

The background of the slide is a painting of several yellow roses with green leaves, set against a textured, brownish-gold background. The roses are scattered across the frame, with some in the foreground and others in the background, creating a sense of depth. The overall style is painterly and somewhat somber due to the muted color palette.

Reproductive Justice and Sovereignty as
defined by urban Indigenous women: A
Collaborative Action-Oriented Project
(Final Report)

Artwork by Jannica Hoskins

What does reproductive and sexual justice mean to urban Indigenous women living on the Métis homelands and Treaty One (Winnipeg), Treaty Four (Regina), and Treaty Six (Saskatoon) territories?

It means being able to make decisions about their bodies, gender, sexuality, reproduction, and how they raise their children. Basically, it includes the right to determine:

- 1) Gender and sexual identity and experiences,
- 2) The terms of reproduction (including the right to prevent pregnancy or become pregnant and to end or continue pregnancies),
- 3) The selection of birthing conditions (including whether to have a midwife-attended or physician-attended birth),
- 4) The selection of where one lives with one's family (geographic location and housing conditions), and
- 5) The engagement of relationships (with services, community, cultural practices, and land).

What did we do as part of the project? (March 2015-June 2017)

- 1) Research circles and interviews with a total of 32 collaborators;
- 2) Policy analysis focused on abortion services, tubal ligation procedures, and child welfare;
- 3) Environmental scan;
- 4) Collaborative meetings.

What gets in the way of Indigenous women claiming reproductive and sexual justice?

- This study identified that colonial, racist, sexist and homophobic stereotypes and assumptions continue to influence systems, institutions, programming, and individuals. For instance, Indigenous women spoke about healthcare and social service providers pressuring them to use long-term contraceptives and/or to have tubal ligations and/or abortion procedures, and some collaborators shared specific examples about how these service providers' actions were influenced by stereotypes.
- Colonial processes have undermined, and continue to undermine, intergenerational transmission of knowledge about Indigenous ways of relating, and teachings about gender, sexuality, and reproduction.
- Dominance of Christian anti-choice beliefs about birth control and pregnancy terminations and biomedical approaches to pregnancy loss.

What supports and respects Indigenous women's rights to reproductive and sexual justice?

Collaborators talked about the importance of supportive individuals, organizations, and practices, including:

- Sustaining and reclaiming supportive Indigenous teachings, practices, and ceremonies.
- Recognizing Indigenous women's, two-spirit and LGBTQ+ people's (lesbian, bisexual, queer and trans* as well as other gender- and sexually-diverse identities) multiple roles historically and today.
- Inclusive and responsive care that 'meets them where they are at,' responds to their needs, and respects different aspects of their identities and lived experiences.

How do Indigenous women claim and exercise their rights to reproductive and sexual justice?

Indigenous women claim and exercise their rights to reproductive and sexual justice in a various ways, such as:

- Resisting the harms of the EuroWestern systems and ways of thinking;
- Using government and community-based services to meet their needs and their families' needs;
- Reaching out and getting support from Indigenous women and allies in their communities;
- Sharing community knowledge and having critical conversations.

What changes will support Indigenous women's rights to reproductive and sexual justice?

- Increase resources to Indigenous-led organizations and networks.
- Organizations and institutions can engage the 'deep work' of 1) assessing organizations and practices for colonial ideologies and values, and 2) transforming services, service-delivery, and organizations to be more representative, inclusive and welcoming for all members of the communities they serve.

Contact: Holly McKenzie at holly.mckenzie@usask.ca

Funders: Canadian Institutes of Health Research, Institute of Aboriginal Peoples' Health (now the Institute of Indigenous Peoples' Health, doctoral award and trainee award) and University of British Columbia School of Nursing's Sheena Davidson Research Fund.

Indigenous Women's Reproductive and Sexual Justice and Self-Determination: A Collaborative, Action-Based Project Final Report

Introducing ourselves: Who is involved in this research?

