

# COMMUNITY BASED RESEARCH AND ABORIGINAL WOMEN'S HEALTH AND HEALING

A workshop with Kim Anderson and Maria Campbell  
held in Saskatoon, Saskatchewan



Project #136



centres of excellence  
*for* WOMEN'S HEALTH

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**PRAIRIE WOMEN'S HEALTH**

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**COMMUNITY BASED RESEARCH  
AND ABORIGINAL WOMEN'S  
HEALTH AND HEALING**

**A workshop with Kim Anderson and Maria Campbell.  
Hosted by Prairie Women's Health Centre of Excellence,  
Saskatchewan Health Foundation, Indigenous Peoples' Health  
Research Centre**

November 29, 2004

Prairie Women's Health Centre of Excellence (PWHCE) is one of the Centres of Excellence for Women's Health, funded by the Women's Health Contribution Program of Health Canada. The PWHCE supports new knowledge and research on women's health issues; and provides policy advice, analysis and information to governments, health organizations and non-governmental organizations. The views expressed herein do not necessarily represent the official policy of the PWHCE or Health Canada.

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This is project #136 of the Prairie Women's Health Centre of Excellence

# Community-Based Research and Aboriginal Women's Health and Healing

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## I. Introduction

On November 29, 2004, the Prairie Women's Health Centre of Excellence (PWHCE) and the Indigenous People's Health Research Centre (IPHRC) co-hosted a one-day workshop for community and academic researchers. The Saskatchewan Health Research Foundation (SHRF) provided funding for the workshop that sought to examine issues of gender/women's health as a research focus within Indigenous health research and policy development.

PWHCE includes in its work a commitment to and a focus on the health and wellbeing of Indigenous girls and women. IPHRC is a partnership between First Nations University of Canada, University of Saskatchewan and the University of Regina, with broad support from various Saskatchewan health boards and Indigenous health organizations. IPHRC is funded by the Institute of Aboriginal Peoples' Health (IAPH-CIHR) and the SHRF and is primarily focused on building capacity in health research among Indigenous peoples, communities and institutions through trainee support, and promoting research into areas of Indigenous health. The center has a strong research program that addresses the health and wellbeing of Indigenous girls and women. Collaboration between PWHCE and IPHRC on this workshop is a natural extension of our mutual work and ongoing relationship, and of our affiliation with the Aboriginal Women's Health and Healing Research Group (AWHHRG).

Dr. Caroline Tait, IPHRC researcher and member of the AWHHRG Planning Committee and Dr. Kay Willson, Margaret Haworth-Brockman, and Lisa McCallum-McLeod of PWHCE worked with workshop facilitator Kim Anderson to plan for the workshop and set the parameters.

Two Indigenous researchers, Kim Anderson and Maria Campbell were invited to facilitate the workshop. Kim Anderson is the Chair of the Aboriginal Women's Health and Healing Research Group (AWHHRG) and author of *A Recognition of Being: Reconstructing Native Womanhood*<sup>1</sup>. As a writer and independent consultant Ms Anderson examines health and social policy for Indigenous organizations in Ontario. She is also the co-editor of *Strong Women Stories: Native Vision and Community Survival*<sup>2</sup>.

Maria Campbell is the author of eight books, including her well-known autobiography, *Halfbreed*<sup>3</sup>. She has written and produced seven plays and has numerous radio, video and film productions to her credit. She has recorded the stories of elders in all these mediums. Ms Campbell teaches drama and oral history research methodology in the Department of Native Studies, University of Saskatchewan and is an Elder in residence at the First Nations University of Canada. Currently she is a faculty researcher with the Indigenous Peoples' Health Research Centre.

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<sup>1</sup> Anderson, Kim (2000) *A Recognition of Being: Reconstructing Native Womanhood*. Toronto: Sumach Press.

<sup>2</sup> Anderson, Kim and Bonita Lawrence, eds. (2003) *Strong Women Stories: Native Vision and Community Survival*. Toronto: Sumach Press.

<sup>3</sup> Campbell, Maria (1973) *Halfbreed*. Toronto : McClelland and Stewart.

Keenly aware of the legacy of colonization and the social and economic barriers to health which many Indigenous women face, Anderson and Campbell's work offers important insights into Indigenous women's strength and resilience, and their important roles in healing themselves and their communities.

