, as they can support overwhelmed workers and advocate for more funding and training for service providers.

4.1.5 Inability to Access Traditional Knowledge

All three participants talked about the omnipresent inability to access traditional knowledge. The first barrier concerns the access and/or practice of traditional ceremonies such as

the placenta ceremony. For instance, Participant B stated that, for a variety of reasons, it is difficult for many to access their traditional territory.

What comes to mind for me is like a placenta ceremony. So, in a lot of Nations, especially Nations in this area, like Algonquin and Mohawk, a traditional practice is to bury the placenta after birth and to have a ceremony around that. I guess it looks different for different people. There is this idea that like the placenta should be buried on like your traditional territory and that could be very hard for a lot of folks like thinking about the folks that we've worked with who maybe grew up in the child welfare system so maybe don't have a connection to their home community or they just lack the means to get home or maybe it's not safe. You know, [at our organization] we provide services to women and children fleeing violence, many forms of violence, and not just intimate partner violence; it could be also be community-level violence. So maybe it's not safe for them to bring the placenta home. (Participant B)

There are many barriers, including intimate partner violence and community violence, which impede Indigenous people from accessing traditional knowledge and their homeland. This directly influences one's ability to practice certain ceremonies, including the placenta burial.

Stephanie also mentions that finding information regarding traditional knowledge and even accessing an Elder is very difficult, which leaves many, including youth and people living in urban areas, unable to connect with their culture.

It's really frustrating because as you're trying to look for information, there's a lot of Indigenous people that have no clue or what that information even looks like or where to begin or how to access Elders or ... And what I'm thinking about in particular is 60s scoop survivors and residential school survivors that come into these urban settings from various communities across Canada and they have no access to Elders or traditional knowledge. And some of the youths. So, it's like, how do you do that? Like, where do they even get connected to it? (Stephanie)

Stephanie also states that she herself cannot easily have access to Elders.

I get quite a bit people asking: 'Oh can I see this Elder?' 'Can I do this and that?' And I'm like, I'm sorry I can't connect you to that because I don't really have access. Like I know where to get it here but it's not that I have permission to have that access. So, it's really limited. I like to tell people that ask questions about 'how', like they say, 'oh we have limited resources'. Well, it's

sort of the perspective that Indigenous people are actually at the same position, that they have limited resources for stuff like that. (Stephanie)

Traditional knowledge is also not easily accessible for many people which influences people's ability to connect to their culture.

Furthermore, Stephanie expressed her frustration as well as others' frustration in being unable to access resources and traditional knowledges. She mentions that such knowledge has to be learned through the family structures. This has become a barrier as there are great disconnects within and between families.

In my past doing academic work, [I experienced] frustration with like accessing resources as I couldn't find any. But that's how a lot of Indigenous people feel. They feel frustrated, they don't have access to those knowledges, or if they do, it's very much learned through the family structure. So, you don't ... Or you can go to community events and learn it. But I mean, to actually be a part of it, you have to learn it through the family structure. (Stephanie)

Overall, accessing traditional knowledge remains hard for many Indigenous peoples due to different barriers such as not having access to their Land or Elders. It is important to note that the 60s scoop, residential schools and the current child welfare system are integral to Canadian settler colonialism and have been responsible for actively disrupting families, blocking the sharing of traditional knowledge and the practice of rites and ceremonies, creating overwhelming frustration and contributing to intergenerational trauma and violence. Understanding the importance of being able to access traditional knowledge and the barriers impeding Indigenous people from doing so, are important for social workers as they can work toward addressing some of these barriers and better support Indigenous peoples who are seeking such access and connection.

4.1.6 Language Barriers

Language was discussed in all three interviews and was often seen as a barrier for accessing healthcare. Participant B talked about how language can be a barrier when trying to communicate one's needs to health care professionals.

A lot of Inuit women [...] are coming down alone. Inuktitut is their first language. Then you think about like, a woman let's say, or rather a person giving birth, and if English isn't their first language and then they are trying to communicate to nurses and doctors what their wishes are, you know, 'I don't want an epidural' or whatever it might be. (Participant B)

Language barriers are impeding many Indigenous women from receiving appropriate and culturally safe services as they are not able to communicate their needs and wishes.

Stephanie also highlighted that language barriers can also be hard for service providers who are unable to communicate with people seeking care.

So, the way we look at some of these words, like reproductive rights and stuff. Ah, it's so difficult to explain that to someone who may not be able to even speak English or they speak Cree [...] or whatever. Inuktitut or Ojibwe fluently. Because [...] a lot of the time you just can't say oh, the "right to prevention". (Stephanie)

Language barriers from service providers can also make their work complex and sometimes can impede them from offering appropriate and culturally safe services.

Participant B echoed these difficulties by saying that language has been impacted by traumatic events which have directly affected the health of many Indigenous peoples, especially since language used to be and still is for some, a truly important part of maternal health.

I think language can be a barrier as well if the staff, the medical staff that you're working with doesn't understand you, and then also, it can be a barrier in the sense that things like residential schools and the sixties scoops really impacted like the health of Indigenous languages and there's a lot of people that would like to incorporate language into, let's say labour and delivery, or any point on that, on the spectrum. But it can be a challenge, you don't have a lot of language speakers in your family, or maybe you're in Ottawa by yourself

and your family is back home on the reserve or wherever that might be so, it could be, you know, tough to find someone, yeah. (Participant B)

As seen above, language is a crucial aspect for many Indigenous people's lives, for instance in terms of transferring that knowledge to their children.

For Stephanie, the impact that traumatic events have had on language has created much disconnect within and between Indigenous peoples and communities, consequently making it harder to connect through language. Yet, she believes that it is important to try to relate western knowledge to Indigenous knowledge by using language.

Then you have to go through your limited vocabulary and knowledge and think 'ok, how can I relate this to this' and then they'll have an understanding. And I think a lot of times, there's a huge disconnect. And the language changes. Like the language has changed from what it was traditionally. (Stephanie)

Overall, language barrier directly influences the quality of care, the ability of Indigenous peoples to access care, and how families connect. Social workers must keep in mind the importance of language and work toward providing services that incorporate Indigenous language, if a person so desires.

4.1.7 Geographic Location

Participants also talked about the structural barriers attached to living in a rural or remote area, especially up North.

When you go to these fly-in communities, for women, possibly considering or wanting an abortion, [some] can't because a doctor won't be in for another couple of weeks or flights get delayed or weather conditions [don't] permit [it]. That can be really key for someone wanting an abortion or considering it. Like they only have a little bit of a leeway, like a couple months leeway to even think about that. [...] Canada is terribly failing us on that end. (Stephanie)

Geographic location often influences Indigenous people's ability to access services. For example, Participant C also shared her personal story linked to accessing an abortion service while living in the North.

I have a personal experience with an abortion. This was still during the NWT days, before the NWT and Nunavut split. This might have been, 8 or 9 years before the split. First, I was booked on a plane that stopped at every single community before we got to Yellowknife, from Iqaluit. Whereas they could have put me on a jet and I would have been there in 4-5 hours, but it was like a 15-hour plane ride. So right of the bat, I felt that I was being punished for a decision I made. And when I arrived in Yellowknife, they took me over the hospital for an intake and during the process of the intake, they had me sign a consent form for the anesthesiologist to come in and put me to sleep during the procedure. So, I expected the next day for that to happen. They inserted these rods to soften the cervix that evening, so that we would be prepared for the next day. So, we get to the hospital the next day and prep for surgery and they rolled me in the operating room and I kept expecting for the anesthesiologist to put me to sleep – it never happened... It never happened... So, during the whole procedure I was awake, no painkillers. The doctor did not say anything about what he was doing or what to expect. There was a nurse just behind me and as I was laying on the bed, she held my arms, just like this and she just kept telling me to breath and all I could hear was the heart rate monitor and feeling really vulnerable and scared. I cried, obviously, and the nurse just kept reassuring me that it would all be over soon. So... They had me in observation for a couple of hours and then they let me go. Pain medication and that was it.

And for a long I just sort of blocked that out until I started researching eugenics and how that affected Inuit. And I came across one of the articles that Ellen Hamilton had been talking to, I think it was Terra Nuna News, about her experience and she went through the same thing. She was a rape victim and she ended up getting pregnant because of it. And so, she experienced the same situation and she started raising awareness about this issue and how it's inhuman, and that if there was no proper consent, it's more of a punishment than care. So, she was quite vocal about it and wanting to bring the issue to attention to everybody because we just thought it was normal procedure. Nobody explained that this wasn't; that [it] actually shouldn't happen. So that's my personal account... Every community there, every community has been touched by this, some more than others. I have not actually really talked with anybody from home about any of these issues. (Participant C)

Participant C's story raises concerns about the injustices and barriers that Inuit people still face today in terms of accessing sexual and reproductive health services in the North.

One participant also mentioned that there is a barrier attached to accessing space for Indigenous peoples living in urban areas.

I think like that, [not being able to go home], in my mind, is a big issue. Like having access to spaces for ceremonies in cities or around cities. (Participant B)

Overall, participants talked about how geographic location can be a barrier for Indigenous peoples trying to access services, including in rural and Northern communities and in urban settings. Geographic locations have different barriers and social workers must keep in mind that not everyone has access to services. Some have to travel long distances to receive care.

4.1.8 Forced and Coerced Sterilizations & Birth Control

Forced and coerced sterilization was brought up by two participants. Both mentioned that this form of reproductive violence was and remains a common practice today.

I was talking to my grandmother about it the other day and she was saying like 'yeah like that was common for her'. Back in her time. And I was like, it's still happening. And she's like 'oh my god, I'm shocked!' (Stephanie)

I know personally people who have gone through this, in two communities. There has been reported accounts of forced sterilizations without consent. One in Iqaluit, which is documented and the other one is in Sanikiluaq. And it continues today. (Participant C)

There's been a couple class-action lawsuits in Saskatchewan about women who are still experiencing forced sterilizations, I think still in 2017. [...] Which still amazes me because that's been going on since the 1930s and earlier. It's really hard because I feel like I thought there was a lot of head way happening, but it is clear that there isn't. (Stephanie)

Forced and coerced sterilizations are a common practice that continues to impact Indigenous women and their families. For instance, for participant C, this common practice continues to impact families and limits the size of Inuit families.

In Sanikiluaq, they say, when you've become pregnant with your fourth child, that's your last one. And once they've delivered their baby, they're forced to have tubal ligation. (Participant C)

Feeling pressured or restricted to have a certain amount of children directly influences Indigenous women's ability to make their own choices and have autonomy over their bodies. Social workers must be vigilant in keeping the reality of this common type of reproductive coercion in mind while providing sexual and reproductive health services.

Violence linked to birth control was also discussed with Participant C who voiced the issue of (over)prescribing Depo Provera, a birth control shot that decreases bone density and helps foster other ailments in the body, thus impacting people's reproductive lives (Morgan, 2007; Smith, 2002).

The second [example of reproductive violence] is the Depo Provera and that's been widely used in the North. I know probably about I'd say out of 5, 4 friends may have used it, or they're forced to use it. And that's really affected the health of Inuit women. If I travel back to Nunavut, I see most of my friends' relatives in the obesity state because of the hormone's level – they're suffering [...] and really, it shouldn't even be allowed in Canada; that's how bad it is. But Inuit are still up in the streets with this drug. (Participant C)

For both participants, it was important to emphasize that these issues still happen today and continue to impact many generations of Indigenous peoples.

