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Letter to the Editor

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Stephen M. Marson & Donna DeAngelis, Editors

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*Social location note: This letter was originally created by Dr. Stasha Huntingford (they/she) in March 2023, I am a white, cis, settler, queer woman, living with chronic health conditions, PTSD and hidden disabilities. I have diverse experience with class, including experience living in poverty and sometimes having access to intergenerational wealth. I only speak one language, and have always lived with the Rocky Mountains. I currently make more than a living wage, which I have not experienced since 2018/2019. As a settler, social worker, and someone who benefits from white privilege, I have an ethical imperative to interrupt colonialism, racism and other forms of oppression. I tried to find a way to translate this letter into French, but I have neither the skills, nor the resources to do so. Ro Averin provided anti-racist supervision: <https://www.unlrnrjct.com/meet-ro>

In regard to the matter of social work practicum placements at Crisis Pregnancy Centers/Pregnancy Care Centres

Below I provide evidence to support the following points:

- Practicums at Crisis Pregnancy Centers/Pregnancy Care Centres are in violation of social work Codes of Ethics, due to a dishonest approach to blocking access to self-determination for people making informed health choices

- Social work schools need to be accountable for the match or mismatch between practicum placements and our Codes of ethics
- Social work has much to make up for in terms of causing past and current harm by blocking marginalized peoples' access to self-determination to make informed health choices

We, the signatories of this letter, request that the Field Education Committee ***consider and discuss the connections and disconnections between our* stated values and our actions, specifically in regards to practicum placements at Crisis Pregnancy Centers/Pregnancy Care Centres*** across Canada.

*'Our' refers to all of us social workers and social work students, as we have all committed to uphold our Code of ethics (CASW, 2005; CASW, 2022; IFSW, 2019; NASW, 2021), including working for social justice, and respecting the self-determination of the people who we work with.

We request this of the Field Education Committee, as you are the primary decision makers when it comes to *determining if a practicum placement is an appropriate place for social work teaching and learning*. In addition, as social workers whose reputations are connected with the institutions that we work for, and learn at, we feel entitled to accountability and transparency about these choices. Of course, the Field Education Committee can request that other social workers assist in this work; recognizing that the Field Directors are the most powerful decision makers on this issue, so we have asked you to lead us.

Our request includes sharing the Field Education Committee *commitments to action* on this matter. The work of the Field committee is to determine if you commit to the four **THEN** statements in this letter. The sharing of your chosen, or created, commitments will take the form of a motion to be voted on by the larger group at our CASWE-ACFTS annual meeting (May 30-June 2nd, 2023).

We also request a *publicly available written report* reconciling our knowledge, and our commitments, with our actions (linking the **SINCE...** with the **THEN...**) on this topic, before our 2024 CASWE annual meeting. As illustrated below, this is a timely issue that *must* be attended to in 2023.

I present this ethical dilemma starting with *what we social workers know*, and *what we social workers have ethically committed to* [represented by **SINCE...**]; followed by *how these truths inform our social work actions* [represented by **THEN...**].

SINCE...We understand providing access to accurate information and reproductive health services as fundamental to ethical social work practice (Alzate, 2009; Beddoe, 2022; CASW, 2005; CASW, 2022; Ekoh, & Agbawodikeizu, 2022; Ely, et al., 2012; Filiatreault, 2019; Gomez, et al., 2020; IFSW, 2019; NASW, 2021; Shaw, 2013; TRC, 2015; Witt, et al., 2012).

SINCE...We support this statement by CASW (2022), including recognizing that abortion rights are under threat in this country (Browne, 2019), and that stigma is a major barrier to people accessing abortion:

The CASW Code of Ethics privileges self-determination, and the Association affirms that timely, accessible abortion is not only health care, but a human right [emphasis added]. We must do more to ensure that all those in Canada have access to timely, appropriate, and affordable health care services, which include abortion.

SINCE...We have evidence that Crisis Pregnancy Centers/Pregnancy Care Centres [CPC/PCCs] provide medically inaccurate information, engage in deceptive practices, and are not transparent about their goal to prevent abortions (Arthur et al., 2023; Boucher, 2004; Bourgeois, 2014; Browne, 2019; Bryant, & Swartz, 2018; Burns-Pieper, 2022; Canadians for Choice, 2008; Ho, 2022; Humphreys, 2021; Khandaker, 2013; LaRoche, & Foster, 2015; Li, 2019; Mitchell, 2019; Montoya, Judge-Golden, & Swartz, 2022; Murdoch, 2020; NARAL Pro-Choice Connecticut Foundation, 2018; Oliver et al.,

2018; Polcyn, et al., 2020; Pompilii, 2022; Raab, 2020; Rudrum, 2023; Shaw, 2006; Shaw, 2013; Smith, 2010; The Alliance, 2021; The Charity Report, 2022; Tilley, 2011; Upshaw, 2022; Weeks, 2022).