## **II. Workshop Purpose and Objectives**

The purpose of the workshop was to foster connections among researchers, community members and students who are committed to advancing knowledge of Indigenous women's health through community-based research that reflects the priorities, knowledge and world views of First Nations and Métis women in Saskatchewan.

The workshop objectives were to:

- provide an opportunity for academic researchers, community researchers and community members to discuss the development of respectful research relationships.
- explore Indigenous research practices.
- share information about recent research on Indigenous women's health.
- explore some of the challenges and opportunities for future research endeavours.

A copy of the workshop agenda is provided in Appendix A. With permission from workshop participants, detailed notes of the day's discussion were electronically recorded.

## **III. Workshop Activities**

*"People are hungry to talk about their own work, to be able to sit and talk with people who are doing similar work in the community and in research."*  
- Kim Anderson

### ***Opening and Welcome***

Elder Maria Campbell opened the workshop with a prayer and an explanation on the traditional use of sage. Margaret Haworth-Brockman, Executive Director of PWHCE and Dr. Caroline Tait, IPHRC Researcher gave words of welcome to workshop participants and provided an introduction to the intent of the day. Dr. Tait then introduced workshop facilitators, Maria Campbell and Kim Anderson. Kim Anderson welcomed the participants and invited them to share their own research experiences and learn from one another throughout the day.

### ***Roundtable Introductions***

The workshop activities began with each participant providing their name, affiliation, and reasons why they chose to attend the workshop. Ms Anderson recorded main points about each person on a flip chart so that people could refer to the chart for future connections and exchanges throughout the day.

Participants included undergraduate and graduate students, university researchers, community researchers and health care service providers. The majority of participants were First Nations or Métis women from various communities across Saskatchewan, however

most were currently living in Regina, Saskatoon and Prince Albert. Workshop participants were from:

- First Nations University of Canada
- Prairie Women’s Health Centre Excellence
- Indigenous Peoples Health Research Centre
- Luther College
- Prairie Region Health Promotion Research Centre
- Gabriel Dumont Institute
- Saskatchewan Institute of Applied Science and Technology
- Saskatchewan Health Research Foundation
- Saskatoon Catholic School Division
- Saskatoon Health Region
- Tamara’s House
- University of Regina
- University of Saskatchewan

The range of disciplines and research methodologies represented included:

Qualitative research methods	Women’s and Gender Studies
Population health promotion	Social work
Community development	Community health and epidemiology
Education	Public health
Nutrition	Indigenous Health Studies
Kinesiology	Indigenous literature
Sociology	Narrative analysis
Genetics	Community-based participatory research
Political science	Participatory action research
Nursing and access to nursing programs	Interpretive methods
Curriculum development	Decolonizing methodologies
Literacy	Indigenous ways of knowing
Psychology	Storytelling
Medicine	Oral history
Native Studies	

During the roundtable introductions participants identified several important research topics related to Indigenous women’s health and healing. Some of the topics were the focus of recent or on-going work, and some were topics proposed for future research endeavors. They included:

- Self-determination as a determinant of health
- Body image, emotions and self-esteem among young Indigenous women
- Developing appropriate services for Indigenous women with substance addictions
- Decolonizing genetic science
- Critique of scientific work “about” Indigenous peoples
- Traditional healing

- Culturally appropriate services
- End of life care
- HIV and AIDS prevention, treatment and epidemiology
- Impact of colonization and marginalization on First Nations and Métis health
- Indigenous women's experiences with breast cancer
- Indigenous rights and access to health care services for Métis people
- Indigenous women's perspectives on the need for holistic health services
- Resisting assimilation, the importance of cultural retention and renewal
- Appropriate services for survivors of childhood sexual abuse
- First Nations/Métis Identity and Wellbeing
- Public policies, women's poverty and women's health
- Traditional healing and Indigenous ways of knowing
- Cultural bias in curriculum for health professionals
- Fostering success among Indigenous nursing students
- Sexual and reproductive health
- Partner violence and other violence against Indigenous women
- Developing culturally appropriate mental health services
- Social determinants of health
- Housing issues (overcrowding, homelessness) and stress
- Indigenous midwifery
- Developing appropriate measures for public health
- Introspection and Indigenous healing
- Indigenous literature as critique of public policy
- Healing through literature

***Sharing by Kim Anderson and Maria Campbell***

The following is recorded from presentations made by the two workshop facilitators and will set the stage for further discussions.

