



FACTOR-INWENTASH
FACULTY OF SOCIAL WORK
UNIVERSITY OF TORONTO



Don't Forget the Social Workers:

Strengthening Social Work Curricula
and Continuing Professional Development Opportunities
regarding Abortion Care

CART-GRAC

Contraception
Access
Research
Team



Groupe de
recherche sur
l'accessibilité à
la contraception



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About the Youth Wellness Lab:

The Youth Wellness Lab (YWL) was formed in early 2020 and is housed at the Factor-Inwentash Faculty of Social Work, University of Toronto. The YWL's mission is to create a safe space for sustainable empowerment and expression through research and collaborative conversations, for youth, by youth. By providing opportunities to engage in dialogue, we focus on issues that youth experience and uplift ideas about their wellness. Co-directed by FIFSW Associate Professors Stephanie Begun and Bryn King, the YWL aspires to create knowledge that speaks to the intersectional identities of young people ages 29 and younger and engages youth as authentic partners and leaders in designing, developing, and translating research that impacts service delivery to improve youth outcomes.

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Project Overview

These efforts were undertaken as part of a larger project entitled “The CART Access Project: Advancing access to abortion for under-served populations through tools for healthcare professionals and people seeking care.” Comprised of 17 organizations convened by the Contraception and Abortion Research Team (CART), including the YWL, the aim of the broader project is to disseminate evidence-based healthcare provider (HCP) and patient tools to improve access to high-quality abortion care that meets the needs of equity-deserving populations.

The overall CART Access Project had several objectives:

1. Adapt CART’s research-oriented virtual community of practice (vCoP) to become a health system-hosted open-access vCoP to support healthcare professionals to begin and sustain abortion service provision with mentorship, education, practice-support and patient-support tools, tailored to address the needs of under-served populations.
2. Adapt and distribute CART’s patient decision aid (including a range of context-oriented, cultural, and language-adapted videos), and related partner patient resources, to support under-served populations to access appropriate abortion information and care.
3. Define appropriate approaches for HCPs and patient-facing resources to meet the needs of under-served populations, including youth, engaging the YWL, UofT.
4. Establish a national abortion-doula network and define approaches appropriate for HCPs to meet the needs of justice-involved people, engaging with Wellness Within (WW), led by the University of New Brunswick.
5. Establish a national network of mentorship hubs engaging tertiary care women’s hospitals across Canada for real-time guidance and mentorship support to abortion-providing HCPs.
6. Collaborate with a range of organizations to support their development of, and to disseminate their capacity-building resources for HCPs in abortion-care service provision.
7. Convene a knowledge-mobilization and sustainability-strategy summit of collaborators, community, International Advisory Committee members, and Government to disseminate findings and strategize next steps that maximize cross-learnings and impact.

The primary aims of YWL-led efforts were to identify ways of making abortion information and services more accessible, affirming, and comfortable for equity-deserving groups, including youth, across Canada through youth-led qualitative research with healthcare and allied helping professionals; and to conduct a scoping review on the role of social work in abortion care to inform curricula and continuing professional development (CPD) needs and materials for social workers regarding abortion.

Background

In 2021, there were more than 87,000 abortions in Canada, illustrating the quite common nature of the procedure [1]. In recent years, Canada has been able to expand access to abortion care through the availability of the abortion pill, mifepristone, and this has changed the approach to delivery of abortion care services in Canada. Nonetheless, equitable access to abortion care in Canada remains a concern, and some of the barriers to accessing safe abortion care include stigma, geographic location, and accessibility of healthcare providers who are willing, comfortable, and competent in providing abortions [2]. Lack of access to educational resources for healthcare professionals (HCPs) and allied helping professionals to identify and utilize appropriate approaches and strategies for high-quality, appropriate care provision to equity-deserving groups is also a noteworthy challenge. Further, there is an urgent need for patient-facing resources to assist those requiring abortions in making an informed decision. The current project answers a Health Canada call to address these challenges by curating resources to improve healthcare providers' and allied helping professionals' expertise in providing de-stigmatized and contextually appropriate abortion care for populations facing intersecting systemic barriers, and similarly, to reduce gaps in information available for under-served groups.