As Sarah Rudrum (2023) found in their analysis of students' experiences with an on-campus CPC/PCC at a Canadian University: "Participants contacting the CPC sought testing, counselling, and referral to abortion; instead, they encountered religious, anti-choice messages, and were left distressed and with delayed access to health care" (p. 53).

The examples of misinformation provided by CPC/PCCs are extreme. For example, in their research for the report *Reality check: A closer look at Accessing Abortion Services in Canadian Hospitals* Shaw (2006) was told by CPC/PCCs that if you had an abortion:

- And ever get pregnant again in the future, your cervix will have to be sewn shut, and you will have to be in bed rest the entire nine months of your pregnancy, with your feet above your head, so that the baby doesn't fall out.
- You will be drawn to abusive men, because subconsciously, you will know that you deserve punishment.
- You will get breast cancer.
- Any future children you have are at a higher risk of developing cerebral palsy.
- You are likely to turn to drugs or alcohol and develop an addiction. You know you are already a mother. (as cited in Shaw, 2013, p. 11)

Appendix A at the end of this document provides other examples of misinformation from CPC/PCCs websites across Canada. This list was compiled by the Abortion Rights Coalition of Canada for use as an internal document (which I have permission to share), in conjunction with their report *Examining the Websites of Anti-Choice Crisis Pregnancy Centres* (Arthur, et al., 2023). <https://www.arcc-cdac.ca/cpcstudy-2023/>

SINCE...We know that white middle class cis women have centered our/their perspectives and needs when it comes to issues of access to informed consent for reproductive choices (Action Canada, 2020; Beddoe, 2022; Campo, 2022; Cattapan, et al., 2021; Coen-Sanchez, 2022; Coen-Sanchez, et al., 2022; El-Mowafi, et al., 2021; Idriss-Wheeler, et al., 2021; Kidd, 2022; Jacobs, & Sherman, 2023; LEAF, 2022; Valdez, & Deomampo, 2019).

We know that, due to racism, middle class white women are

- overrepresented in social work in North America (Badwall 2014; Jeyapal 2017);
- benefit from oppressions such as colonialism, and racism;
- have often benefited from access to informed reproductive choices, while at the same time interfering with other peoples' access to the same right;
- all while not acknowledging the impact of oppressions other than patriarchy (Action Canada, 2020; Beddoe, 2022; Campo, 2022; Cattapan, et al., 2021; Coen-Sanchez, 2022; Coen-Sanchez, et al., 2022; El-Mowafi, et al., 2021; Idriss-Wheeler, et al., 2021; Kidd, 2022; Jacobs, & Sherman, 2023; LEAF, 2022; Valdez, & Deomampo, 2019).

SINCE...Social work and social workers have enabled and enacted forced sterilization of immigrants, people from BIPOC* [Black, Indigenous, and People of Color] communities, people with disabilities, people living in poverty, and other groups (Action Canada, 2020; Akbari, 2021; Cattapan, et al., 2021; Clarke, 2021; Grekul, 2008 as cited in Williams, 2020; Johnstone, 2016). The oppression of sterilization is not limited to the past, and is not criminalized in Canada (CBC Radio, 2022; Fournier, 2021; Rutherford, 2022; Standing Senate Committee, 2022).

*I use this term based on this advice (Clarke, 2020; Merle and Fiona, 2020), but I understand there is debate about who this term includes and excludes/if it reinforces oppression. For

example, some scholars advise to include M for multi-racial people (A. Foggin, personal communication, August, 2022; SFU, 2023). Other people object to the use of this term, based on the belief that it reinforces concepts such as blood quantum (Apihtawikosisan, 2020). Others define the M in BIMPOC as 'Middle Eastern' (Florida State University, 2023).

SINCE...We are working on the Truth and Reconciliation Commission *Calls to Action* (2015), including the 18th call about access to health services:

18: We call upon the federal, provincial, territorial, and Aboriginal governments to acknowledge that the current state of Aboriginal health in Canada is a direct result of previous Canadian government policies, including residential schools, and to recognize and implement the health-care rights of Aboriginal people as identified in international law, constitutional law, and under the Treaties.