Because it's not something that happened years and years ago, it's something that still happens today. And it really needs to be discussed because then Inuit, First Nations and Métis populations can start to understand that these are not normal practices and that they should have proper informed consent before they are injected with things like Depo [Provera] or forced to have a sterilization. (Participant C)

Overall, it was important for participants to highlight that these practices are still present today and that Indigenous women accessing sexual and reproductive health services must have access to information that lets them know that these practices are not normal. Advocacy is needed. The participants denounced the practice of forced and coerced sterilizations and the over prescription of Depo-Provera as they are still impacting Indigenous peoples, families and communities today. It is important to recognize the possibility of seeing cases of forced or coerced sterilization and/or birth control pressures in practice. Social work must ask these hard questions to truly respond to the person's needs and wishes and to understand possible links between their current situation and past experiences with reproductive violence.

4.1.9 Traumas & Child and Family Services

All three participants talked about traumas and the removal of Indigenous children from their homes. For example, Participant C talked about the link between forced and coerced sterilization and child apprehension.

Like one First Nation mother was forced to have a tubal ligation and the way they did it is that, a day or a few hours after the baby was born, they told her she not going to see the baby until she has the procedure. That's coercion. It's just so disturbing and disgusting and you think in this time of humanity that this wouldn't happen anymore... it's 2019 and it still happens. (Participant C)

It is important to understand the link between forced and coerced sterilizations and child apprehensions which are both realities which directly impact Indigenous people, families and communities.

The other two participants mentioned that they themselves work with people who have been impacted by either trauma and/or child apprehension.

There's kind of long-standing clients who have, I don't know, very complex histories [with trauma]. (Participant B)

A lot of us experience or have worked with people who have a lot of trauma associated with sex. So, it can be very difficult when you are trying to get people in your doors to offer these sorts of programming. (Stephanie)

Trauma associated with violent experiences is common and social workers working in the field of sexual and reproductive health will likely need to support people living with traumas. Being aware that they are there and understanding the reasons why they are there can go a long way in providing safer services.

Participant B further delved into this aspect of her work in terms of the younger population seeking services. She mentions the racism, ageism, and poverty that are attached to being a young parent and the likelihood of being involved with child protection service.

Child welfare involvement is another issue for a lot of the folks we work with. I don't know, I think part of that goes back to the prejudice and the racism that exist within the child welfare system as well as prejudice towards young people. Like the perception that being a young parent is a bad thing or that young parents can't and shouldn't parent. So, like those types of perceptions. And I think a part of that goes back to like poverty as well. If you look at like a lot of apprehensions that happened, poverty is a huge variable and looking at how much assistance provides, it's really challenging to be able to care for yourself and for you know, a baby. (Participant B)

As previously mentioned, prejudices, stereotypes, discrimination and stigma exist in health care settings and children are not immune to such violence. It is important here for social workers to speak up against any type of violence or bias they may see in their workplace so Indigenous people feel safer in healthcare settings.

For Stephanie, the involvement of child protection services has become the norm in a lot of Indigenous families' and communities' lives.

Like the [Children's Aid Society] still apprehends quite a number of children on a regular basis from like Native people. It's almost like ... [it] has become desensitized. [There is an] expectation that their kid may be apprehended. And I don't think that anybody should have a kid feeling that that could be a possibility. (Stephanie)

Social workers should work toward addressing the overrepresentation of Indigenous children in care and supporting Indigenous peoples' inherent right to self-determination in child and family services.

For Participant C, family disconnect due to trauma and child apprehension was also a significant part of the discussion.

See, the child raising practices of traditional Inuit practices was very holistic and everyone in the family had a role in raising that child so that saying where you hear, 'it takes a community to raise a child' – it's very very true. But right now, because is such a disconnect; families are disconnected from one another. There's really not a whole lot of support when it comes to family sharing or families being able to help each other (Participant C)

So, if you look at the men from 70 years ago and the men today, [it's] completely different. Same thing for a woman, especially motherhood. When you don't decide when your reproductive cycle continues or ends, it's extremely disparaging. And with the family disconnections with all of those historical traumas, the role of the parent or the role of the mother, it's not as strong as it was when the family unit was in the camps. For my family's outpost camps, it was my grandparents, their in-laws, my parents, cousins, aunts, and extended family. So, they had their own little soot houses and it was very tight in it. And everybody had their purpose in it; everybody had a role to play in the survival or the health of the camp. (Participant C)

Participant C further mentioned that this family disconnect has had direct impacts on parenting skills.

Like I was describing about my mom with parenting skills, the parenting skills are [...] at an all time low in the Inuit population. (Participant C)

Overall, traumas and the removal of Indigenous children from their homes were two topics that were talked about in all three interviews. Participants shared that the multiple traumas Indigenous peoples have lived due to colonization contribute to child and family services removing children from their homes, which it itself has created huge disconnects within and between families. Social workers need to be aware of the high overrepresentation of Indigenous children in care and understand the impact this has had on families and communities. As front-line workers in child and family services, social workers can make a difference toward more appropriate and safer services and contribute to Indigenous reproductive justice.

4.1.10 Maternal Evacuations

Two participants talked about the maternal evacuations of Inuit women from their communities. This involves having mothers travel to cities such as Ottawa to give birth.

Like in Ottawa, we have a lot of Inuit, sorry, especially Inuit women that come down from the North, [...] to deliver, and a lot of times [...] they're coming down alone. (Participant B)

My three children were all born in Iqaluit, but I lived in [a small town in Nunavut] so the last month or so of pregnancy, you're forced to go to the next

community that has a hospital. So, both of my daughter were born at the Iqaluit hospital. (Participant C)

These maternal evacuations are common and continue to affect many Indigenous families. For instance, Participant C mentioned how traumatic the maternal evacuation of her mother was for her.

I remember when my mom was leaving on the plane for her third child, I was so... [...] I could see the plane taking off from our house and I remember crying and my dad saying 'it's ok you don't have to cry'. He was trying to calm me down. So, I remember that instant. (Participant C)

She continued by explaining how maternal evacuations have directly impacted the connections fathers have with their children.

Their father was not there, he never bonded with them. [...] Being disconnected in that important period [...] really makes a difference in how the father connects and bonds with the child. (Participant C)

Nonetheless, she does acknowledge that things are changing today and is hopeful about that change.

The government has now changed their policy to make sure that fathers travel with the birth mother and if they have young children that do not require additional airfare, they can also bring their children with them, like breastfeeding moms [that have] another baby. So that's kind of what happens and so, with that, families are starting to feel more supported. (Participant C)

Social workers can take part in this policy change and reorient their services to be more culturally safe for Indigenous people.

Overall, maternal evacuations are common procedures that continue to take place in communities, especially in the North. These evacuations can be very traumatic and often interfere with fathers bonding with their babies.

In this first part of the chapter, the interviews have revealed a great and deep range of lived experiences and knowledge related to reproductive violence against Indigenous women.

These include access to services, the lack of funding, standards and qualified personnel, forced and coerced sterilizations and birth control, intergenerational trauma and child and family services, and maternal evacuations. The participants outwardly spoke out and denounced the Government of Canada for its lack of action toward providing accessible and affordable sexual and reproductive health services and for its role in (re)producing reproductive violence.

This chapter discusses the current state of options (or lack thereof) and services (or lack thereof) that are available to Indigenous people in the realm of sexual and reproductive health. This basis of knowledge offers a starting point for social workers who work with Indigenous peoples to grasp the barriers, limits, and impacts of reproductive violence against Indigenous peoples that continue to this day. Understanding these also offer a base for social workers to take action in different aspects of their work in order to make their practice safer. This knowledge can further open the door for social workers to support Indigenous reproductive justice. The next section will explore what Indigenous reproductive justice means for the participants.

4.2 Indigenous Reproductive Justice

Indigenous peoples are often treated as passive targets and victims of oppression. Yet, much has been done to fight against oppression and violence, including reproductive violence. As mentioned previously, Indigenous reproductive justice has been present in Indigenous communities before this became an academic concept and movement. Yet, it is only recently that such a movement has started receiving the attention of many, including Indigenous and non-Indigenous peoples. Previous sections in this research paper discussed a more theoretical interpretation of both the mainstream and the Indigenous reproductive justice movement. This section will emphasize the participants' perception of such concepts.

This section will explore the concepts of rights, rites, justice, Land, language and Indigenous reproductive justice. In addition, it is important to note that this research should not be considered a generalization of all Indigenous peoples in Canada, nor should it be considered as the only conception of Indigenous reproductive justice. As Stephanie states, “healthy sexuality can mean many different things to different people [and] of course, respecting obviously regional differences and of course culture, and nation [is important]”. The goal of this section is to bring forward the participants’ views of Indigenous reproductive justice rather than try to conceptualize or define the movement itself as it means different things to different people. Bringing the participants’ views on this matter gives a better idea of what Indigenous reproductive justice can mean to different people. It also highlights the diversity in perspectives which is important for social workers as they work with people from diverse backgrounds and experiences.

The next section presents several elements that relate to reproductive justice for Indigenous peoples. These elements include conflicting and competing conceptions of rights versus justice, Western versus Indigenous justice, conceptions of Indigenous reproductive justice, rights versus rites, Land, the importance of language, and Indigenous reproductive justice and social work. Understanding these elements will help social workers better grasp the depth, struggles and goals of the Indigenous reproductive movement. It also presents ideas as to how they can become allies to the movement and move towards making their practice safer for Indigenous peoples seeking their services.

4.2.1. Rights versus Justice

Before looking at the participants’ views on Indigenous reproductive justice, it is important to look at their views on the concepts of rights and justice. For instance, Participant B

stated that for her, the notion of justice goes one step further than rights as it is a matter of acknowledging that injustice is present. According to her, this recognition should lead to the active engagement of service providers, which is needed to achieve justice.

I guess for me, “rights” sounds more, I don’t know like, somewhat set in stone, where[as] “justice” is more [about] recognizing that there is injustice happening. (Participant B)

People [...] aren’t always able to make the decision they want to for whatever reason, so there’s a need for kind of active, [...] engagement or participation, especially on the part of a service provider like myself. [And there is a need] to make changes to the systems, to advocate, to make sure that people have and can make whatever choice is best for them.

*So, justice to me is more like of an active process. If that makes sense.
(Participant B)*

For this participant, rights are static, are held by someone and do not change; they are passively held. Rights recognize what is necessary for each person to live freely and without injustice. Justice, on the other hand, is more active and about action. Justice recognizes that injustice exists and goes after the problem in order to solve it.

Likewise, for Stephanie, justice includes but goes beyond the concept of rights. She mentioned that she does not believe Indigenous peoples have rights yet and therefore do not have justice either.

So “rights” meaning like what [is...] “entitled to you”. They’re meant to be yours and that freedom is supposed to be expressed along with that. [...] [When] I think of Indigenous people, I think I have to examine [Indigenous reproductive health] from a justice perspective because I feel [...] that right[s] [are] not necessarily acknowledged across the board. And that can be in different ways. (Stephanie)

I don’t think Indigenous people have the right yet, in the sense that it’s entitled to them, like they should but that would be justice. (Stephanie)

Overall, rights are seen as something that is entitled to people whereas justice is more profound and about action, as it acknowledges the injustice that is taking place and seeks to

change the conditions of that injustice. Having access to more sexual and reproductive rights and engaging in an active process toward justice would directly contribute to greater Indigenous reproductive justice.