Research has shown that information-seeking encounters with professionals either enable or impair the autonomy of pregnant persons' decision-making, and especially those who are seeking abortion resources [3]. As one group of professionals that actively supports clients as they seek information, unimpeded access to resources and services, and that advocates for client self-determination in all decision-making, social workers are positioned to play important roles in providing abortion information and referrals. Social workers are present in countless community-based and institutional settings, yet they may be somewhat overlooked as a central part of the abortion care workforce, as they not consistently thought of as "medical" providers.

Social workers are potentially competent in serving clients looking for medically accurate abortion options information, and ultimately, access to abortion [4]. Social workers are commonly part of interdisciplinary healthcare teams, and their extensive training in clients' holistic social, psychological, and biological needs enable them to make essential contributions to such settings [5]. Deep commitments to and experience working with equity-deserving groups make social workers key members of healthcare teams, as they enhance coordination, accessibility, and safety for service-seekers [6]. Social workers are also found in many settings outside of the healthcare system, including schools, children's aid and child welfare, family violence and homeless shelters, immigration and newcomer support services, harm-reduction sites, non-profit and nongovernmental organizations (NGOs), the justice system, and community-based organizations, and their work is guided by a well-defined Code of Ethics with imperatives to assist marginalized groups without judgment or stigma [7]. Social workers routinely address individuals' emotional needs by providing psychoeducation, connecting to unmet non-medical services based on their knowledge of systems navigation, and addressing financial needs by making clients aware of available supports [8]. Social workers strive toward

empowerment, self-determination, and ultimately, work toward social justice, by, with, and for clients and client systems [9].

Extant research includes numerous relevant articles articulating social work's connections to abortion care. Social work scholars have emphasized use of the reproductive justice framework to advocate for abortion rights in social work practice [10, 11, 12, 13]. Researchers have further underlined that the very essence of social work's Code of Ethics is intrinsic to the core principles of reproductive justice [14]. Moreover, there have been formal statements issued by social work regulatory entities that specify social work's professional stance in support of unimpeded access to abortion [15, 16], a position that is not commonly nor overtly taken by most professions. However, despite social work's professional commitment to abortion rights and self-determined decision-making, coupled with social work's omnipresence in the abortion care workforce, prior research has noted that abortion has received inadequate attention in social work education [17, 18, 19, 20, 21, 22]. Suggestions have been made that social work curricula should further emphasize broader reproductive rights and relevant policies, resource referrals, and advocacy skills to more adequately train social work students who are seeking to most optimally advance human rights and client self-determination through their social work practice [18, 19].

A few studies have assessed the attitudes and beliefs of social workers and social work students towards abortion [19, 20]. Research has shown that social work students rarely have discussions on the topic of abortion in their classroom settings, with many receiving no training in abortion care; in addition, most do not have knowledge of medical abortion [19, 20]. Research also notes that social workers' political, personal, and religious beliefs regarding abortion may serve to influence their approaches to service provision, which in some cases, may be at odds with their ethical responsibilities to carrying out duties per the social work Code of Ethics [15, 16]. International bodies of social work similarly ascertain the right to abortion care and define the ethical obligation of social workers to respect abortion-seekers' autonomy while providing abortion-related information and referrals [23], but social work curricula do not overtly emphasize training students in this area [24]. Research also indicates that social workers are undertrained in issues and policies related to reproductive and sexual health, more broadly, and lack fundamental knowledge of available resources across dimensions such as contraception, sexually transmitted infections, pregnancy, parenting supports, and more [18, 24].

As social workers are often among the first points of contact for many equity-deserving individuals seeking needed services and supports, our project conducted a scoping review on the role of social work in abortion care to inform curricula and continuing professional development needs and materials for social workers regarding abortion. Our team also conducted youth-led focus groups and individual interviews with professionals who comprise the abortion care workforce. We over-sampled among social work practitioners and trainees to unearth where trainings and supports may be most needed and helpful, as well as to guide the development of tools and advocacy materials for both providers and patients to use. As follows, we present our research methodology and then highlight findings from our scoping review and youth-led qualitative research efforts.