We know that social work and social workers owe reparations in this area. We know that we have caused harm, and continue to cause harm. For example, CASW recommended residential schools to the House of Commons in 1946 (CASW, 2019). Currently, racism from social workers remains a major barrier for BIPOC people accessing health services (Fante-Coleman, & Jackson-Best, 2020; Filiatreault, 2019; Monchalin, et al., 2020).

SINCE...We are working on the National Inquiry into Murdered and Missing Indigenous Women and Girls report (2019) *Calls for Justice*, including call 3.1:

3.1: We call upon all governments to ensure that the rights to health and wellness of Indigenous Peoples, and specifically of Indigenous women, girls, and 2SLGBTQQIA people, are recognized and protected on an equitable basis.

We know that social work and social workers owe reparations in this area. We know that we have, and often continue to, *cause harm through our inactions as much as our actions*. We have blocked access to informed consent for the reproductive choices of Indigenous women, girls, and 2SLGBTQQIA people (Campbell, & Lawford, 2021; Filiatreault, 2019). Current harm includes

social workers continuing birth alerts, despite these being a practice that has been identified as unconstitutional, illegal, and at the very least unethical, in most provinces and territories (Hyslop, 2019; Vikander & Marelj, 2021).

SINCE...We know that stigma is a barrier to people accessing abortion services (CASW, 2022; Davies, 2022; Dineley, et al., 2020; LaRoche, & Foster, 2015; Rudrum, 2023; Sethna, et al., 2013; Shaw, 2013; Steinberg, et al., 2016). We know that CPC/PCCs provide inaccurate information, which is *designed to create stigma* (Arthur, et al., 2023; Boucher, 2004; Bourgeois, 2014; Burns-Pieper, 2022; Canadians for Choice, 2008; Ho, 2022; Khandaker, 2013; Li, 2019; Mitchell, 2019; Montoya, Judge-Golden, & Swartz, 2022; Murdoch, 2020; NARAL Pro-Choice Connecticut Foundation, 2018; Oliver et al., Pompili, 2022; Shaw, 2006; Shaw, 2013; The Alliance, 2021; The Charity Report, 2022; Upshaw, 2022).

SINCE...We know that reproductive justice (Ross, 2006; Ross, & Solinger, 2017; Sister Song, 1994) requires recognition of the role of oppression in the accessibility of health services (Action Canada, 2020; Beddoe, 2022; Campo, 2022; Cattapan, et al., 2021; Coen-Sanchez, 2022; Coen-Sanchez, et al., 2022; El-Mowafi, et al., 2021; Idriss-Wheeler, et al., 2021; Kidd, 2022; Jacobs, & Sherman, 2023; LEAF, 2022; Ross, 2006; Valdez, & Deomampo, 2019). In the words of Beddoe (2021), “An intersectional approach positions reproductive health as a dimension of health in which multiple intersecting identities and social locations – gender, race, class, sexualities, geography, culture, health and disabilities – situate some people in a precarious position” (p. 9). As Coen-Sanchez (2022) reminds us “Reproductive justice isn’t just a [pregnant person’s] issue, it’s a racial one” (p. 1); for example reproductive justice includes the right to raise children free from state violence, and in a healthy environment (Ross, 2006; Ross, & Solinger, 2017).

THEN...

THEN...We commit to endorsing ethical practice, as well as learning opportunities, by refusing to offer practicum placements at CPC/PCCs.

THEN...We commit to err on the side of *extreme transparency* about access to informed consent in reproductive choices, for all of the people who we work with. This commitment may require education/supervision, which emphasizes that when social workers interfere with reproductive choices, we are violating our commitments to social justice, and our commitments to protect the self-determination of the people who we work with (CASW, 2005).

THEN...We commit to working to address barriers to people accessing abortion services across Canada, including *stigma*, unequal ability to travel, and being given inaccurate information when making health decisions (Dineley, et al., 2020; Ryan, et al., 2021; Sethna, et al., 2013; Shaw, 2013). This includes recognizing the role of oppression in the accessibility of health services, and how social workers contribute to, or challenge, stigma through our decisions about practicum placements.

THEN...*At the very least*, we commit to creating, and developing partnerships with, organizations who advocate for access to informed consent in reproductive health, in order to be, and to become, social workers who respect the self-determination of the people who we work with (CASW, 2005; CASW, 2022; IFSW, 2019; NASW, 2021).