4.2.2 Western versus Indigenous Justice

Two participants also talked about the differences between the mainstream reproductive justice movement and the Indigenous reproductive justice movement.

*Indigenous people have unique and specific needs and the mainstream may not be aware of that, I don't know, may lack some understanding of the nuances.
(Participant B)*

It's a whole [...] abstract philosophical view of life. (Stephanie)

The uniqueness of Indigenous cultures, worldviews, and knowledges should be acknowledged and accepted in order to better understand the realities and lived experiences of Indigenous people and consequently adjust services to be more culturally safe. For example, Stephanie also used the example of the notion of Land to express the incongruity between both worldviews.

*As from a Western perspective, like when you think of rights and justice, like Land or environment [...] is nowhere compared to it. That's like putting apples and like tomatoes or oranges or spinach [together]. You know what I mean?
It's two different things! (Stephanie)*

*From a Western perspective, there's no integration of what land means, like I don't even know. There's no connection. Like [Western people] can't comprehend how the land impacts us. [...] [They] only think of it as a place that we exist on. [...] So, it's like two competing worldviews on that.
(Stephanie)*

Land can thereby be an important element to connect to services if so desired by the service seeker.

Non-Indigenous peoples must note these differences when working with Indigenous peoples in order to find possible bridges that can allow both the social worker and the care seeker to move toward more positive results and safer practices. For instance, even though there are

concrete differences between Western and Indigenous ways of life, Stephanie thinks culture can be a way to bridge the two diverging conceptions of rights and justice.

Because I think having two competing philosophies like, it's hard to understand [the notion of rights and justice] if there's no sort of bridge. So, I think culture would be a good way to do that. So, it's like taking those reproductive health rights and applying it, or having ceremonies like, how do they complement ceremonies? (Stephanie)

She quickly explained that in order for Indigenous peoples to better understand the notion of rights and justice, linkages need to be made between the person's experience and their culture.

Maybe if you're doing a sharing circle in a program, like, these are what we are informed of, how can we relate the two? So, it's taking people's experience and then linking them to these things where they can understand. And not to say that they don't, but it kind of helps fuse them too, rather than seeing them as two polar opposites. (Stephanie)

Overall, there is a large incongruency between Western and Indigenous way of life that can make it harder to achieve Indigenous reproductive justice. One of the participants, Stephanie, did mention however that culture could act as a bridge to help Indigenous peoples better understand the concepts of rights and justice. This would allow them to better advocate for themselves and others in terms of sexual and reproductive health, rights and justice. Social workers can begin to offer more culturally safe services for Indigenous people by developing a commitment to learning about and incorporating important elements such as culture, Land, and ceremonies into their practices. Understanding the incongruencies between both worldviews can also push social workers to think critically about their position as social workers working with Indigenous peoples, redirect their practice to make it safer and possibly educate others on the differences and the importance of understanding those differences. It can also be a first step for social workers who want to contribute to Indigenous reproductive justice.

4.2.3 Conceptions of Indigenous Reproductive Justice

Each participant discussed their own perception of Indigenous reproductive justice. For Stephanie, Indigenous reproductive justice consists of the ability to have choices, make informed decisions, give consent, and have access to proper services.

So, like having that ability of choice, pro-rights, a woman's body choice to say when and where, having access to health care services, receiving healthcare services in a timely manner, being able to make those informed decision and [give] consent. (Stephanie)

Stephanie also stated that Indigenous reproductive justice is about amalgamating reproductive rights and reproductive justice in a way that make it easy for people to understand what they are entitled to. This would be done through plain and culturally safe language.

I think like kind of amalgamating the two. Where you talk about those clear rights of reproductive health, which you say in plain language like 'this is what is entitled to you', like informed consent, treatment, access to services, education and prevention, and what not. Clearly state those, but then I say, ok, so how do we make that our own? How do we understand that as a community? (Stephanie)

Stephanie further talked about healthy sexuality being a part of Indigenous reproductive justice and it means to her.

[Healthy sexuality] could be overall wellness and like wellbeing of some sort. And what does that mean? Well it means respecting your voice [and] understanding where your own boundaries [are] [...]. (Stephanie)

For Participant B, Indigenous reproductive justice includes the ability to make informed choices, having access to information, support, and culturally safe services and being able to incorporate culture, ceremonies, spirituality and language in one's reproductive and sexual health. She also mentions that advocacy, systemic changes, less child welfare involvement and an active process toward justice are important pieces of Indigenous reproductive justice.

From my perspective, it goes back to that kind of full spectrum of reproductive choice and it means that people have the information, have the capacity, have the power, all those things to make a choice that's best for them and have the support that they need to make an informed choice that best suits their needs. And in terms of Indigenous folks, I think that that means that you know, if they want to be able to smudge when they are in labour, they have that choice. So, it goes back to having, I don't want to say being allowed, but being able to have culture and ceremony along that spectrum wherever you might need it, so having access to that. (Participant B)

To make changes to the systems, to advocate, to make sure that people have and can make whatever choice is best for them. So, justice to me is more like of an active process. If that makes sense. (Participant B)

It means less intervention from child welfare, it would look like more youth having access to culture, language and spirituality and feeling connected to a community around that. More youth being able to make informed choices that best suits their needs, wherever they may fall in that spectrum of choice. (Participant B)

Participant C shared a similar view as she believes Indigenous reproductive justice includes standing up and advocating for Indigenous rights such as the UNDRIP, raising awareness about reproductive violence and justice and bringing systemic changes forward.

It really should be someone standing up for Indigenous rights to decide family planning. It really shouldn't be up to the government to decide that for you. So, if you look at the UNDRIP, really those [rights] are supposed to help the Indigenous population from these sorts of atrocities, but it's still really ignored. So, if raising awareness about this, then that's sort of where reproductive justice begins. Raising awareness, being an advocate, being able to help with changing government policies [is important] so that [reproductive violence] does not continue and really that the human rights that are, how do I say it, 'ignored' I guess. I'm saying it in Inuktitut, 'maligarnit siqumittiniq', which means, 'you're breaking it', 'you're breaking the... law basically by doing that'. Maligarnit siqumittiniq. So that's kind of how I would see it. (Participant C)

As shown in this section, for the participants, Indigenous reproductive justice encompasses several things, which highlights significant opportunities for social workers to take part in the movement. Indigenous reproductive justice involves action which can take a number of forms from advocacy and raising awareness, to fighting for funding and proper and culturally

safe services, to learning and remaining critical, to educating others and giving them the information, and support needed to live a healthy sexuality. Often as front-line workers, social workers need to take action and this section outlined many ways in which they can get involved. In addition to these elements, participants highlighted the importance of incorporating the notion of rights, rites, Land, and language revitalization into the process leading to Indigenous reproductive justice. These will be discussed in the sections below.

4.2.4 Rights Versus Rites

It was important for Stephanie to differentiate the concepts of rights versus rites. Stephanie talked about the different meanings that Indigenous and Western people have of “rights”. For her, “rights” is a Western-based construction that does not directly translate to Indigenous ways of life. Instead, Stephanie mentions the importance of the concept of rites for Indigenous peoples and its interconnectedness with rights. In other words, rites complement rights by incorporating culture which allows Indigenous peoples to feel more connected to their identity, culture, community and to the Land.

As we look at rights in like a Western sense, it's like legal properties and rights and acts and things that are obligations and privileges and things that are inherently yours. Or like a “right” as in a relationship with you and the state. [Where]as traditionally, or as I was raised as, or even as modern day, contemporary sense, we look at “rites”. And there's an overlap. Like if you at a Venn diagram; if you have a 'right' here and a 'rite' here, there's a bit of an overlap in the middle and they are interchangeable. So, you learn about what is yours, or your obligations or that duty you owe to yourself, your community and your land. You learn that through your rites of passage and ceremonies.
(Stephanie)

Understanding the importance of rites and the diverging implications of what rights entail for Indigenous and non-Indigenous peoples should be incorporated in social work practice. Seeing that rights may not resonate much with some Indigenous people, social workers can rather turn to rites to maybe help the service seekers attain their objectives, which in this situation could act as

the bridge needed between Western and Indigenous worldviews that was mentioned in the previous section.

Participant B talked about resurgence and how the knowledge transferred during rites and ceremonies is being brought back.

At the same time, different culture [and] language [...] influence sexual and reproductive health a lot. Like, I would think that, I don't know, different groups, like different Nations, like it's not just the western model of understanding of reproductive and sexual health. Like all these Nations and all these people have their own conceptions and a lot of that knowledge is still alive or is being re-founded or brought back. (Participant B)

Examples of those ceremonies are the berry fast ceremony, the placenta ceremony and the rite of termination. Stephanie talked about the meaning of the berry fast ceremony for young girls and communities while Participant B discussed the placenta ceremony and an Indigenous way to deal with termination. However, these truly sacred ceremonies will not be elaborated on as it is not my place as a non-Indigenous person to explore what they are or to evaluate the significance they hold for Indigenous peoples. What is important here for social workers to remember is the importance that ceremonies and rites hold for people, families and communities. Overall, both rights and rites are important aspects of Indigenous reproductive justice and social workers should allow for both in their practice to fully tackle reproductive violence.

4.2.5 Land

The link between Indigenous reproductive justice and the Land was also present in all of the interviews. For instance, Stephanie talked a lot about the strong ties Indigenous peoples have with the Land and how Nature teaches you how to be a good person, how to live and how to raise your family. She even goes further and talks about the importance the cycle of water has for women.

What I'm taught is that everything has to go back to the Land. And that being said, we learn how to live as people and we learn how to treat other people and we learn what we need all from the Land so I think there's definitely a strong tie to reproductive justice and the Land because examining how the life cycle [goes]. Nature teaches you how to be as a person, how to live, how to raise your family. They have these specific teachings for like men and women and as well for Two-Spirit people, and you learn that through the plants, animals, land that you see. So, I think, Mother Nature in that cycle of water too, like women carry water and that's inherently connected to the land. And I think how we treat our bodies and things like that is a reflection of how we treat the land. So, I think [Indigenous reproductive justice] definitely ties [back] to the Land. (Stephanie)

Stephanie continued by highlighting that there is even more than just a connection with the Land. For Indigenous peoples, the Land is intrinsically linked to their identity, rites and ceremonies.

The land is the people and the people are the land, like your identity is intrinsically linked to that. It teaches you what you need to know [...]. Going back traditionally, there's medicine that women would take because they want to induce pregnancy or increase their chance of fertility. Tying their cycle [with the] moon time that ties you to the moon. That ties you to the water, the tides of what you see. Your whole identity is shaped of that. (Stephanie)

So, through that passage of rites and ceremonies, you understand how you're intrinsically linked to the land and that land is a part of you. (Stephanie)

As previously mentioned, social workers need to be aware of the importance and the meaning of Land for Indigenous people and understand how the lack of access to Land has impacted many individuals, families and communities.

For participant B, the Land is also about health. If the Land is healthy, so will the people. She also stated that the health of the Land affects the health of Indigenous culture and language.