Methods

Scoping Review

Our scoping review sought to understand and synthesize the literature base to explore the question: What is social work's role in abortion care? Our search strategy was developed in partnership with a University of Toronto Library Scientist. Inclusion criteria consisted of: (1) the words social work and abortion (inclusive of related search terms, respectively) are used in the title or abstract; (2) any dimension of social work (e.g., practice, research, education, policy and advocacy) are discussed in some relationship to abortion, or adjacent topics (e.g., family planning, reproductive health and rights, choice) under which abortion is most often grouped; (3) Study conducted in or study context includes the United States, Canada, United Kingdom, Australia, or New Zealand, as the social work profession, though nuanced, is overall congruent across these geographies; (4) Studies conducted from 1973 to present were eligible, marking the timeline from which Roe v. Wade was decided in the United States, a landmark and globally-visible case resulting in abortion becoming legal in the U.S.; (5) Studies completed in English and French language were included, to respond to the official languages of the countries covered in the review; and (6) in addition to peer-reviewed literature, grey literature was also included. If the above-mentioned criteria were met, studies were deemed eligible for the review.

To identify published and unpublished literature, the following electronic databases were searched: PsycINFO (Ovid), MEDLINE (Ovid), CINAHL (EBSCO), Social Work Abstracts (Ovid), Social Services Abstracts (Proquest), and Scopus. The search was limited to literature published after 1973. No other limits were applied. To supplement the database searches, we also manually searched key journals and the reference lists of relevant articles, in addition to browsing targeted social work websites.

The methods for this scoping review followed the five-stage framework established by Arksey and O'Malley [25] and further updated by Levac et al. [26] These five stages include: (1) identifying the research question; (2) identifying relevant studies; (3) study selection; (4) charting the data; and (5) data summary and synthesis of results. This review adhered to PRISMA-ScR reporting guidelines [27].

Search results were uploaded to the software Covidence for de-duplication and screening. The study selection process included two levels of screening: (1) a title and abstract review; and (2) a full-text review. Each abstract was reviewed by at least two team members, with votes provided for whether to include or exclude from the study based on the contents of the article's abstract and title. In cases in which there were conflicts, the Principal Investigator (PI) reviewed these abstracts after engaging in team discussion regarding differences in rationale provided for inclusion or exclusion. The PI then provided a final inclusion/exclusion vote. In the second, full-text review stage, the broader inclusion criteria (above) then guided whether to include or exclude studies that preliminarily advanced through the abstract review process, ensuring that the articles chosen in fact did adequately and accurately focus on social work and abortion. This

process was again adjudicated by two research team members who provided independent votes regarding inclusion or exclusion, with conflicts again being decided on by the PI in consultation with the team regarding their review rationale.

Included studies then underwent data extraction. Charting categories included: author(s), publication title and year, study aims and objectives, study design and methods, study location and context, social work area (e.g., practice, education, policy and advocacy, research), relevant findings, and study's usefulness to review. Following Levac et al. [26], the team reviewed the spreadsheet and identified all emerging themes and connections between social work and its role in abortion care.

Youth-led Qualitative Research with Social Workers

Six Youth Wellness Lab (YWL) youth researchers (ages 18-29) engaged a diverse sample of family planning professionals (e.g., pharmacists, family physicians, OB-GYNs, nurses, midwives, abortion navigators, and “over-sampling” social workers) from across Canada in focus groups and individual interviews. Participants were recruited through direct community-based outreach and through the list-servs of professional organizations, as well as through the CART-GRAC network and list-serv. All conversations were held virtually via Zoom, and study details were approved by the University of Toronto Health Sciences Research Ethics Board (REB).

In these conversations, youth “flipped the script” by steering discussions with adult professionals to explore how services and approaches might be more optimally designed to provide affirming and judgment-free abortion information and care, *by, with, and for* equity-deserving groups, including youth. Youth-led focus groups and individual interviews allowed for YWL youth researchers to ask questions of each professional stakeholder group, from youths' specific lenses, regarding how each individual and profession approaches provision of abortion information and services. These data were utilized to better understand what tools or resources could be developed or refined to ensure that care provided is affirming of and perceived as beneficial to equity-deserving groups of many identities and lived experiences.