*Kim Anderson*

“I often tell people that the urban Aboriginal organizations of Toronto raised me. I grew up disconnected from Aboriginal communities and I developed my Aboriginal identity later in life. Within that urban Aboriginal community, it was pretty clear that women in the communities knew their stuff, but they didn't have the power and authority. They were not sitting in the forums where community decisions were made.”

“I wanted to do something about self-determination processes with the women and men. I am Cree/Métis; I'm not First Nations. Sometimes it is safer for outsiders to do research, but I didn't think what was happening around First Nations self-determination was my story to tell.”

“As a student doing research, I didn't want to be stuck in an ivory tower. I wanted to stay connected to social justice community-based stuff that I'd been working on. So I decided to

try to make my student research projects useful to groups in the community. Native Child and Family Services wanted to look at child protection services.”

“I interviewed six women as a graduate student. And at the time I was a new mother. My body was teaching me lessons, telling me about the importance of women and children to the rebuilding of our communities. Each woman told me a life story. If you’re willing to listen, people will talk about themselves. The stories women told me hit me like a wall. They motivated me to work toward telling women’s stories, and needing to tell hopeful stories, tell what women have come through, but also what allows us to get through.”

“I needed to gather good stories of things that will give me hope for the future. For my Master’s research, I interviewed women who were strong Aboriginal women. *A Recognition of Being* was based on 40 interviews with women, but some were phone interviews with women I have never met in person. I had to do it in a way that was respectful when it was long distance. I would put the tobacco on Mother Earth in my garden. I had the smudge by my fax machine when we would be “chatting” via fax.”

“This research is my “hobby.” I do paid work in communications, research and writing for organizations such as the Ontario Federation of Indian Friendship Centres. I have worked on studies on child hunger, sexual health and pregnancy, FASD. How has this research been community based research? Often the agenda is top down, for example all this stuff happening on FASD. How did this all of a sudden become a priority? We need to question where some of these things are coming from.”

“Sometimes community-based research starts with the front line workers saying to the policy people, ‘We’ve got people coming for milk and diapers’, and this begins the telling of stories about needs in the community. But there are also political people who are savvy about how stories can be told in ways that will make change at the policy level. We need to tell the story in a way that will make change, like focusing on child poverty but in a way that is respectful to the storytellers. We need to think about how to be a spin doctor that will help to make change. When I do interviews with people who are really marginalized, I need to do it in a way that is respectful.”

“I have focused a lot on the health of women and children. I have done some work on sexual and reproductive health. Aboriginal women are having babies, sometimes when they are really young. But it is kind of taboo to talk about family planning in Indian country, because of the legacy of colonialism. Sometimes it is difficult to ask certain questions.”

“I had an idea to write about the life stages of Aboriginal women from Aboriginal perspectives so I approached Maria. We have been grappling with the challenges of how to do this, of how to do it our way, but within the context of research funding that carries certain expectations. Let’s do it with our own Cree, Métis and Anishnabe people, coming home to our own knowledge systems. How do we set up relationships with the people we interview when the funding models expect you to hire research assistants to do the interviews? We’ve been grappling with these kinds of questions. Let’s do it the real way. You go and stay with the women and get to know each other. Maria and I have spent four years getting to know

each other. Maria says, “Why don’t we just get to know four women and spend the time to get to know them?”, but you can’t do that and meet the deadline by March 31.”

*Maria Campbell*

“I never thought of myself as a researcher. I began working with women in crisis, women coming out of prison, women dealing with violence and drug addiction. This was a number of years ago and there was no place for women to stay. I knew that personally, because I had gone through it myself. There were shelters and soup kitchens for men, but not for women. I was in Edmonton and there was a group of us who wanted to do something. We went to the Minister of Health in the Social Credit government and he told us that we needed to do research and then maybe they would be able to do something. We didn’t know there were people we could go to and there weren’t Aboriginal women in the universities. We decided to count the women, and we were able to put that in a report and we were able to get a shelter for women. We knew there was a need because we were already doing that. We would bring women to our basements.”