Lead Researcher: Holly McKenzie (University of British Columbia [UBC], Interdisciplinary Studies PhD)

Supervisory Committee: Colleen Varcoe (UBC, Professor with the School of Nursing)

Dory Nason (UBC, Acting Director of the Institute for Critical Indigenous Studies)

Mary-Ellen Kelm (Simon Fraser University, Department of History)

Guiding Knowledge Keeper: Elder Betty McKenna (Anishinaabe Nation, Shoal River Band)

Phase One Collaborators:

Winnipeg:

Melissa Brown is Anishinaabe and Diné from Sagkeeng First Nation and Navajo Nation. She is a mother of two daughters and a midwife. Melissa is the co-founder of the Manitoba Indigenous Doula Initiative and co-chair of the National Aboriginal Council of Midwives.

Denise McGillivray is Cree from northern Manitoba and a single mother of three children. Denise is an outreach worker with Manito Ikwe Kajjikwe/Mothering Project.

Laverne Gervais is an Anishinaabe (Dakota/French colonial settler) woman. Laverne completed a Master of Arts in First Nations Studies at the University of Northern British Columbia. She has worked in various roles related to sexual exploitation of youth, sexual health education and reproductive justice.

Regina:

Jaqueline Anaquod is a Nêhiyaw woman from Plains Cree and Treaty 4 Territory. Jaqueline is pursuing her Master of Arts in the Social Dimensions of Health Program at the University of Victoria. She has worked at non-profit and grassroots organizations with Indigenous women and families.

Christine Smith is an immigrant from Britain and former Executive Director of Planned Parenthood Regina and AIDS Program South Saskatchewan with a background in nursing and harm reduction.

Leona Quewezance is Saukteaux from Keeseekoose First Nation. She is a single mother of four children and a Program Director with All Nations Hope Network.

Saskatoon:

Sharon Acoose is a Saukteaux woman and member of Sakimay First Nation. Sharon is a Professor of Indigenous Social Work at First Nations University of Canada.

Jill Arkles Schwandt is a white-settler woman who completed her Master of Arts degree at the University of Toronto in Women's and Gender Studies. Jillian is the former Executive Director of Saskatoon Sexual Health.

Jannica Hoskins is a Métis two-spirit woman who grew up in Vancouver. She is a single mother, an independent filmmaker, educator, and a former foster mother. She sits on a number of non-profit boards and is a Patient and Family Advisor for Maternal Services in the Saskatoon Health Region.

Tori-Lynn Wanotch is a Mohawk and German woman and a foster mother to Nêhiyaw children. She is the Executive Director of the Core Neighborhood Youth Co-op and a fashion designer with First Intimate Apparel, Her4Directions.

There are two Phase One Collaborators who chose to be anonymous in reports and publications.

Phase Two Collaborators:

Winnipeg area:

Jasmond Murdock is a Cree woman and a member of Fisher River Cree Nation. Jasmond is a single mother. Jasmond studied Urban and Inner City Studies at the University of Winnipeg and has worked in employment and training as well as Indigenous child welfare.

Rebecca Murdock is a Cree woman and a member of Fisher River Cree Nation. Rebecca has been involved various Indigenous women's groups.

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Morningsong Butterfly Woman-Jaynelle Kennedy is an Oji-Cree and Dene woman from Sandy Lake First Nation. She is a single mother and a grandmother. She has attended university and is a beadwork artist. She advocates for families dealing with the child welfare system.

Tatanka Ska Win-Nadine M. is a Dakota-Sioux woman who grew up in Regina. She is a single mother and an advocate for families involved in the child welfare system. She is working to reclaim Dakota-Sioux teachings and to share these teachings with other Indigenous people.

Regina area:

Autumn Sanderson-Taniskishayinew is a Treaty Four woman living with HIV. Autumn lives with her two children and partner.

Cassandra J. Opikokew Wajuntah is a Cree woman from Canoe Lake Cree First Nation. She lives with her husband, two boys, and five dogs. She is the Associate Director of the Indigenous Peoples Health Research Centre and a PhD candidate at the Johnson-Shoyama Graduate School of Public Policy studying Indigenous health and education policy.