Youth researchers were mentored to analyze qualitative data, using a reflexive thematic analysis approach, and then youth developed infographics and other easy-to-use abortion information, referral, navigation, and/or advocacy tools for both providers and patients to use, respectively. Qualitative findings from the project are also being disseminated through peer-reviewed publications and conference presentations. All tools created through this project will be housed on the Youth Wellness Lab website (which is currently being re-designed and will shift from the prior youthwellnesslab.ca platform to youthwellnesslab.com). Resources will also be shared back to community-based organizations and all collaborators that have been brought together through this CART Access Project. Resources developed will be disseminated through social media and outreach led by youth researchers to ensure that people and organizations not yet contacted or engaged through this project are aware of the development of such tools and supports.

Overview of Findings

Scoping Review

A total of 4,723 articles were initially identified through the search strategy, and after duplicates were removed, a remaining 2,980 studies were screened. Of these, 2,727 were eliminated after title and abstract review. The remaining 253 studies underwent full text review, with 78 studies meeting all inclusion criteria and thus included in the final review.

The 78 included studies were published between 1973 to 2023. The majority of the studies, 67 in total, were set in the United States. Four studies were set in the United Kingdom, two in Australia, two in Canada, one in New Zealand, and two studies involved multiple countries—one focused on the U.S., U.K., Ireland, and South Africa, and the other included Australia, the Republic of Ireland, and New Zealand. The articles were dispersed across topical areas of social work education (7), policy (18), practice (27), and research (26).

Six primary themes emerged from the scoping review, including: (1) Social workers' attitudes regarding abortion and abortion-seekers; (2) Abortion stigma and barriers faced by social workers; (3) Social work and reproductive justice; (4) Social work and ethical considerations regarding abortion; (5) Social work and abortion policy and advocacy; and (6) Social work and family planning roles, approaches, and practice frameworks.

Overall, this evidence synthesis further underlines that social work is uniquely positioned to have an increased presence in abortion care, providing medically accurate information, increasing access to abortion care for under-served groups, decreasing stigma among colleagues providing and people seeking abortion care, and in advocating for expanded abortion rights and access. This research also shows that social workers have been important contributors in the abortion care space for quite some time, and their work involves helping others to meet a wide array of abortion care needs, including informational, instrumental, and emotional forms of support and social capital required to access abortion.

This body of research describes pathways for advocacy that include employing a reproductive justice lens in scholarship and practice to strengthen social work's role in ensuring universal abortion care, supportive pregnancy care, and mitigating health inequities. Reproductive justice offers an intersectional framework for increasing effective social work education and practice in abortion care and addressing the many gaps that remain in the abortion care and social work research and education base. A noteworthy gap identified through this evidence synthesis is the overall lack of formal social work education and continuing professional development opportunities that currently exist for social workers to engage with needed training on abortion resource provision, relevant local abortion policies, and knowledge creation to drive practice innovations regarding abortion care.

Building the research base and leveraging the professional experiences of social workers in reproductive healthcare also offers a reservoir of resources for social workers and scholars to draw upon and advocate for policy changes. Social workers can serve as powerful policy advocates, as they have hands-on experiences and first-person anecdotes from counseling abortion-seekers and helping them to navigate the many barriers that exist in accessing abortion care. Social workers are thus knowledgeable and well-positioned to further advocate alongside and for individuals' and communities' needs in seeking equitable abortion care.

Moreover, social workers have been supporting abortion care for decades, with studies that emerged directly following the *Roe v. Wade* decision in the 1970s and which described the care, empathy, and compassion that social workers showed in their practice for those seeking abortions in the U.S. Other studies summarized the crucial abortion rights advocacy that social workers have engaged in across the countries included in this review and during the five-decade timeframe covered in the evidence synthesis.

In summary, given this rich history and the alignment of the social work profession's Code of Ethics with reproductive and social justice tenets, there are myriad opportunities to increase the knowledge and practice bases of social work and abortion care. Such factors, in addition to the substantial contributions by social workers in improving family planning policies and access, situate social work well for an increased and effective presence in abortion care education, practice-based innovations, and scholarship.