Land is just such a central piece of language, culture, ceremony, and then that goes hand in hand with environmental justice because if the Land is not healthy, then we don't know how to care for the Land. It has like huge impacts on being able to do ceremony, even for like the health of language. Like I don't know, plants or animals or seasonal patterns are disappearing, the language [...] becomes less relatable or something. In the sense that if there's not a living thing that fits with it. (Participant B)

Social workers can learn about this notion of Land in order to better understand the overarching realities linked to reproductive violence and consequently better respond to this violence and support Indigenous people in reproductive justice.

The concept of Land was also expressed in terms of rights. Two of the participants mentioned the UNDRIP as an important piece to bring Indigenous reproductive justice forward as it expands on rights to the Land.

This is where I think we need to give props to the world stage on the UNDRIP because their articles outline, not directly, like they don't establish or verbalize that like a link to the land, but they acknowledge [...]the need for traditional medicine [and] acknowledge the fact that there is that tie and need that Indigenous people have to the land through their traditional medicine. [... The UNDRIP] acknowledges the fact that there is that tie and need that Indigenous people have to the Land through their traditional medicine. So, I think that moving forward it knows that. It respects different worldviews and [...] traditionally we look at rights. (Stephanie)

In terms of rights, social workers can use their power to advocate and raise awareness for justice.

The notion of Land is a fundamental aspect of Indigenous reproductive justice as a community can only be healthy if the Land is healthy. There also exist many traditions and ceremonies related to sexual and reproductive health that are tied to the Land. In addition, rights, including the rights found in the UNDRIP, further expand the necessity to protect the Land. Overall, social workers can work toward becoming allies to Indigenous people protecting the Land and fighting for Indigenous rights and self-determination over their Land. Social workers can also better understand the full picture of someone's reality by taking into account the health of the Land, of that person, and the ability for that person to connect to that Land.

4.2.6 The importance of Language

Language revitalization was also an important element that Participant B spoke about. In fact, Participant B has encountered many people for whom language was a crucial part of

maternal health as they wanted the baby to hear an Indigenous language during pregnancy and/or have the first language that the baby hears be an Indigenous language.

I think like if you know your traditional language, it's a completely different worldview that it brings. [...] The language is so different that I think it brings a totally different perspective. I know for some people that we've worked with, like they want, when they deliver, that the first language the baby hears to be, Anishinaabemowin or Cree or whatever it may be. Or like while the baby is in the womb, they want to be exposed to as many Elders or language speakers as they can so the baby is like hearing that. So yeah, I think there's the piece of the worldview and the perspective that it gives you. And then, I don't know, even for people who maybe don't speak their language, they're still trying to find ways to incorporate it into birth or whatever it may be, by having an Elder there or whatever it might be. (Participant B)

Language is fundamental for many Indigenous people and for that reason, Participant B believes that having a doula present who speaks the language of the person who is giving birth could be highly beneficial for Indigenous peoples.

That's a piece where having a doula, especially someone that let's say, speaks Inuktitut and speaks English, can go a long way to advocate for a person in that situation. (Participant B)

Language was an important concept for Participant B as she believes Indigenous languages should be incorporated into sexual and reproductive health services. Although social workers may not speak the language, they could have interpreters who do or they could refer to someone who does speak the language. They could also have user-friendly guides that explain different English terms in different Indigenous languages.

4.2.7 Indigenous Reproductive Justice and Social Work

Participant B summarized well what social workers should know about Indigenous reproductive justice when asked to explain what she would say to someone who had never heard the term before.

I think I would probably take it back to the full spectrum of choice in my mind and kind of highlighting that and its importance and then looking at how for Indigenous people, there's different ceremonies that are attached to different places on that spectrum, there's different histories. You know, looking at forced sterilization and how that impacts the way that people access services [...]. Like the ongoing violence that takes place in the provision of reproductive services. So, kind of bringing people's awareness to like the traditional practices that have existed that continue to exist: the ceremony [and] the language. And then also looking at how colonization continues and how colonization impacts the way that Indigenous people receive or access services from mainstream providers. And then bringing it back to justice. How can we help people access services that are grounded in tradition or culture [and] also like recognizing this history and keeping them safe? (Participant B)

Developing knowledge about historical and ongoing violence that continues to hinder Indigenous peoples in Canada can lead eventually to more culturally safe services if one understands the root causes of violence and how one can act to change that situation. Incorporating culture, Land, and language are key concepts that participants have highlighted that need to be present in service-delivery with Indigenous people. Social workers must also be aware of what reproductive justice means to Indigenous peoples in order to provide safer services that resonate with Indigenous people. It can also help them become better allies and advocates and engage in bringing systemic changes forward. The next chapter will identify concrete actions that social workers can do to participate in the fight for Indigenous reproductive justice.

In sum, understanding the different forms of violence that exist and that impede Indigenous peoples from accessing sexual and reproductive health services, offers a first look at what challenges need to be addressed. In this domain, social workers can educate themselves to better respond and support Indigenous people living forms of reproductive violence. Moreover, understanding the diverse needs, goals and struggles of Indigenous reproductive justice can guide social workers reorient their ways in working with Indigenous people in the field of sexual and reproductive health. This reorientation must incorporate cultural safety. Some elements that

could be integrated include the importance of rites and ceremonies, culture, Land, and language. The key point here is to listen to Indigenous peoples directly in order to learn about their needs and their desired path moving forward.

CHAPTER 5.ANALYSIS

5.1 Moving Forward

Chapter 4 presented the importance of having a strong grasp of reproductive violence and how Indigenous reproductive justice fights against it as a first step in making social work safer for Indigenous people seeking sexual and reproductive health services. This chapter looks at concrete ways in which social workers can make their services safer for Indigenous people. These possibilities include learning from and working with existing Indigenous services, learning about resistance, resilience and resurgence, supporting the empowerment journey of Indigenous peoples, and offering culturally safe services and training. This chapter also looks at how social workers should prioritize funding to Indigenous communities and organizations, actively engage in prevention efforts, listen to and learn from Indigenous people, contribute to policy and systemic changes, work toward building trust, and work toward becoming allies.

Altogether, the chapter presents concrete ways that social workers can develop and deliver services and adapt their practice so as not contribute to further violence or injustice. Of course, this chapter does not represent an exhaustive list of actions. This chapter is built on what was learned from listening to participants and should rather be taken as a starting point.

5.1.1 Learning from and Working with Existing Indigenous Organizations and People

For all three participants, a way for non-Indigenous people to better understand Indigenous reproductive justice is to find examples of Indigenous peoples and organizations that are already working on related issues.

I think providing examples about the community or about different local regions and what they're doing kind of gives people an idea of what does [reproductive justice] mean and what are Indigenous people [thinking] and how are they claiming that as their own and identifying it. [...] So, it's taking people's experience and then linking them to these things where they can understand. (Stephanie)

For example, Stephanie talked about *Moon Time Sisters* which is a collective of people who want to help young women in northern and remote communities throughout Ontario and Saskatchewan by creating better access feminine hygiene projects.

I think there's this organization, Moon Time [Sisters]. What they do, I think in Saskatchewan, and I think there's one in Ontario, too. They're like a collective of people, local grassroots level. What they're doing is that they're collecting a lot of reproductive health stuff like, I think there's like some pamphlets and stuff. But I think they're also collecting like menstrual stuff like pads, tampons, diva cups. And what they do is they ship them to Northern communities. So, they give them to these communities and these young girls and the teaching of moon times and like what does that mean. (Stephanie)

Participants B and C also talked about Indigenous midwifery models which are a good practice⁴ to look to for examples on how non-Indigenous can make their services safer. Indeed, Indigenous midwifery is unique in that it is part of a greater dialogue on Indigenous rights and decolonization and has a central role in repatriating birthing practices back to communities

⁴ For more information on Indigenous midwifery, social workers can refer to the National Aboriginal Council of Midwives website (2019) and their report called *The Landscape of Midwifery Care for Aboriginal Communities in Canada: A Discussion Paper to Support Culturally Safe Midwifery Services for Aboriginal Families* (National Aboriginal Council of Midwives, 2016).

(Olson & Couchie, 2013). Likewise, Indigenous midwifery addresses the historical inequality and relationship between Indigenous communities and Western medical care within a pregnancy and birthing context (Olson & Couchie, 2013).

Looking at Indigenous midwifery models that are in Ontario, there's a few programs on reserves that recognize traditional midwifery. (Participant B)

There's actually a healing, or a birthing clinic [in the North] where they have just midwives. So, that is being provided more and more. That's the trend that we've been seeing and it's bringing back those skills to community members, it's rebuilding some of those skills and that responsibility and that sense of being useful to others. (Participant C)

Social workers can advocate for more traditional Indigenous care models and can learn from these models to better understand what elements would make their practice more culturally safe for Indigenous people. For instance, for Gray, Coates and Hetherington (2007), “lessons from Indigenous contexts can inform culturally relevant practice” (p.64). In other words, if social workers engage more in learning from Indigenous communities, their practice could to some degree become more culturally relevant for Indigenous people. Perhaps there would be a possibility to either partner with different organizations or have a list of contacts to reference Indigenous people seeking services to access more traditional services and care. As Stephanie mentions;

The truth is, if you're not too sure and you know there's someone else that can do it, refer them. Refer them to the organizations that work with these clients and that are specifically designed for these clients. (Stephanie)

The idea here is not to take over Indigenous services or try to replicate their work, but rather build connections and references to culturally-safe practices and services so that people seeking services feel welcomed, at ease, and safe when accessing them. The goal for social workers should be to ask questions, learn, self-reflect, and engage as much as possible with Indigenous people (Czyzewski & Tester, 2014). In addition, as Gray & Fook (2014) mention, “it

is important, when reflecting on Indigenous cultures and practices, not to romanticize the “traditional” but to question these in relation to the acceptable universals in social work, of which there are few, such as the pursuit of human rights and social justice” (in Gray, Coates & Hetherington, 2007, p.64). This can be translated to Indigenous reproductive justice as the movement focuses on the intersections between culture, human rights and social justice. Overall, learning from and working with existing Indigenous organizations and people can only benefit the practice of social workers working with Indigenous people which as Stephanie mentioned, often stretch themselves so thin that they are not able to provide adequate services anymore.

So, the thing with social workers is that you're often times overworked, underpaid and you're stretched and the reason why you're like that is that you care so damn much. And I'm not saying not to care. But, it's hard because you care so damn much that you're trying to do everything all at once. And sometimes by doing that, you forget follow-ups, or it's really hard to meet with people, and continuing that best practice of care throughout. (Stephanie)

Keeping in mind the high rates of burnouts of social workers and the high possibility of being overworked and underpaid, social workers must consider their limited time and resources and learn to set boundaries that would allow them to provide adequate services. Consequently, social workers should learn about their local Indigenous organizations as well as provincial and national Indigenous organizations to perhaps create partnerships. This would help them better respond to the high demand of services and create safer spaces for Indigenous people seeking services.

5.1.2 Resistance, Resilience and Resurgence

For all the participants, it was important to highlight the great resiliency and resistance found in Indigenous communities and individuals. These elements are crucial reminders of the strengths of Indigenous people and recognizing and building on this can contribute to Indigenous

reproductive justice. As participant C stated, Indigenous people are not supposed to be here today with all the violence they have lived, yet they are still here.