Chasity Delorme is a Nêhiyaw woman from Cowessess First Nation. Chasity was a young mother and lives with her two teenage daughters and an adopted son. Chasity completed a Bachelor of Health Studies and now works as a First Nations, Métis and Inuit student advisor with the Regina School Board.

Jenelle McArthur is an Assiniboine woman and a member of Ocean Man First Nation. Jenelle was a young mother and is a single mother of two girls and two boys. She recently completed her Bachelor of Indigenous Social Work at First Nations University of Canada. She has worked at various community-based organizations in different roles, such as sexual health educator and parent aide.

Julianne Herney is a two-spirit Mi'kmaq, Nêhiyaw, Métis and Anishinaabe woman. Julianne is a single mother. She is also a multi-disciplinary artist who studied at First Nations University of Canada.

Katryna Smith is a Nêhiyaw woman and a member of Onion Lake Cree Nation. Katryna has a Bachelor of Arts in Indigenous Studies and a Diploma in Theology. She is pursuing her Bachelor of Arts in Women's and Gender Studies. She has worked as a Continuing Care Aid, a research assistant, and in various roles with youth.

Matilda Young is an Indigenous woman who lives in Regina.

Paulete Poitras is a Dakota-Sioux and Nêhiyaw two-spirit female who grew up on Muscowpetung First Nation. Paulete is studying Human Justice at First Nations University of Canada. She has worked with youth who have been involved in the justice system and in community-based research with Indigenous women, two-spirit people, and communities.

Saskatoon area:

Jennifer Brockman is a two-spirit Nêhiyaw who lives in Prince Albert, Saskatchewan with their father and adopted daughter. Jennifer worked in community-based organizations and now works in Indigenization at a post-secondary institution. They also do much unpaid work to support and build Indigenous and two-spirit community in Prince Albert and Saskatchewan.

Mary Shorting is an Indigenous grandmother who lives in Saskatoon with her children and grandchildren. She is the primary caregiver (and foster parent) to three of her grandchildren. Mary works at a community library.

Mo Mike is a two-spirit Nêhiyaw who lived in Saskatoon during study conversations, and moved to Minnesota shortly afterwards. They have worked in community-based harm-reduction and two-spirit support services.

Shannon Swiftwolfe is an Indigenous mother and grandmother. She is pursuing her Bachelor of Indigenous Social Work at First Nations University of Canada. She has also worked in Early Childhood Education in Saskatoon and on First Nations.

There is four Phase Two collaborators who chose to be anonymous in reports and publications.

Funders: Canadian Institutes of Health Research and UBC School of Nursing

Background

What is reproductive justice?

SisterSong: Women of Color Reproductive Health Collective considers the three principles of reproductive justice to be:

- 1) women's rights to determine if and when to have a child (or children) and how to give birth,
- 2) women's rights to determine not to have a child (or children) and how to prevent and/or terminate a pregnancy,
- 3) women's rights to parent their children with social supports, within "safe environments and healthy communities, and without fear of violence from individuals or the government" (Ross, 2006, p. 3)

Native Youth Sexual Health Network explain on their website:

Sexual and Reproductive Justice means that we can determine our gender and sexual identities on our own terms. It means having free, prior and informed consent regarding all decisions made about our bodies. As the legacy of Indigenous and women of color community organizing has taught us, it's about recognizing just how interrelated issues are having to do with our bodies (i.e. domestic violence and higher rates of incarceration for women) and that often we need justice before "choice" even becomes a possibility.

Reproductive justice is interconnected with Indigenous women's history and continuing practice of Indigenous traditions, particularly those related to gender, reproduction, midwifery and birthwork. In the face of colonial interventions, Indigenous women have protected, sustained, and revisioned traditions. Indeed, Indigenous women are having many conversations and organizing around reclaiming Indigenous gender relations, reproduction, motherhood, maternal and child health practices, Indigenous midwifery, as well as associated political and economic roles.