Here is the link for social workers and social work students who wish to endorse the letter by signing:

<https://forms.gle/TThcTDUCdz9uwhyj6>

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violence in their curriculum and all social workers to respond the needs of women in risk or disadvantaged situations – orange the world.

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Appendix A

Examples of misinformation from CPC/PCCs websites across Canada.

This list was compiled by the Abortion Rights Coalition of Canada for use as an internal document (which I have permission to share), in conjunction with their report *Examining the Websites of Anti-Choice Crisis Pregnancy Centres* (Arthur, et al., 2023).

www.arcc-cdac.ca/media/crisis-pregnancy-centres/cpc-website-review-2023.pdf

PROVINCE	1-2 WORST QUOTES FROM CPC WEBSITES
<p>Alberta</p>	<p>“Our goal is to promote the sanctity of human life, and protect the unborn as well as to help the mother/father who may be in distress.”</p> <p>“Referrals to: Pro-life doctors”</p> <p>Gianna Centre - Calgary, AB – https://www.cssalberta.ca/Gianna-Centre</p> <p>Problem: fetus-first mentality, pregnant person an after-thought</p> <p>“An abortion may increase the risk of infertility and the ability to carry the baby full-term. Multiple abortions increase the risk of infertility due to the potential uterine and cervical damage.”</p> <p>The Back Porch - Edmonton, AB – http://www.thebackporch.info/faq/abortion-edmonton</p> <p>Problem: scientifically false (illegal unsafe abortion can cause these problems)</p>
<p>Saskatchewan</p>	<p>“Women come to us hoping to resolve feelings of guilt, anxiety and depression. Women also inform us of secondary symptoms such as flashbacks of the abortion procedure, addictions, eating disorders, self-harm, anniversary syndrome, spiritual disconnection, preoccupation with becoming pregnant again, and interruption of bonding with future</p>

	<p>children.” Saskatoon Pregnancy Options Centre - Saskatoon, SK - https://www.saskatoonpregnancy.com/post-abortion.php Problem: greatly exaggerates emotional risks and paints in lurid terms. Implies major distress after abortion is common but it’s rare.</p>
<p>Ontario</p>	<p>“If you find someone considering an abortion suggest they talk to us first.” “We have seen first hand the difference prayer makes. We pray for the end of abortion, the staff at the abortion clinic beside ATW, our clients facing a crisis pregnancy, the unborn and young families!” Aid To Women Crisis Pregnancy Centre - Toronto, ON - https://e9532cb6-2d57-4ddd-a209910e3171b1a3.filesusr.com/ugd/64072d_93adff221185451b9c27d95228455d26.pdf Problem: Shows religious anti-choice zeal, they don’t prioritize client welfare</p> <p>“Biology shows that estrogen, without the balancing effects of the other pregnancy hormones, is a factor in increased breast cancer risk. Induced abortion increases a woman’s total estrogen exposure, ultimately increasing her risk for breast cancer.” Goderich Life Centre - Goderich, ON – https://goderichlifecentre.com/Abortion.html Problem: Scientifically false, the estrogen hypothesis has been debunked, it’s long-proven that abortion does not increase risk of breast cancer.</p>
<p>Manitoba</p>	<p>“We envision a community where every life has value and no one faces pregnancy or parenting alone” Pregnancy Support Centre of Westman - Brandon, MB - https://www.pregnancysupportcentre.ca/about-psc Problem: Code language for prioritizing fetuses over the needs/interests of pregnant people.</p>

	<p>“Women have self-identified a wide range of feelings and responses to their abortion decision. Sometimes women feel regrets right away. Some women have said they are fine after their abortion. Other women have said it was years later that the unsettling feelings began to surface. Women have reported these experiences after having an abortion: Guilt, Grief, Anger, Anxiety, Depression, Suicidal Thoughts, Difficulty Bonding with Partner or Children, Eating Disorders.”</p> <p>Pembina Valley Pregnancy Care Centre (Winkler, Morden, Altona) - https://www.pvpcc.com/post-abortion-care/</p> <p>Problem: Almost all are fine after their abortion, not “some.” Gratuitous listing of serious emotional symptoms is designed to scare.</p>
<p>N.B.</p>	<p>“It is our desire that every woman in Southeastern N.B. who is facing ambivalence around an abortion decision has a place to go for accurate information.”</p> <p>Pregnancy and Wellness Centre of Moncton - Moncton, NB - https://www.monctonwellness.ca/about.php</p> <p>Problem: The info is not accurate (factually and/or because it’s given out of context)</p>
<p>Nova Scotia</p>	<p>“Countless women and men have shared with us their deep, long-term, unwanted feelings of regret, sorrow, guilt, shame, depression, anxiety, substance abuse and suicidal thoughts and behavior which they say are directly linked to their abortion experience... A local abortion provider told us that in his experience ‘there aren’t any women who are glad they had an abortion.’”</p> <p>Problem: Grossly overstated, almost all people are fine after their abortion. Gratuitous listing of serious emotional symptoms is designed to scare. Quote taken out of context - no-one’s happy to have to undergo a medical procedure, but are grateful it was available to them and for abortion it gives them back their lives.</p>