Youth-Led Qualitative Research with Social Workers

From July to October 2023, Youth Wellness Lab youth researchers hosted focus groups and individual interviews with 45 adult professionals from across Canada. The resulting sample was comprised of pharmacists, family physicians, OB-GYNs, nurses, midwives, abortion navigators, and social workers. As one of the project's aims was to understand and respond to needs for training and resources to better support social workers' engagement in the abortion care workforce, the youth research team over-sampled among both experienced social workers and current social work student trainees. Overall, the sample was quite diverse in terms of providers' identities and experiences (e.g., race, age, gender identity, geographic region, years of abortion care experience), though there were limited perspectives from Indigenous, male-identified, and/or professionals residing in Territories.

Across the sample of all professionals, two dominant themes emerged: 1) More resources are especially needed to support safe, non-judgmental, and affirming abortion care for transgender and non-binary individuals; and 2) Youths' understanding of their rights to privacy and confidentiality in seeking abortion care should be a much larger focus of future outreach, advocacy, and research efforts.

Among the sub-set of participants who were social workers and social work trainees, a nearly unanimous response was provided regarding the need for more focused social work education and continuing professional development trainings and resources to better prepare social

workers to assist clients as they seek abortion information and care. Participants recounted the many ways by which they have seen the issue of abortion appear in their practice, and in nuanced circumstances given the many equity-deserving groups with whom social workers engage and across the diverse settings in which social workers are located. However, participants recalled that little to no formal training on abortion was included in their respective social work education experiences, and they were unaware of continuing professional development or training opportunities that may be available to them. Participants indicated that they often had to respond in the moment as clients requested such information and support, reactively researching and attempting to make connections for clients without being certain of the quality of such resource-referrals. Moreover, some said they were unsure of policies that were in place in their provinces, though it was evident to them that abortion options varied widely across provinces and territories as well as in urban versus rural contexts.

Social work participants in the sample suggested that not only should schools of social work further emphasize abortion-related content as part of curricula offered to students, but also that ongoing trainings and tools should be made available to those who are in the field. Participants said that having webinars, simple infographics and checklists, and a community of practice to whom they might stay connected and ask questions, share information, and remain updated on abortion policy and service provision options available at local levels would be among the most helpful resources from which their practices could benefit. Participants also indicated that further knowledge of the abortion care workforce would be helpful, as some were less aware of workforce expansions that have, in recent years, enabled midwives, nurse practitioners, and pharmacists to become key abortion care providers.

Implications and Future Directions

This project illustrated that more practical resources and training supports are needed for healthcare and allied helping professionals, including social workers, in assisting people from all backgrounds and communities across Canada as they seek abortion information and care. All individuals and communities across Canada should find abortion to be both accessible and affirming of their intersectional identities, lived experiences, and preferences. Tools that have been created and those in development resulting from the many efforts across the CART Access Project, more broadly, show promise in helping providers and patients alike as they advocate for and connect to needed and appropriate abortion care.

This project also further demonstrated the immense power that lies in young people leading research and translating findings into practical and affirming tools for providers and patients to use. In addition to the youth-led resources that were created through our team's efforts and which are highlighted below, there are many additional future directions inspired by project activities and findings. We look forward to sharing more with you as these are created and launch. Stay tuned for the following activities:

- **A continuing professional development webinar series**, which will be curated and hosted in partnership with the Canadian Association of Social Workers (CASW). These

webinars will focus on reproductive justice topics, including abortion, and will be designed to help social workers across Canada engage in lifelong learning and identify ways by which they can integrate reproductive justice tenets into their practice.