If you think about it, with the assimilation policy, First Nation, Inuit and Métis, are not meant to be here today. With the colonization efforts, the assimilation policy, residential schools that forced the culture out of the Indigenous population really makes it that we are not supposed to be here today. And it's through resilience that we've been able to continue on. (Participant C)

[There is a need] to instill people resiliency and self-determination in Indigenous people's lives. (Participant C)

Social workers can focus on the strengths found in Indigenous individuals and communities rather than on social problems that may be present in their lives. This relates to what Eve Tuck (2009) calls a *desire-based* framework, which works on “depathologizing the experiences of dispossessed and disenfranchised communities so that people are seen as more than broken and conquered” (p.416). In other words, such framework focuses on the vitality of the sovereignty, self-determination and survivance of Indigenous peoples (Tuck, 2009). With that understanding, social workers could incorporate such framework into their practices to create space for more positive and strength-based results.

For Stephanie, resiliency and resistance are part of the wave of resurgence found in many Indigenous communities. According to Leanne Simpson (2016), Indigenous resurgence is

an assemblage of meta-processes that encapsulates how one constructs and lives in the world. Indigenous worlds aren't institutions or states, they are relationships, movement, processes - life itself. I came to understand that the theories or stories or philosophies of resurgence inherent in Indigenous thought were the ways my ancestors had always lived. [...] The emergent qualities of Indigenous intelligence systems means that we have to be engaged with our physical bodies, minds, emotions, and spiritual selves in processes for new ideas and the alternatives to capitalism or heteropatriarchy or settler colonialism to emerge. We have visions and then build the alternatives. (p.28).

Indigenous resurgence is ultimately nonhierarchical, nonexploitative, nonextractivist and nonauthoritarian and focuses on continuously centering Indigenous practices and thoughts as

everyday acts of resistance (Simpson, 2016). For Stephanie, taking steps toward resurgence was a priority.

That amalgamation of trying to find like lost traditional knowledge is really important because there's a huge thing with language revitalization. Having something that makes it feel like your own. It makes you take pride in it, respect [it] and want [it]. Like cultural pride. (Stephanie)

Resurgence is fundamental part of Indigenous reproductive justice.

Indigenous people providing their own services was also central for Participant B who believes in the importance of bringing reproductive health back to communities.

So, providing programs like that that are bringing reproductive health back to the community [and] allowing the community to provide those services for themselves. (Participant B)

Advocating for services to be brought back to communities and promoting self-determination and self-governance are areas in which social workers can take action.

Participant B also believes that language revitalization is crucial in both resurgence and Indigenous reproductive justice. As Stephanie mentioned, incorporating Indigenous language into programs and services can go a long way to help Indigenous people access culturally-safe services that speak to them.

One of my projects here is actually to create a syllabus of a bunch of languages, but it would be like if we were to talk about language in programming to create this sort of living list of different words from like Mohawk, Ojibwe or Cree that can be incorporated into healthy sexuality. So not just naming the biological parts, but also practices and feelings and certain things that you associate with healthy sexuality. That has been a work in progress for a long time. Because the thing is, [...] you can't look at language the way you would in French, English, [or] whatever else. You have to look at it [in a] completely different [way] in the sense that you're not going to get a direct direction. (Stephanie)

Perhaps social workers can try to incorporate such tools in their services or gain access to interpreters so Indigenous people seeking services can communicate in their first language.

For Participant C, she would love for the future to be a world where Inuit people and communities are thriving, autonomous, and self-sufficient like it used to be. In this sense, she does not believe that the government should be involved, but rather aims for Inuit resurgence.

[What I want for the future is] for Inuit to be thriving. And that the dependency on the government to [stop and] for Inuit to be completely autonomous. I know that's a high expectation, but I think if we don't aim high, we'll never get there. The dependence on the government is so strong right now, you're basically setting off Inuit for failure. Womb to a tomb. (Participant C)

Although it is not the place for non-Indigenous people to engage in Indigenous resurgence, it does not mean that they cannot learn from it. Indeed, one of the main issues related to social workers and Indigenous people is the extent to which “Western social work has been imposed on local contexts by outsiders who, in the process, have overlooked local cultures” (Gray, 2005 in Gray, Coates & Hetherington, 2007, p.66). In other words, social workers must stop imposing Western beliefs, knowledge, and way of life on Indigenous peoples and pay more attention to local cultures and practices. There is no one-fits-all solution as every person and community is different and each connects differently with their culture. As Czyzewski & Tester (2014) say;

What those of us who are non-Indigenous wish for ourselves, ought to be what we wish for others: that is, having control over one's life, one's environment and having autonomy. At the same time, we understand autonomy to be grounded in belonging-in family, community, nation and place-and essential to the wellness of all of us. If we recognize the importance of this to our own health and well-being, then we ought to support the aspirations of others.
(p.213)

Social workers will benefit from educating themselves about and recognizing Indigenous peoples' self-determination, autonomy and resurgence as strengths shared by Indigenous peoples

and communities. They can also advocate for and work with Indigenous peoples toward alternative and Indigenous-driven solutions.

5.1.3 Empowerment

Empowerment was also a crucial element moving forward that can both directly and indirectly contribute to self-determination. One important element in the empowerment journeys of Indigenous peoples is the ability make autonomous and informed decisions and access proper healthcare. For Participant B, the empowerment of youth would further enable them to advocate for themselves.

I think that goes back with having more support for young Indigenous people who are actively with them while they are accessing services or working to empower them so that they can advocate for themselves. (Participant B)

A way to support Indigenous peoples in their efforts to empower themselves is for social workers to offer easily accessible information that is free of jargon. For instance, Stephanie talked about supporting Indigenous people in their self-empowerment journeys by providing them with plain language information about their human rights so that they can make informed decisions.

Like I really believe in giving plain language information to people, so they can walk away with that and say ok I remember these things. So, when I am somewhere and I don't feel like I'm having access or these things are being infringed upon, then I know. (Stephanie)

I try to do it more in a preventative way where I like basically hand you the information so you are aware of that and then you decide what you want to do with that or see how that affects you and then you say 'ok that's what has happened to me so where do I go in [an organization] or how do I access help in regards to that. (Stephanie)

Overall, for the participants, empowerment refers to people having the correct information in language that is free of technical jargon to help them access quality care and make informed decisions about their health. Empowerment in the context of sexual and reproductive

health is congruent with Ross's (2006) description of reproductive justice's focus "on organizing women, girls and their communities to challenge structural power inequalities in a comprehensive and transformative process of empowerment" (p. 14-15). For the Native Youth Sexual Health Network (n.d), the one pan Canadian Indigenous organization working on Indigenous reproductive justice, empowerment is not something that can be defined for other people as it is self-determined and is not one size fits all. In other words, there are multiple possible journeys toward empowerment. What social workers can do is move towards a more non-hierarchical, open-minded, strength-based, and rights-based practice that develops individual and community capacity based on partnership and recognising culture (Calma & Priday, 2011).

Calma & Priday also argue that the UNDRIP can be a potential tool for social workers as it gives them a framework for their advocacy, direct service, and community development work. It also establishes principles like non-discrimination, free, prior, and informed consent and participation which are crucial to making social work safer for Indigenous people. According to Shaw (2013), it is only by working through the framework of reproductive justice that people will become empowered to regain control over their reproductive lives. Indeed, empowerment is a process that is crucial to advancing human rights and social justice, adding to critical awareness of individual and sociopolitical context and redressing unequal access to power and resources (Turner & Maschi, 2015).

5.1.4 Culturally Safe Training and Services

"Cultural safety" is a key concept for social workers to engage with in order to make their practice safer for Indigenous peoples and contribute to Indigenous reproductive justice. It is in fact one of the first steps that non-Indigenous people should work towards to better work with

Indigenous people. According to Yan & Wong (2005), cultural safety represents a “commitment to critical reflection wherein worker and [community member] interactively negotiate, understand, and reflect on their cultures with reference to their understanding of the problem presented by the [community member]” (p. 186). In terms of reproductive and sexual health, cultural safety includes a continuous self-reflection and analysis of how power structures, colonization and colonialism interact in relation to healthcare (Wabano, 2014). For Participant B, it was important that this step be taken proactively by non-Indigenous people.

[Non-Indigenous people must start] taking time to, maybe this is too simple, but learn on [their] own, or take trainings that are available to understand what reproductive justice looks like for Indigenous peoples and communities and how it varies from like mainstream as well. Yeah, really listening to the needs and voices of Indigenous peoples. (Participant B)

As mentioned in the previous chapter, learning about both the mainstream and Indigenous reproductive justice would enable social workers to better understand the struggles, goals and solutions of such movements. With this understanding, greater awareness could help social workers better respond to Indigenous people facing varying forms of reproductive violence, thus contributing to making their practice safer.

Likewise, as further mentioned in the previous chapter and discussed with Stephanie, non-Indigenous people should also learn about the settler colonial history of Canada in order to better understand the realities that exist today. She adds that they should also learn about local cultures and customs to create better services.

[Non-Indigenous people should receive] culturally sensitive or safe training of some sorts. Or education where you go down the list of what happened with Indigenous people in Canada and what that looks like in the present-day context. Learning the local culture of that area is key. Their customs. So maybe that can be a way to sort of bridge that or create better services for people. (Stephanie)

She continued by saying that there are a few ways as to how cultural safety can be learned. For instance, social workers can develop relationships with Indigenous communities whether through training or participating in Indigenous community events.

To ensure Indigenous reproductive health, justice and rights, there's a number of solutions. Like I feel at the same [time], if you're a non-Indigenous organization, become culturally aware and sensitive. So [whether] it's through training, [or] through participating in community events that like Native community events that go on, [or] actively being a part out there, [or] having a booth there. If that's going to ensure that you understand the culture better and how to treat your clients better – I'm all for it. And becoming aware of the history too. That can definitely inform best practice of care and understanding how to talk about reproductive rights with Indigenous people. So certainly, just like integrating yourself into the community and having like cultural training of some sort is really important. (Stephanie)

Overall, social workers should proactively engage in working toward cultural safety which for Czyzeski & Tester (2014) constitutes “a commitment to lifelong learning, where one is never convinced that one’s knowledge is complete, and one remains open to alternatives. This helps to engender respectful listening, focused on reciprocity and on genuine, empathic relationship-building.” (p.221). In other words, cultural safety is about being willing to learn about the things that challenge oneself, disrupt dominant ways of knowing and understanding, and the things that make one complicit in settler colonialism. It’s simultaneously about recognizing how one’s position and power structures impact service delivery and embracing Indigenous thinking in mainstream practice (Gray, Coates & Heterington, 2007). Overall, non-Indigenous social workers must be proactive by engaging in a deep level of self-reflection, continuous self-questioning, and respecting Indigenous knowledge and ways of life to work towards cultural safety. This is a crucial step for social workers to provide safer sexual and reproductive health care services.

5.1.5 Prevention

Prevention efforts are another area social workers can help support Indigenous reproductive justice. For Stephanie, prevention can be done through education, sharing information, and offering treatment which will enable people to make more informed decisions.