What is the purpose of this project?

To explore:

- 1)How do Indigenous women living in Winnipeg, Saskatoon, and Regina define and understand reproductive justice and reproductive sovereignty?
- 2)How do urban Indigenous women claim and exercise their rights to reproductive justice?
- 3)What changes to social and health services will respect and support urban Indigenous women's rights to reproductive justice?
- 4)What political, economic, and community changes will respect and support urban Indigenous women's rights to reproductive justice?

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What did we do in this project?

Phase	Participants	Methods
Phase 1: March 2015- May 2016	12 collaborators with professional experience related to reproductive justice Winnipeg: 4 Regina: 4 Saskatoon: 4	Semi-structured interviews Policy analysis Meetings with collaborators
Phase 2: September 2016-June 2017	5 collaborators with personal experience related to reproductive justice Winnipeg: 2 Regina: 1 Saskatoon: 2	Research Circle with local Knowledge Keepers, Elders, or Kookums
	20 collaborators with personal experience related to reproductive justice Winnipeg: 5 Regina: 7 Saskatoon: 8	Semi-structured interviews Policy analysis Meetings with collaborators
	Other Interview participants Policy Navigators: 5 Organization Representatives: 33	Semi-Structured Interviews Environmental Scan Interviews
Phase 3: July 2017- ongoing	32 collaborators with professional and personal experiences related to reproductive justice Winnipeg: 9 Regina: 13 Saskatoon: 11	Study Updates Community Forums Individual and Group Meetings about specific actions

Findings:

How do Indigenous women in these three urban centres understand and define sexual and reproductive justice?

Sexual and reproductive justice means being able to make decisions about their bodies, gender, sexuality, reproduction, and how they raise their children. It also means others around them respecting and honouring these decisions and their realities. **Basically, it is self-determination of their reproductive and sexual lives and includes the right to determine:**

- 1) gender and sexual identity and experiences,
- 2) the terms of reproduction (including the right to prevent pregnancy or become pregnant and to end or continue pregnancies),
- 3) the selection of birthing conditions (including whether to have a midwife-attended or physician-attended birth),
- 4) the selection of where one lives with one's family (including geographic location and housing conditions), and
- 5) the engagement of relationships (including relationships with healthcare and social services, community, cultural practices and land).

Collaborators identified different factors that support their reproductive and sexual self-determination including: a) information, resources and relations that facilitate women's decision-making, b) people, organizations and governments that respect, honour, and support their reproductive and sexual decisions, and c) people, organizations, and governments that respect their familial and community rights to self-determination.

Collaborators spoke about sexual and reproductive justice as interdependent, relational and intergenerational in relation to:

- their family and community histories of colonial disruption and Indigenous resistance;
- fostering reproductive and sexual justice for their children and future children
- historical and continuing traditional practices that support and respect Indigenous women's reproductive and sexual justice

We're Cree and my mother was birthed by my chapan, so when we talk about reproductive justice for me as an Indigenous woman it is all rooted in that history... I come from a matriarchal society and hearing the stories of my Kokums, my Chapans who were medicine women, who were midwives in the community, and hearing stories about how that was interrupted by the residential school system, those values and teachings and all of that spiritual side of being pregnant and birthing and having children is just gone. It's not gone, it was stolen. (Jaqueline).

What gets in the way of Indigenous women's reproductive and sexual self-determination?

a) Stereotypes, stigma, and surveillance:

My gynecologist, he said, "Well because you are Aboriginal, because you are Native, you should be on birth control." He had a nursing student with him, and the student looked at him and I was like, "Oh." I just wanted to get out of there because my baby was with me. (Jasmond)

Stereotypes that Indigenous women are promiscuous, bad mothers who have 'too many children,' have children 'too young' and are prone to addictions are still common. These **stereotypes**, along with other racist, sexist, and homophobic stereotypes and assumptions **shape healthcare providers, child welfare workers, and other service providers actions towards Indigenous women**. For instance, collaborators shared stories and community knowledge about Indigenous women, both historically and recently, being pressured to have tubal ligation and/or abortion procedures, and to use long-term contraceptives. Some collaborators shared specific examples about how these service providers' actions were influenced by stereotypes.