- A **social work reproductive justice collective**, which will convene interested social workers across Canada in monthly virtual meetings to identify, share, and discuss trends that they are seeing in their nuanced practice-based settings on reproductive justice topics, including abortion. The collective will co-create customized tools and training resources that may be most useful to specific social work practice-based contexts (e.g., schools, shelters, hospitals, child welfare, substance use, harm-reduction, family violence, justice system, immigration support services, and beyond). The collective will also engage in reproductive justice policy advocacy efforts as relevant issues and opportunities arise.
- Results from our project have paved the way for the **approval of a Social Work and Reproductive Justice course**, which is to be developed and launched at the Factor-Inwentash Faculty of Social Work, University of Toronto, in 2025. This course will be instructed by Associate Professor Stephanie Begun, and will involve guest speakers, assignments, discussions, and trainings on topics of reproductive justice that social workers will encounter in their practice, including abortion. Materials from this course will be shared open-access, and through lunch & learn presentations with other social work schools across Canada for their use as well.
- An **expansion of mentorship opportunities** for people with lived experience and from equity-deserving groups to meaningfully participate in research and knowledge translation, tailoring and co-creating abortion-related resources to meet their specific community-based contexts, preferences, and needs. We will continue to grow our youth researcher network engaged in these efforts, also partnering with communities to share resources, destigmatize abortion, and to engage in youth-led and community-based advocacy and resource development. Our efforts will include participatory action and arts-based research initiatives, in addition to sharing knowledge and raising awareness on abortion rights, policies, and resources via social media campaigns and in school, college, and university settings.
- **Contributions to the academic evidence** base will be furthered as our team continues to disseminate findings from this project through peer-reviewed academic articles, conference presentations, and in community-based knowledge exchanges.

Summary of Appendices

The following are selected examples of infographics, checklists, posters and advocacy materials, and tools that may be used by providers and/or patients when discussing abortion information and making connections to care. All materials were created by YWL youth researchers and were directly informed by the research conducted throughout this project (i.e., scoping review and

qualitative data collection efforts.) It is our hope that such resources can be used to increase social workers' confidence in connecting people to needed abortion information and care, and will assist in cultivating medically accurate, stigma-free conversations, decision-making, and broader awareness-raising regarding abortion as critically important healthcare.

More of such resources and tools have been created or are in development, and each will be translated into French, Punjabi, and additional languages as our team and extended networks are able to support. Moreover, some of these resources displayed are designed for specific local contexts (e.g., Toronto or Ontario), though we aim to create materials, in partnership with an expanded youth and community-based research network, to contextualize resources for as many Canadian communities and geographies as possible. Please reach out to us at youthwellnesslab@utoronto.ca or stephanie.begun@utoronto.ca to request information specific to where you are located, and we are happy to assist with developing such tools.

It is important to note that these resource examples were created in response to perspectives collected from interdisciplinary professionals across Canada and designed through youth researchers' knowledge translation and advocacy lenses. These are not meant to replace medical and other discipline-specific training or competencies and are to be used as supplementary resources. **The ideas and language shared in these resources are not necessarily the views of Health Canada.**

In addition to highlights of such tools being shared here, all materials created will be made available through the Youth Wellness Lab website, which is under re-development and expected to re-launch Spring/Summer 2024 at www.youthwellnesslab.com. These resources and creative, arts-based resources, youth-led conversations, and other knowledge mobilization will be shared through YWL's Instagram, @youthwellnesslab. Peer-reviewed articles and conference presentations will also be shared through the YWL website and social media platforms.

List of Appendices: Selected Knowledge Translation Tools and Resources Created

Appendix 1: [The Social Worker's Abortion Access Checklist](#)

Appendix 2: [Abortion Access Quick Guide: Toronto & GTA](#)

Appendix 3: [Abortion Myths Debunked!](#)

Appendix 4: [Working with Youth who are Religious](#)

Appendix 5: [What Should I Know about Crisis Pregnancy Centres?](#)

Appendix 6: [Working with Trans and Non-binary Patients](#)

Appendix 7: [Abortion Affirmations for Trans and Non-binary Folks](#)

Appendix 8: [Trans and Non-binary Abortion Affirmation Poster](#)

Appendix 9: [Abortion 101 Decision-Mapping in Ontario](#)

Appendix 10: [Myths, Facts, and Pro-Choice Considerations regarding Sex-Selective Abortions](#)

Appendix 11: [Nexplanon 101: What Do I Need to Know?](#)

Appendix 12: [Cultural Humility Checklist](#)

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