“We would go out for coffee and talk to the women – women who were coming off drugs, women coming out of prison, women being beaten by their husbands. The stories we heard were incredible. We discovered we could get governments to listen to us if we came with a paper, a report. An old Quaker woman heard about us and she gave us \$10,000. She had been a nurse in WW2 and in the Appalachians, and she mentored us. We started a food co-op, a clothing co-op, we bought groceries together. We were all single mothers. The Royal Commission on the Status of Women was gathering evidence and we put together our findings and made a presentation to talk about women.”

“Another time I got a phone call from **Macleans** for an interview and story about the daughter-in-law of Big Bear. I grew up with old ladies, so I knew how to talk to old ladies. My auntie came with me and she knew her. She left me there and I went into her tiny log cabin. She was quite happy to see me. She wanted me to drive her somewhere. I spent all day with her. She told me that she was called Mary but that her real name was ..... It took me six months to find out what this word means. Finally I met an old man and he told me. I spent about five years with her and eventually I did a story for **Macleans**. She said, ‘Tell me what you want to know and you write it down and you bring it back and show me what you wrote and then I’ll talk to you some more.’ The woman’s name is the rocks that are close to the earth and that appear sometimes and not others. Popping up again, she would be so glad to see all the people here today.”

“I wanted to learn about the role of women in our community and look at the poverty. The women were very poor. They had all kinds of depression. It’s a normal thing. I had lived with years of depression until I was able to put it aside. We could say it was poverty, but it was something else. There was this horrible hatred and violence toward Aboriginal women. I met with an older woman and she talked about her own life. I thought she would be able to give me all kinds of wisdom. I found out the kinds of things that were happening in my time were



the kinds of things that were happening to women when she was young. So I wanted to find out more about the history of Aboriginal women.”

“I began *Edmonton’s Unwanted Women*<sup>4</sup> – our first film. We tried everything. It was a healing tool for young mothers. We would bring older women to share stories with young mothers, and when you find out how difficult it was for other women, that gave us power. Abby Bernstey ended up being the star in my film about how mining and forestry came in and devastated the community. We tried to show how men are manipulated by colonization and by corporations. I had a lot of anger against men. I decided to become a student of elders. I went to the old women and they sent me to talk to old men and that has to do with balance.”

*Kim Anderson and Maria Campbell in conversation with workshop participants.*

“Storytelling is a way to empower and put tools of empowerment in the hands of communities.”

“I have been told over and over again about the importance of respect. Respect has never been the foundation of a lot of the work done about Aboriginal people. Only very recently have we begun to look at respect as the foundation.”

“I was taught about the importance of the sage – that it is important for you to ground yourself.”

“Storytelling is the work of the grandmothers. I started to ask questions about the words and learn the baggage that goes with words like old woman. The discrimination that women suffer is larger when you become an older woman, in the community outside and in your own community.”

“Women today don’t have much of a voice in how we are going to work with them. If you’ve lived in an abusive situation, you know how you are going to behave – very careful about what you say.”

“My friend and I were going to cut some cedar for a moon ceremony. We couldn’t find the clippers. She kept asking me, ‘How do I cut it?’ She had been to a ceremony and had been reamed out for how she had cut the cedar. She was feeling really insecure and paralyzed. How do we do community-based research? What does it mean to follow O.C.A.P.? Sometimes I feel kind of paralyzed.”

“Sometimes we’re told that ‘It is not traditional to ask elders questions.’ I’ve never had that happen to me. People have said ‘We talked to anthropologists because they asked questions and it helped us remember. We had been so silenced we couldn’t even sing songs.’ As I talked to them, they could remember women singing songs when they were delivering babies or making medicines.”

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<sup>4</sup> Campbell, Maria. (1968) *Edmonton’s Unwanted Women*. Edmonton: CBC TV.

“My generation of women, we wouldn’t have dared to do that. And you have to be pretty brave to do that where authority and power is in the hands of men.”

“Just because we are Native people, we’re not pure. We have the worldview of people who are Catholics, people who are born again, and also the tradition that we call traditional that is very patriarchal. We were matriarchal, we came from a tradition that was balanced. You still listen to people. They have good information...”

“Kinship word is more than that. Its about health – kinship to plants, kinship to land, kinship to each other and if that’s not working we’re going to be sick.”

“You need to spend lots of time learning about the community before you go in. Don’t assume that people are going to smudge or be happy that you give them tobacco.”