I think, following some of our reproductive and health rights is the right to prevention. And how do you do that? It's through education, information, respecting privacy, treatment. Definitely though, prevention is key. Because I think personally, if you can talk to people and give them the information they need to know, it would help, despite the decision they make after. At least they are making a somewhat of an informed decision. (Stephanie)

Sharing prevention-based knowledge will allow more people to make informed decision about their sexual and reproductive lives.

Stephanie continued by saying that prevention is beneficial as it allows for an issue to be addressed before it turns into a big problem.

I think [Indigenous people] also completely deserve the right to education and information, but I think that if we try to do that two steps forward, rather than like trying to treat the problem as it is happening, it can definitely impact [their sexual and reproductive health]. (Stephanie)

Social workers have an important role to play in prevention as they are often front-line workers who share power to make certain decisions and change structures. Prevention would also reduce reproductive violence and help Indigenous peoples live healthier lives.

When asked about who would be leading this type of prevention, Stephanie mentioned that anybody can really contribute to such step, include social workers.

[Prevention] can be organizationally. It can be [done by] anybody truthfully. But I would definitely think that would stem from health care professional [and] social services in those communities or in urban settings like here and giving the tools to those people. Like if I give it to you, you can take it home and teach your family. (Stephanie)

It is important that prevention measures be distinct and unique to each situation and community as there is no one-size-fits-all solution. Social workers can learn about different tools and help share this knowledge with Indigenous peoples who can then decide of the appropriateness and usefulness of such tools. These tools can then be shared with others.

Stephanie also works on prevention efforts at her work where she goes into the community and different organizations to do presentations of Indigenous sexual and reproductive health, rights and justice. She also has an accessible tool for the people seeking resources with plain information on sexual and reproductive health.

I do presentations of what your reproductive rights are and I will list them for clients in like plain language. [...] It's like this huge flip chart. It's like 'if you're expecting or want to have a baby' or whatever that might be; this is what you'll be going through. So, I do a process and I list all of their rights.
(Stephanie)

Social workers can definitely contribute to prevention efforts to help Indigenous people live healthier and safer sexual and reproductive life. According to Ruth, Velasquez, Mashall and Ziperstein (2015), prevention is a critical component of promoting health equity and social workers should fully engage in such efforts though the diverse roles they play in health and community settings. Such prevention efforts could include prevention-focused conference themes, the hosting of prevention think tanks and the establishment of prevention working groups across social work organizations (Ruth, Velasquez, Mashall & Ziperstein, 2015). In addition, social workers can combat colonial and/or racist work within their own profession by educating both themselves and championing education efforts with others on Indigenous social work, learning directly from Indigenous peoples, and reading more literature on Indigenous spirituality and ecosocial work (Gray, Coates & Hetherington, 2007). Overall, prevention is an

area that social workers can contribute to by actively listening to Indigenous people and their needs and bringing reproductive violence as a topic to the table for further actions to be taken.

5.1.6 Indigenous Voices

Ensuring Indigenous voices are at the forefront of Indigenous reproductive justice was another fundamental element to achieving justice. For Participant B, Indigenous people must be part of any conversation and decision-making related to Indigenous people.

Having more Indigenous voices in leadership within that movement so that kind of unique realities and needs of Indigenous people can be brought more to the forefront. I guess if there are like decisions that are being made that relate to Indigenous people or reproductive justice for Indigenous people, making sure that Indigenous people themselves are part of that conversation and decision making. (Participant B)

Social workers must ensure Indigenous people are at the table when making decisions rather than making decisions about and for them. This collaboration can go a long way in supporting the self-determination of Indigenous people and dislodging white-settler-centered social movement logics and practices.

Stephanie talked about having Indigenous people participate at events, such as panels or conferences. She believes it is important to have those events happen on a continuous basis for a genuine discussion to take place.

When you have a board of people at a panel speaking at a conference on reproductive rights, maybe not just having one Indigenous person, have two, or go through that process of like, what do you call it, consultations, of the right people. So you talk about these topics and what does that look like. And don't just have it once a year! Have it continuously throughout the year. (Stephanie)

In other words, it is crucial to have a diversity of perspectives at the table. One Indigenous person is not enough, and one must remember that no one represents their whole community or group. This is why having multiple Indigenous people present at events and decision-making

committees and groups is fundamental. Bringing forward Indigenous voices would increase the number of Indigenous-led solutions and will offer a variety of perspectives and possible pathways to justice.

Stephanie added that one of the roles of non-Indigenous people is to let Indigenous people take the space to speak on these issues.

*Well I think a role [non-Indigenous people] play is just creating that space and ability for Native people to be able to speak on [sexual and reproductive health issues]. [...] I think certainly giving the right for that space and respecting it and also understanding that there's going to be different views on these things.
(Stephanie)*

Overall, having Indigenous voices at the center of Indigenous reproductive justice is fundamental for the fight and the survival of the movement. Indigenous people are the experts and they need to be the ones as the face of the movement and possible solutions to reproductive violence. According to the interview participants, social workers must listen to Indigenous people and treat them as the experts of their realities. They know their realities best and what solutions are needed.

5.1.7 Policy and Systemic Changes

Policy and systemic changes are core elements to make social work safer and to contribute to Indigenous reproductive justice. All three participants talked extensively about reproductive violence and how structural barriers impacted Indigenous people's lives. Consequently, structural changes would enable them to live healthier sexual and reproductive lives and could eventually lead to Indigenous reproductive justice. For instance, Participant C suggested that Northern regions start taking over child and family services to allow Indigenous children to be raised in their homes, help shift the ways systems currently work and contribute to Inuit self-determination.

[Northern] regions [need] to take responsibility when the federal government [is] opened to that and it has been recently announced that [...] there are discussions of it starting to happen. When that happens, we'll start seeing the benefit of children staying at home and working with the families to help with counselling, with healing, or their wellness planning rather than sending the kids out of the home. [...] And so, once we start seeing the progress of that, maybe it would start to shift the level of trust and it would really strengthen Inuit self-determination. (Participant C)

Participant C highlights the importance of children staying home with their family and communities. This is an area in which social workers can be advocates. They can advocate for Indigenous self-determination over child and family services and for Indigenous-led solutions to the over-representation of Indigenous children in care.

She also gave the example of a parenting program called Inunnguiniq which helps families and communities stay together. Participant C believes that this initiative should be mandatory for every Inuk care giver.

There's a parenting program called Inunnguiniq, developed by Gwen Healy and I forget what the other person's name is, but it's really bringing back those traditional values and applying them to today's realities. So, this program really helps individuals, on both sides, men and women, to develop parenting skills. [...] It really should be mandatory in the communities, for every single person that has kids [or] grand kids. I think when the parenting program is utilized more, the transfer of responsibilities to communities in terms of children in care will help to strengthen families. And then it would have [what] I'm thinking [would be] a snowball effect for all the other issues that Inuit are dealing with. (Participant C)

Such program could be prioritized in service delivery and could be a better preventive response than removing a child from their home. In other words, social workers can advocate for policy changes that focus on prevention rather than reactive measures.

She continued by saying that systemic change is not an easy or a short-term goal project; it takes time and energy to accomplish.

And it's going to take a long time, it's not going to be [easy]. We should be looking at long-term solutions rather than band aid solutions and that's the

way it has been for decades now. It's been band aid here, band aid there.
(Participant C)

Many social workers work in environments where band aid solutions are used. However, social workers also have the power to challenge this framework and advocate for something that is more sustainable and culturally safe. In other words, there is a space for social workers to raise awareness about the importance of long-term solutions and can work toward dismantling stagnant and harmful practices that only act to react.

Overall, policy and systemic changes are long-term solutions helping to bring Indigenous reproductive justice forward. For instance, to achieve safer sexual and reproductive services, social workers can advocate for better sexual and reproductive justice health, rights and justice for Indigenous people. They can bring systemic change forward and change discriminatory and oppressive policies related to sexual and reproductive health and Indigenous people in general. One way to engage in policy work would be writing or telephoning public officials, signing letters in favor of certain measures, and making public statements as individuals or through local organizations (Alzate, 2009). In terms of systemic changes, for Yee, Apale and Deleary (2011), these include increasing awareness of First Nations and Inuit specific programs such as the NIHB to ensure equity in the coverage of health benefits for First Nations and Inuit, promoting initiatives already underway that work to restore reproductive justice, fighting homophobia and transphobia, and supporting people with disabilities.

Further, Liddell (2019) mentions that social workers should engage in pro-choice advocacy for social justice, human rights, self-determination, and equal access to all opportunities. Also speaking specifically about social workers, Alzate (2009) highlights the importance to (a) belong to or form professional social work organizations, (b) actively participate in coalition building with other professions, (c) reach out to policy makers and

educate them, and (d) create alliances with like-minded organizations and agencies that provide services, conduct research, lobby, or educate about issues that directly and indirectly affect the exercise of sexual and reproductive rights. She cites examples as to how to accomplish the latter: the reduction of poverty; the prevention, treatment, and prosecution of violence against women; participating in micro and macroeconomic activities and human and social development programs; engaging in political leadership; and participating in activities that empower women (Alzate, 2009).

Finally, social workers are in a unique position to bring sexual and reproductive rights to the forefront of the profession through their teaching, service, and research activities (Alzate, 2009). Altogether, the work of social workers as advocates could even support a professional mobilization (Alzate, 2009) which, under the leadership of Indigenous individuals, communities, and organizations, could help bring reproductive justice forward. These are only a few examples of how social workers can be advocates and engage in policy work and systemic changes.

5.1.8 Trust Building

Participant C mentioned several times that there is a pervasive lack of trust towards social workers and people of authority. For her, trust is a key element to render culturally safe services. She mentioned that the lack of trust comes from the colonial history and the traumas people are now living with.

I think with the history of all those things that we talked about and historical traumas, anybody with any level of authority is considered a threat. So, there's needs to be a lot of trust built up in the communities to change that view of anyone in any sort of position of authority. (Participant C)

In terms of social workers, they are perceived as the people who remove children from their homes. According to Participant C, this is why Indigenous people do not trust social workers.

So, social workers are looked at in the communities as the people that take their children away. That's the lens that people see them in. Not very many people trust social workers because they think if they start to open up, then you're opening yourself up to let's say, your kids getting taken away or benefits taken away. Let's say if you're on income support or something. So, there's always that level of distrust and there have been attempts to educate more Inuit into those positions. But if you don't have that credibility in your community, it's defeatist. So, then you would have no choice but to go to a different community to try to gain employment that way, but you want to go home, you want to stay at home, so what do you do?... So really those sorts of positions are filled with people from away. So, it's not seen as a trusting venue to go to. (Participant C)

Understanding how social workers are perceived by different people and communities can make a big difference in how social workers approach their work. If for instance, there is a lack of trust, social workers need to first work on building that trust before engaging in any type of possible solutions. This lack of trust is very deep in some cases and hard work will have to be done by social workers to be able to make a difference. Moreover, having credibility in a community is crucial in order to build trust. For Participant C, if trust is built, relationships with social workers could be extremely strong.