	<p>“You may be interested to know that in Nova Scotia, there are many, many families waiting to adopt infants. There are older children in Foster Care who are available for adoption in Nova Scotia, but the fact is that there are very many families in Nova Scotia looking to adopt infants today, but a lack of infants available for adoption in this province. As the Department of Community Services' website states, "There are fewer infants available for adoption than in the past and there is a lengthy waiting period to adopt infants."</p> <p>Valley Care Pregnancy Centre - Kentville, NS - https://www.asafeplaceforme.com/abortion</p> <p>Problem: Guilt-inducing over adoption, and treats babies as a commodity that should be produced by women.</p>
<p>P.E.I.</p>	<p>“An essential part of the work we do at the Island Pregnancy Centre is coming alongside moms who choose to parent their child.”</p> <p>Problem: So no support for those who need abortions?</p> <p>“We also offer post abortion support - although many women feel some relief after an abortion, others may have negative emotions. These reactions may be immediate or may occur years later. We provide one-on-one and group support for those suffering emotional distress after having an abortion.”</p> <p>Island Pregnancy Centre - Charlottetown/Summerside, PEI - https://www.islandpregnancycentre.com/mothershome https://www.islandpregnancycentre.com/overviewof-services</p> <p>Problem: Relief is the predominant emotion after abortion, and lasting negative emotions are rare.</p>
<p>N.&L.</p>	<p>“The Centre for Life operates a pregnancy resource service offering life affirming support to women in unplanned pregnancies.”</p> <p>Centre for Life - St. John's, NL – https://www.centreforlife.ca/main/services/</p> <p>Problem: “Life affirming” for the fetus, they mean.</p>

<p>B.C.</p>	<p>Hope for Women Pregnancy Services in Abbotsford, BC (#66) states it “is not a medical facility. We do not perform or refer for abortions but provide nonjudgemental, compassionate support, and accurate information on all pregnancy options, including abortions.”</p>
<p>Quebec</p>	<p>« L'avortement comporte le risque de complications significatives telles que l'hémorragie, l'infection, et des dommages aux organes. De graves complications médicales se produisent rarement dans les avortements précoces, mais augmentent avec les avortements tardifs 16, 17. Obtenir des informations complètes sur les risques reliés à l'avortement est limité en raison de déclarations incomplètes et le manque de tenue des dossiers se rapportant à des complications d'avortements. L'information qui est disponible signale les risques suivants. »</p> <p><i>Translation: Abortion carries the risk of significant complications such as hemorrhage, infection, and organ damage. Serious medical complications rarely occur in early abortions, but increase with late abortions. Obtaining complete information on abortion-related risks is limited due to incomplete reporting and lack of record keeping related to abortion complications. The information that is available points to the following risks.”</i></p> <p>Enceinte et Inquiète ? - Montréal - https://www.enceinteinquiete.org/tu_envisages_un_avortement_2</p> <p>Problem: Grossly overstated risks that really only occur with illegal unsafe abortion. Implies without evidence that reporting problems hide complications. Actually, complications of later abortions are mostly reported because hospitals do most of them and are required to report complications. Clinics don't report complications but overwhelmingly do early abortions that are very safe.</p> <p>“Some women experience acute or lingering grief after an abortion, some suffer other consequences such as broken relationships. Many don't get a space to heal. Healing Sessions is a post-abortion support group for women seeking</p>

	<p>spiritual recovery, freedom and restoration from their abortion experience, no matter how long ago the abortion happened.”</p> <p>Options Pregnancy Centre - Lennoxville - https://www.optionslennox.com/</p> <p>Problem: Out of context. Very few people regret their abortion or have these symptoms.</p>
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