“There is very definitely men’s stuff and women’s stuff. There are words that women wouldn’t use around men. Talking about bodies and work on identity is so important.”

“You’re never so balanced that you get over the feeling that questions your self esteem. I am now well-known and I have to work through that. They assume that I am the authority and the expert. And to undo that is one of the things that I am up against.”

“I have a hard time with gatekeepers and that happens a lot. I have had to work with the really awful things that gatekeepers have done that are destructive to women and children. The ‘gatekeeper issue’ is really important.”

“We need to have that dialogue, have that reciprocity, respect, and relationships. What are you going to do with the work?”

“We may see the development of Indigenous research ethics board. What will that mean for research on issues like depression or sexual abuse?”

“I just came from Penticton, a conference on original languages. We met with elders who were concerned about what happens to the work when it goes online. If you have done research with people about medicines related to breast health and someone has given you that information, how is it going to be used when it goes online? How are you going to protect that knowledge? “

“My daughter is a nurse and she also took midwifery with older women in Iqualuit. How do we marry those two things and bring them into our work, and to the people who are teaching those things. The really good thing for me is that I am working with the Elders and working with Kim and other women and PhDs. It is about transformation. We have to explain things to each other.”

### ***Key Questions***

These thoughts concluded the morning activities and over lunch participants were able to network with one another. When the group resumed after lunch, the facilitators began

the afternoon by asking participants to identify key questions that they had about research. Questions posed by participants were:

1. How do we remain true to the community?
2. What kind of Indigenous women's health research is needed?
3. What are some of the issues and challenges community-based researchers encounter?
4. What skills and knowledge do community-based researchers need?

#### **IV. Key Themes Emerging From Workshop Discussions**

The workshop discussions provided an opportunity for participants to share their own experiences, offer practical advice, and discuss several of the issues and challenges that they face in conducting community-based research focused on Indigenous women's health. Participants identified a gap between university and Indigenous ways of knowing and the practices associated with knowledge production. Participants agreed that community-based researchers must be creative and to help transform institutional practices in order to conduct research that is appropriate for and relevant to Indigenous communities.

In the following section we have tried to identify several important themes that emerged during the discussion. While some of the comments have been taken verbatim from the workshop notes, others have been paraphrased.

##### ***Being Accountable to Indigenous Communities***

The following quotes are representative of a number of themes that emerged in the workshop discussion:

- "We're supposed to be doing research that is useful."
- "Research needs to be relevant to Aboriginal communities."
- "The community is supposed to come to you with the problem, but what if they don't know it's a problem? What if you hold a community meeting and only a few people come? What if you spend time in the community and talk informally with the elders to begin to identify community research priorities?"
- "Research needs to contribute to change, improving programs and policies to benefit Aboriginal communities."
- "As a researcher you don't really know if the research will lead to positive change or be used to inform policy. We need to be careful about raising expectations that the research will make a difference."
- "I always tell the women that I don't know whether anything will move. I try not to raise expectations or make promises that we can't control. Our recommendations are not going to be acted upon immediately. We need to be honest about this."
- "Reciprocity and information sharing is what matters at the community level."
- "We wear many hats and we need to be accountable to the community we are working with and the institutions we work for. How do we feel about other layers of approval? How would that work?"
- "We need to look at OCAP principles for Aboriginal community research (Ownership, Control, Access and Possession). We need to think about how the community can control the research, and how to avoid the appropriation of Indigenous knowledge."

### ***Building Relationships with the Community***

- “Community based research is the way to go. It happens because of relationships. You have to build relationships of trust.”
- “You need to spend lots of time learning about the community before you go in.”
- “How do we operationalize community-based research? We need to start from scratch every time and focus on how to be respectful to all the people.”
- “Sometimes research grants or contracts don’t reflect the amount of time it takes to do good respectful research in the community.”
- “When you go into a community, go with the person who is the go-between, go to the band office to acknowledge that it is their territory.”
- “How does this work when you’re working with a wide range of people? Who do we go and talk to in the city? Tribal Council? Métis Nation? You have to use your own common sense.”
- “We have been working with an advisory committee of community women and elders for two years. We did sharing circles and visits with the women bringing tobacco, cloth, and tea. We can bring women together who are Métis and First Nations. They’ll do the work to support you, to protect you, to straighten you out.”
- “Research is a power relationship. Many of us are gatekeepers. It is important how this is done.”
- “When you have the approval of the official gatekeepers and you have gone through the right protocols but then nothing happens, you can be in a conflicted place. You need to know what people recognize as appropriate protocols and you need to build relationships with people.”
- “There are researchers considered experts on Aboriginal health who don’t go near the Aboriginal communities. They depend on Aboriginal research assistants and grad students who are ghettoized. Are communities alienated if the researcher is not spending time in the community, not developing relationships?”