Past and present colonial policies continue to perpetuate reproductive injustices against Indigenous women, for instance, collaborators related stories of child welfare workers watching Indigenous mothers who lived in foster homes or adoptive homes closely, subjecting them to **increased surveillance**, because they were raised in foster homes.

b) Colonial disruption and silencing:

One of the ways that colonial disruption affects Indigenous women is through the **normalization of sexual violence against Indigenous women, girls, two-spirit and trans* people**. Collaborators discussed intergenerational patterns that have normalized sexual violence and made it something that should not be talked about. Another way colonial disruption and silencing affects Indigenous women is **the influence of colonial ideologies and processes on Indigenous practices and teachings about gender and reproduction**. This analysis highlights that the teachings people follow and how they interpret those teachings impact how they feel about their gender identity and expression, what possible reproductive decisions they will consider, and how they feel about difficult reproductive decisions. Collaborators' discussions about Indigenous practices emphasized diversity within and among communities.

There's the stigma in general in society, but there is also, as far as traditional teachings go, I've had women say 'Oh, I'm not a murderer, or Creator gave me this gift and I can't give that gift back' and so depending on which Elder they talk to and which ceremonial family that they have those beliefs are different and lots of women feel very strongly... So, that's a really tough subject and some women won't even talk about it (Melissa).

- c) **Systems and services are built on colonial worldviews:** These systems and services are assumed universal and the harms Indigenous women experience within these systems are often ignored. This study highlighted the harms of:
- The dominance of **Christian anti-choice teachings** and **anti-choice/pro-choice binary** in discussions and services related to abortion. In study conversations, collaborators discussed a gap between their experiences with pregnancy terminations and common discussions about abortion. One such limitation is that patients seeking supports and more complex understandings often find themselves patching together services and support, or worse, faced with gaps in service and silence or judgement from family members and friends.
 - The dominance of **biomedical practices and narratives**, particularly in relation to pregnancy complications and loss.

What respects and supports Indigenous women's rights to reproductive and sexual justice?

- a) **Sustaining and reclaiming** Indigenous teachings, practices, and ceremonies that are supportive of women, girls, two-spirit and trans* people.
- b) **Recognizing Indigenous women's, two-spirit and LGBTQ+ people's multiple roles** historically and today.
- c) **Inclusive and responsive care** that 'meets them where they are at,' respond to their needs, and respects different aspects of their identities and lived experiences. Specifically, collaborators spoke about the need to further grow midwifery and doula care, Indigenous liaison and advocate positions, as well as community-based supports grounded in trauma- and violence-informed care and harm-reduction frameworks, particularly Indigenous community-based supports.
- d) With **increased resources and supports**, Indigenous families could get what they determine they and their families need to be safe and healthy. When we discussed what "safe and healthy" means in interviews and collaborators meetings, collaborators discussed various factors including: a) access to safe housing (where women, their partners and children can determine who has access to the home); b) access to safe and healthy food, culturally-relevant and culturally safe supports, information, and services (including a range of childcare options); and c) relationships with family, friends, and other community members.

This study highlighted that Indigenous women claim and exercise their rights to reproductive and sexual justice through:

- a) **Resisting** the influence of colonial processes and ways of thinking on their lives, particularly their decisions about gender and sexuality, reproduction, and parenting.
- b) **Negotiating** government and community-based supports to meet them and their families' needs.
- c) **Protecting, sustaining, and practicing** Indigenous teachings and practices that support Indigenous women, two-spirit and trans* people.

“One of the most revolutionary acts as a woman is just to have a baby and to hell with laws, policies, and legal crap.”
(Laverne)

I think that the more that there is space made for people to come together and talk about these things it becomes less isolating and there are more opportunities to...share the knowledge or teach the knowledge
(Collaborator)

- d) Having **critical conversations** about the influence of colonial and values and ideologies on Indigenous teachings and practices.
- e) Sharing **community knowledge** about historical and present colonial practices, as well as Indigenous practices and teachings.