If we can get past the trust issue with non-Indigenous people, then those relationships could be extremely strong. And benefits with having community-led, Indigenous social workers, then you have the benefits of those social workers understanding what the situation is and work with families and I'm sure this could also be the same thing for non-Indigenous workers, finding cultural appropriate ways to handle the situation rather than taking the child away from home. [They need to] really understand the situation and the solutions of how to rebuild that family so that they're successful. But there's also cons so like if you don't have a supportive non-indigenous person in that role, it could be damaging and it could also be the same situation for an Indigenous person because they may not have the credibility to have those jobs so it could be detrimental to the community if you don't have the right person in these positions, Indigenous or non-Indigenous. (Participant C)

In other words, social workers need to work on building the trust of Indigenous people and the trust of the community they are working on to help support these people and communities. One

way to help build this trust as a non-Indigenous social worker is to make sure services are culturally safe for Indigenous people.

According to Thibodeau & Peigan (2007), traumatization and oppression have resulted in a diminished capacity to trust in Indigenous communities which can consequently impact the work of social workers. Thibodeau & Peigan's (2007) research explores ways social workers can mitigate the impact of diminished or lost trust found in Indigenous communities. This includes getting to know the community, being known in the community, being there during the ups and downs, making a long-term commitment to an initiative/project, and maintaining confidentiality (Thibodeau & Peigan, 2007). More precisely, the authors talked about proactively engaging with the community, actively listening to a multitude of stories, opinions, folklore and legends, retaining an informed, insightful, flexible and adaptable approach when going to a community, being respectful and knowledgeable about their history, traditions, culture, and political situation, and participating in traditions and rituals if invited (Thibodeau & Peigan, 2007).

For Czyzewski & Tester (2014), social workers must understand the colonial history of Canada and the role social workers have played in such history to stop them from repeating unhealthy relations with Indigenous people. In other words, social workers need to be informed and appreciate the resilience found in Indigenous people to build a healthy relationship with Indigenous communities and work on building the trust (Czyzewski & Tester, 2014). For Baskin (2006), a healthy relationship also entails a relationship that is about sharing – the sharing of stories, spirituality, friendship, humour and self-disclosure. This is an area that social workers can develop with the community and people in question. Overall, cultural safety and trust are interlinked to one another and should be built together.

5.1.9 Allyship

Although the term “ally” did not explicitly surface in all three interviews, the way participants talked about solutions to reproductive violence suggests that non-Indigenous people can help and perhaps one day become allies to the reproductive justice movement.

I think it's a really powerful space you can be an ally in. And we do have a couple non-Indigenous doulas that work with us [so] I think that's a space. Especially if you have an Indigenous and a non-Indigenous doula working together to support someone, where the power and privilege that a non-Indigenous [person] might have in a healthcare setting can go really go a long way [...]. I'm very white-passing, there are things that I might be able to say to a doctor or a nurse, where I can use the education and training that I have as well to advocate for a client to have their wishes met. (Participant B)

I think there's a lot of space for non-Indigenous people to be allies, to be advocates, even in a research capacity, like just working to bring more awareness [about] the complexity of these issues and the nuances that exist with Indigenous people or people of color. (Participant B)

Indigenous allyship recognizing and understanding the current and historical oppression of Indigenous people in Canada (Montreal Urban Aboriginal Community Strategy Network, 2019). This includes settler colonialism, the ongoing reproductive violence against Indigenous people, the stealing of Land, the genocide of Indigenous people, and the eradication of culture and language. As a social worker, it is also important to understand the role the profession has played and continues to play in these injustices so as not to reproduce or perpetuate such injustices (Baskin, 2006; Fortier & Hon-Sing Wong, 2018). This also means undergoing a continuous process of self-reflection and reflexivity (Baskin, 2006; Rowe, Baldry & Earles, 2015). This learning, self-reflection and reflexivity must be done through an anticolonial lens that acknowledges the intersections of identities. Allyship also means challenging racism and oppression, taking a stand, calling in people and proactively engaging in making this world safer for Indigenous people (Gehl, 2011; Kivel, 2006; Montreal Urban Aboriginal Community

Strategy Network, 2019). Lastly, a crucial aspect of Indigenous allyship is that one is not an ally until Indigenous people see you as one. In this sense, it is not about identifying oneself as an ally but rather about putting in the efforts and work toward bringing justice forward.

Overall, social workers can make their practice safer by understanding and appreciating the diversity among and within Indigenous populations, knowing the history, cultures, and realities of specific Indigenous people, groups and communities, and actively listening and being patient. Being aware of one's own biases, positioning, and intersecting identities and how they interact with power, showing humility, respect, open-mindedness, and non-judgement, being willing to learn, valuing social justice and decolonizing one's own work are also ways social workers can make their practice safer (Weaver, 1999).

Social workers should also seek further information about being an ally. For instance, many documents have been developed to help define what being an ally means, such as the *Ally Bill of Responsibilities* (Gehl, 2011), which includes 16 responsibilities as allies. Another is the *Indigenous Ally Toolkit* (Montreal Urban Aboriginal Community Strategy Network, 2019), which outlines what being an ally means. These documents are simply examples. There are also many different resources on allyship, reproductive justice/violence and Indigenous reproductive justice that social workers could examine (e.g. books, podcasts, documentaries, (non)academic articles, websites, etc.). There are many ways social workers can become good allies to Indigenous reproductive justice.

In summary, steps that social workers can take to contribute to Indigenous reproductive justice and make their practice safer include learning from and working with existing Indigenous services, learning from resistance, resilience and resurgence, supporting Indigenous people in their empowerment journeys, offering culturally safe services and training. Prioritizing funding

to Indigenous communities and organizations, actively engaging in prevention efforts, listening to and learning from Indigenous voices, contributing to policy and systemic changes, working toward building trust, and working toward becoming an ally are also steps that social workers can take. This is not an exhaustive list and solutions must be considered within the particular context in which one is working. In other words, approaches and solutions should vary depending on the unique realities of each person, family and community. As I have demonstrated in this chapter, what is foundational to these approaches and solutions, however, is a base of knowledge that is critically and historically attuned to the role of social work and social workers in colonization, and that is self-reflexive in terms of the power relations and dynamics that run through these relations.

CHAPTER 6. LIMITATIONS

6.1 Limits

6.1.1 Western Structures

There are a few limitations to this research project. First, the Western roots and framework of this research, including the university's institutional requirements and timeframes for this research and my methods, have been limiting for the simple fact it does not reflect Indigenous worldviews and values. Indeed, research is probably one of the dirtiest words in the Indigenous world's vocabulary (Smith, 2012). As Indigenous knowledge systems have been discredited through Western ontology and epistemology, Indigenous people have been excluded from the process of knowledge construction as defined by Western paradigms (Kovach, 2009; Smith, 2012). As a non-Indigenous person doing research related to Indigenous peoples, some may feel that it is not my place to conduct such research as I may misinterpret the data or mystify and fragment Indigenous knowledges (Getty, 2010; Porsanger, 2004; Smith, 2012; Struthers,

2001). My initial thought for this research was to do a participatory research that would be based on decolonization. However, due to the time limit, the lack of resources, and that I was not already connected to a particular community, I did not want to start such process, not be able to finish it and later pretend that my project contributed to the decolonization of research. With that in mind, I chose my methodology for this research knowing that “bringing Indigenous knowledge into a Eurocentric academy forces such knowledge to fit into an overarching European framework” (Dumbrill & Green, 2008, p.493). A decolonized research conducted by Indigenous people themselves (Smith, 2012) or even a decolonized research prioritizing a participatory approach is needed to better understand Indigenous reproductive justice and what needs to be done to bring such justice forward. Kovach (2009) also argues for the need for methodologies that are inherently and wholly Indigenous.

6.1.2 Use of the Term Indigenous

Second, my choice of using a pan Indigenous identity for this research rather than specific nations, communities or groups is limiting as not everyone may identify with this project. Although the solutions proposed in this project are high level, it would be important to undergo more research taking into consideration the unique realities and differences of each community and group. It is also important to note here that although the three participants identified as First Nations, Métis and Inuit respectively, they do not represent these groups and their voice should not be generalized to everyone in their respective group. Each person will have a different experience with reproductive violence and justice and which should be recognized.

6.1.3 Pan-Canadian Scope

Third, this project includes mention of a variety of different contexts within Canada (ex. urban, reserve, remote, Northern communities) without focusing in on one particular context or

experience. This general focus reflects the diverse clientele with whom my interview participants work with in their places of work. Nonetheless, this pan-Canadian scope does not take into consideration the unique geographic locations of different communities. For instance, Indigenous people living in the North will have different sexual and reproductive health realities than people living in the South. Moreover, people living in reserves or settlements have different realities compare to people living in urban settings. More research needs to be done to better understand how geographical location impacts sexual and reproductive health of Indigenous people.

6.1.4 Lack of Social Worker Participants

Fourth, the fact that the participants were service providers and program managers and not necessarily social workers has limited the data as they could not speak directly for social workers. Rather, participants spoke as frontline service providers or program managers who provide services to Indigenous peoples. They also identify as individuals who themselves have lived experiences related to this research, wherein they shared, in some cases, their lived experience with social workers and gave examples as to what they thought could be done, based on that experience. Yet, more research needs to be done with social workers specifically, perhaps Indigenous social workers, to further explore how social work can be made safer for Indigenous people in the area of sexual and reproductive health, as well as how social work can contribute to Indigenous reproductive justice. More concrete solutions could arise from such research.

In addition, it is important to note that the suggestions presented in this research cannot be generalized to all social workers as they live and work in unique settings that may either help or hinder their ability to engage in Indigenous reproductive justice. Further, non-Indigenous social workers who identify as people of color may have a different perspective on reproductive

justice. With that said, it would be interesting to see how social workers of color may contribute to Indigenous reproductive violence as well as reproductive justice.

Overall, the Western structures, the lack of time and resources, the choice to use the term Indigenous, the pan-Canadian scope of this research and the fact that the participants were not social workers are limits to this research that encourage further research to be conducted.

CONCLUSION

This research explored how social workers can better work with Indigenous people seeking sexual and reproductive health services specifically by educating themselves on the elements outlined in this paper and acknowledging, respecting, and promoting Indigenous reproductive justice. This knowledge can enable social workers to start looking at how their practice can be made safer. Understanding the roots, the struggles, the key elements associated with reproductive violence and the steps already taken with respect to Indigenous reproductive justice helps position the need for this research. More precisely, this research looked at both important elements social workers should know before making their practice safer for Indigenous people seeking sexual and reproductive health services and concrete ways they can make their practice safer and contribute to Indigenous reproductive justice.

Semi-directed interviews were conducted for the research. The interviews are at the center of the project and the participants' words are reflected in the results and analysis section. Furthermore, the research offered a critical analysis of how social work has contributed to the settler colonial nation-building project and explored the concept of reproductive violence against Indigenous women and its intersections with settler colonialism and social work. A critical social work approach heavily informed by Indigenous feminist principles and approaches was used for

this research. Together, these approaches help explain the colonial context of the settler state and the role of social work in such a state, especially as it affects Indigenous women and girls.

Results were divided into two sections: reproductive violence against Indigenous people and Indigenous reproductive justice. Themes from the former included stigma and discrimination, the lack of funding, the lack of qualified personnel, the inability to access traditional knowledge, language barriers, the lack of national standards, geographic barriers, forced and coerced sterilization and birth control, traumas and child and family services, and maternal evacuations. Developing an understanding of how social work might be made safer for Indigenous peoples is crucial as reproductive violence against Indigenous people continues today in various forms. Moreover, knowing how social work has contributed and continues to contribute to reproductive violence against Indigenous people can initiate greater awareness and consequently lead to self-reflection. This could lead to social workers being more transparent, open-minded, and knowledgeable throughout their work.

Themes from the result section included rights versus justice, Western versus Indigenous justice, conceptions of Indigenous reproductive justice, rights versus rites, Land, the importance of language, and Indigenous reproductive justice and social work. Understanding such concepts may help social workers understand the depth of Indigenous reproductive justice and give them ideas as to how they can become allies to the movement of Indigenous reproductive justice.

The analysis outlined ways social workers can make their practice safer for Indigenous people seeking sexual and reproductive health services and contribute to Indigenous reproductive justice. Learning from and working with existing Indigenous services, learning from resistance, resilience and resurgence, supporting the empowerment journey of Indigenous peoples, and offering culturally safe services were important ways to make practice safer. Other ways

included prioritizing funding to Indigenous communities and organizations, actively engaging in prevention efforts, listening to and learning from Indigenous voices, contributing to policy and systemic changes, working toward building trust, and working toward becoming an ally.

Altogether, this research provides concrete avenues that social workers can explore in order to contribute to healthy sexual and reproductive lives that are free of violence and injustice.

With regards to future research, it would be important to work with the unique realities and differences of different communities for research that makes an impact at the community level. In addition, more research needs to be done to better understand how geographical location impacts sexual and reproductive health of Indigenous people. Decolonized research conducted by Indigenous people themselves or even a decolonized research prioritizing a participatory approach is needed to better understand Indigenous reproductive justice and what needs to be done to bring such justice forward. Lastly, more work can be done with social workers to further explore how social work practice can be made safer for Indigenous people in the realm of sexual and reproductive health.

Overall, sexual and reproductive health, rights and justice are important concepts for social workers to be knowledgeable about due to their involvement in healthcare and community services. Social workers working with Indigenous people must also know about the ongoing violence facing Indigenous people are facing in order to provide safer, decolonized, and empowering services. To conclude, this research opened a door for any social worker, although more particularly for social workers working with Indigenous peoples in the realm of sexual and reproductive health, by exploring how they can make their practice safer and can contribute to Indigenous reproductive justice.

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ANNEX 1: Research Ethics Approval

07/01/2019

Université d'Ottawa
Bureau d'éthique et d'intégrité de la recherche

University of Ottawa
Office of Research Ethics and Integrity

CERTIFICAT D'APPROBATION ÉTHIQUE | CERTIFICATE OF ETHICS APPROVAL

| | |
|---|---|
| Numéro du dossier / Ethics File Number | S-12-18-1399 |
| Titre du projet / Project Title | Indigenous conception of reproductive justice |
| Type de projet / Project Type | Mémoire de maîtrise / Master's major research paper |
| Statut du projet / Project Status | Approuvé / Approved |
| Date d'approbation (jj/mm/aaaa) / Approval Date (dd/mm/yyyy) | 07/01/2019 |
| Date d'expiration (jj/mm/aaaa) / Expiry Date (dd/mm/yyyy) | 08/01/2020 |

Équipe de recherche / Research Team

| Chercheur / Researcher | Affiliation | Role |
|-------------------------------|---|--|
| Carole-Ann FILIATREAU | École de service social / School of Social Work | Chercheur Principal / Principal Investigator |
| Jennifer MATSUNAGA | École de service social / School of Social Work | Superviseur / Supervisor |

Conditions spéciales ou commentaires / Special conditions or comments

Université d'Ottawa

Bureau d'éthique et d'intégrité de la recherche

University of Ottawa

Office of Research Ethics and Integrity

Le Comité d'éthique de la recherche (CÉR) de l'Université d'Ottawa, opérant conformément à l'*Énoncé de politique des Trois conseils* (2014) et toutes autres lois et tous règlements applicables, a examiné et approuvé la demande d'éthique du projet de recherche ci-nommé.

L'approbation est valide pour la durée indiquée plus haut et est sujette aux conditions énumérées dans la section intitulée "Conditions Spéciales ou Commentaires". Le formulaire « Renouvellement ou Fermeture de Projet » doit être complété quatre semaines avant la date d'échéance indiquée ci-haut afin de demander un renouvellement de cette approbation éthique ou afin de fermer le dossier.

Toutes modifications apportées au projet doivent être approuvées par le CÉR avant leur mise en place, sauf si le participant doit être retiré en raison d'un danger immédiat ou s'il s'agit d'un changement ayant trait à des éléments administratifs ou logistiques du projet. Les chercheurs doivent aviser le CÉR dans les plus brefs délais de tout changement pouvant augmenter le niveau de risque aux participants ou pouvant affecter considérablement le déroulement du projet, rapporter tout événement imprévu ou indésirable et soumettre toute nouvelle information pouvant nuire à la conduite du projet ou à la sécurité des participants.

The University of Ottawa Research Ethics Board, which operates in accordance with the *Tri-Council Policy Statement* (2014) and other applicable laws and regulations, has examined and approved the ethics application for the above-named research project.

Ethics approval is valid for the period indicated above and is subject to the conditions listed in the section entitled "Special Conditions or Comments". The "Renewal/Project Closure" form must be completed four weeks before the above-referenced expiry date to request a renewal of this ethics approval or closure of the file.

Any changes made to the project must be approved by the REB before being implemented, except when necessary to remove participants from immediate endangerment or when the modification(s) only pertain to administrative or logistical components of the project. Investigators must also promptly alert the REB of any changes that increase the risk to participant(s), any changes that considerably affect the conduct of the project, all unanticipated and harmful events that occur, and new information that may negatively affect the conduct of the project or the safety of the participant(s).

Riana MARCOTTE

Responsable d'éthique en recherche / Protocol Officer

Pour/For Barbara GRAVES Président(e) du/ Chair of the Comité d'éthique de la recherche en sciences sociales et humanités / Social Sciences and Humanities Research Ethics Board

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ANNEX 2: Consent Form



uOttawa

Title of the study: **Conception of Indigenous reproductive justice**

Student researcher Supervisor
Carole-Ann Filiatreault
Department of Social Sciences
School of Social Work
University of Ottawa
cfili103@uottawa.ca

Supervisor
Dr. Jennifer Matsunaga
Department of Social Sciences
School of Social Work
University of Ottawa
jmatsuna@uottawa.ca

Invitation to Participate: I am invited to participate in the abovementioned research study conducted by Carole-Ann Filiatreault in the context of a Master's degree major research paper, under the supervision of Dr. Jennifer Matsunaga.

Purpose of the Study: The purpose of the current project is to explore the Indigenous non-governmental organizations' understanding of Indigenous reproductive justice. This research project questions whether or not the current conception of reproductive justice aligns with Indigenous worldviews and realities. If so, how? If not, how can reproductive justice theory and practice be adapted to better support Indigenous women?

Participation: Participating in this study consists essentially of attending a one-hour interview during which participants will be asked questions about their understanding, conception and definition of Indigenous reproductive justice. The interviews will be scheduled in accordance with everyone's availability between the month of February and March 2019. Participants will also be invited to review and discuss my analysis of the interview transcripts in April 2019 either individually or in a group. Both sections of participation will be audio recorded.

Risks: My participation in this study will entail sharing personal thoughts and experiences to do with my work and will entail being recorded. This may cause me to feel emotional and/or psychological discomfort. I have received assurance from the researcher that every effort will be made to minimize these risks by being offered to withdraw from the study at any time and refuse to answer any questions being asked without suffering any negative consequences.

Benefits: The research could open the door for future research on Indigenous reproductive justice and could lead to the rethinking of the mainstream definition of reproductive justice and reinforce the need to include Indigenous Peoples' understandings and needs. The project could be a base for establishing and implementing new programs and initiatives in organizations working on Indigenous reproductive justice. If desired, I can indicate that I would like to be mentioned and thanked in the memoir. Each participant involved in the research project will also receive a copy of the project results.

Confidentiality and anonymity: I have received assurance from the researcher that the information I will share will remain strictly confidential. I understand that the contents will be used only for purposes of the current project and that my confidentiality will be protected by safely keeping both hard copies of documents and any electronic data on a USB drive in a locked cabinet both at the University of Ottawa and at the student researcher's house.

I wish to remain anonymous in the research project: _____

I wish to have my name identified in the research project: _____

Anonymity: I have the right to choose whether my name will be revealed in the publication of this research. I have the possibility to change my mind until the final version of the memoir is completed. If I choose to not have my identity revealed, the use of pseudonyms will be used. I also understand that if I participate in a group discussion, my anonymity will not be protected within the group setting.

Conservation of data: The data collected, including transcripts and consent forms, will be kept in a locked cabinet at the School of Social Work at the University of Ottawa for a period of five years following the completion of data collection. A copy of the data will also be kept indefinitely by the student researcher.

Voluntary Participation: I am under no obligation to participate and if I choose to participate, I can withdraw from the study at any time and/or refuse to answer any questions, without suffering any negative consequences. If I choose to withdraw, all data gathered until the time of withdrawal will be discarded. If I choose to withdraw and participated in a group discussion, my interactions will not be able to be erased from transcripts and audio recording due to the interdependent nature of group settings.

I choose to participate individually in the data discussion: _____

I choose to participate in a collective data discussion: _____

I do not choose to participate in the data discussion: _____

Acceptance: I, _____, agree to participate in the above research study conducted by Carole-Ann Filiatreault, a student of the School of Social work from the Social Sciences Department at the University of Ottawa under the supervision of Dr. Jennifer Matsunaga.

If I have any questions about the study, I may contact the researcher or her supervisor.

If I have any questions regarding the ethical conduct of this study, I may contact the Protocol Officer for Ethics in Research, University of Ottawa, Tabaret Hall, 550 Cumberland Street, Room 154, Ottawa, ON K1N 6N5

Tel.: (613) 562-5387

Email: ethics@uottawa.ca

There are two copies of the consent form, one of which is mine to keep.

Participant's signature: _____ Date: _____

Researcher's signature: _____ Date: _____

ANNEX 3: Call for Participant

Dear Mrs./Mr. X,

My name is Carole-Ann Filiatreault and I am currently working on my master's degree in social work at the University of Ottawa.

I am writing to you today concerning the research project I must complete within the next couple of months. As an emerging social worker who is passionate about reproductive and sexual health, I have chosen to research reproductive justice. Precisely, I am writing to you to see if you would be interested in participating in a one-hour long interview on Indigenous reproductive justice.

This research project questions whether or not the current conception of reproductive justice aligns with Indigenous worldviews and realities. If so, how? If not, how can reproductive justice theory and practice be adapted to better support Indigenous women? The project aims to examine the place of Indigenous Peoples in the existing movement as well as identify any elements specific to Indigenous Peoples that are currently missing or underdeveloped in the realm of reproductive justice.

In the instance that you are interested, what would be a good time for us to do the interview? I am very flexible with time and location.

If you have any questions and/or concerns about this research or/and about the participation aspect, please feel free to contact me by email at cfili103@uottawa.ca. I will follow up with you by telephone on Tuesday January 22st, 2019.

If you know anyone else that would be interested in participating in this project, please forward them this email to them.

Thank you so kindly and I look forward to hearing back from you,
Carole-Ann Filiatreault