Some changes that would support and respect Indigenous women, two-spirit and trans people's reproductive and sexual justice*

- Using creative strategies to **increase resources and power of Indigenous-led networks** and organizations that support Indigenous women's, two-spirit and trans* people's reproductive and sexual self-determination;
- Increasing **social assistance and disability rates**;
- Increasing **safe and affordable housing** and supportive **community and housing programs**;
- Increasing access to **abortion services** in Saskatchewan;
- Increasing **counselling and related supports related to difficult reproductive experiences and decisions**.
- Continuing to **grow inclusive, responsive, wholistic and culturally-relevant supports** including: midwifery and doula care, Indigenous liaisons and advocates, community-based supports informed by trauma- and violence-informed approaches and harm-reduction, particularly Indigenous community-based supports.
- Continuing to **transform institutions and organizations** so the leadership and care providers reflect the diversity of people who are accessing these services (e.g. increase the proportion of Indigenous care providers and care providers with a range of gender- and sexual identities).
- Doing the **'deep work'** of 1) assessing policies, mission statements, mandates, practices, and services for colonial values and ideas, and 2) transforming services, service-delivery, and organizations to be more representative, inclusive and welcoming for all members of the communities you serve.

What have we done/are we doing based on what we have found?

- We submitted a briefing note addressing with recommendations for the Saskatoon Health Region addressing the coercive sterilization of Indigenous women (September 2016).
- We have created short fact sheets related to sexual and reproductive justice, focused on 1) sexual and reproductive health rights 2) negotiating the child welfare system in Manitoba; 2) accessing abortion services in Saskatoon, Saskatchewan; and 3) rights to free, full, and informed consent for medical treatment.
- We will facilitate an online community forum sharing the final report.

Would you like to learn more about the study or arrange presentation about the study findings? Contact lead researcher, Holly McKenzie at [holly.mckenzie\(at\)usask.ca](mailto:holly.mckenzie(at)usask.ca)

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Further information:

Some Related Websites/Organizations:

Native Youth Sexual Health Network-<http://www.nativeyouthsexualhealth.com>

Working internationally, the Native Youth Sexual Health Network works with various organizations and communities around sexual and reproductive justice.

Ka Ni Kanichihk- kanikanichihk.ca

Ka Ni Kanichihk is a non-profit organization in Winnipeg providing Indigenous identified programs and services that focus on wholeness and wellness and that build on the strengths and resilience of Indigenous peoples.

Zaagi'idiwin- <https://www.facebook.com/indigenoussoulas>

This grassroots organization facilitates Full Spectrum Indigenous Doula Training and educational opportunities about various aspects of reproductive, sexual and maternal health as well as midwifery.

National Aboriginal Council of Midwives- <https://indigenoumidwifery.ca/>

This council advocate for the restoration of midwifery education, the provision of midwifery services, and choice of birthplace for all Indigenous communities consistent with the UN Declaration on the Rights of Indigenous Peoples.

Action Canada for Sexual Health & Rights-<http://www.sexualhealthandrights.ca>

This Canadian organization works in international and national policy, education and advocacy for sexual and reproductive health and rights.

SisterSong: Women of Color Reproductive Justice Collective-<http://sistersong.net>

Locating in the United States, Sistersong is a network of local, regional and national grassroots agencies representing women of color in the United States.

First Nations Child and Family Services-<http://www.fncaringsociety.com/who-we-are>

This Canadian organization provides research, policy, professional development and networking support to Indigenous children and families.

Native Women's Association of Canada- <http://www.nwac.ca>

This Canadian organization works to support Indigenous women and girls as well as their families through activism, policy analysis and advocacy.

Some Related Resources:

Anderson, K. (2011). *Life stages and Native women: memory, teachings, and story medicine*. Winnipeg: University of Manitoba Press.

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Some Related Resources (continued):

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