### ***Developing Aboriginal Research Methodologies***

- “We need to find a better fit for us as First Nations and Métis people. There is so much pressure on us to assimilate.”
- “Narrative inquiry is a research method that is close to my own cultural upbringing.”
- “I need to be strong to do what I want to do without assimilation. I need to avoid getting caught in the mainstream theories and methods of psychology.”
- “We need to push the boundaries and use storytelling that draws on our own identity, our own family histories.”
- “We need to look at community health from a holistic perspective and change work so that it is culturally appropriate.”
- “We need to change the way research is done, change curriculum. Cultural retention and renewal is important to our communities.”
- “Take the richness of the data and be true to the data and spend time with the stories.”
- “Research often looks at the negatives, focuses on the things that need to be changed. How do we maintain balance and find the positives?”

- “We need to develop our own critiques of the scientific literature and what it is saying about Aboriginal people, Aboriginal women.”
- “We need to transform academic institutions so that they value Indigenous ways of knowing, Indigenous knowledge systems.”
- “I am battling positivist, authoritative research methods; looking at interpretive research methods as more appropriate. We need to reverse colonization and give more voice to Elders and Indigenous knowledge.”
- “Having our children with us when we do research in Aboriginal communities is not considered unprofessional. Sometimes it’s a good thing.”
- “We need more opportunities to develop research skills and mentor students.”

### ***Ensuring Indigenous Women’s Voices Are Heard***

- “We wanted to make sure Aboriginal women were heard.”
- “Where do the research priorities come from? Granting agencies, communities, researchers’ interests? What are Aboriginal women’s research priorities?”
- “As a researcher, women may ask you to investigate issues, like sexual health and teen pregnancy, but then you encounter gatekeepers who don’t want you to ask about certain topics. It is important to listen, to unpack their objections and understand the historical layers. It helps to go to the older people in the community for advice, to talk with older women who are grounded in the community.”
- “If you are doing research on violence and you go to the band office or the leadership of the Métis community, you might get thrown out. That’s why you need people in the community that are your support system. A committee of several women – not just one person because there are family politics that you have to negotiate.”
- “I was asked to go into northern communities, working with women who want to develop their voices. Some of the men would ask: Who the hell are you? What are you doing here? But we go in with material for a quilting bee if anybody asks and somebody is there to warn if the husbands were coming.”
- “We need money for childcare in research budgets for researchers and community participants. As a single mom, I have to arrange childcare when I go into communities to do research.”

### ***Providing Offerings or Honouraria to Participants***

- “It was important to do something for the women who share their stories.”
- “When women, particularly marginalized women, give their time to participate in research it seems appropriate to provide money to participants. It also changes the power relationships by acknowledging the value of their contribution.”
- “It’s important to let women know that they are free to not participate in the research, and that it doesn’t affect whether they get the honoraria.”
- “Some people objected to giving money to women with addictions because they argued that the women would buy drugs, or that women wouldn’t tell truth. A lot of people felt that the women wouldn’t be honest with me. The service providers were

the ones who weren't forthcoming because they worried that their funding would be jeopardized."

- "It's not up to the researcher to decide how people use the money."
- "My grandmother would leave offerings for the places you visit. I bring something if I go to someone's house for dinner. Compensation is common sense, especially if they're poor. People should get compensation for their knowledge, their experience, their labour."
- "What do we mean by offerings? It is giving something that is important to you. What is that worth to you? Are you prepared to give something equally valuable in exchange for life stories?"
- "Don't let anyone make you guilty for giving someone an offering to share their stories."
- "You can get institutional approval to pay people if you call them cultural consultants."
- "Offerings could be tobacco, teas, cookies, cloth, scarves for older women."

### ***Redefining Research Ethics***

- "How do we develop new Indigenous research ethics?"
- "Ethics is about protecting participants and researchers."
- "We have to go through the Research Ethics approval process at the universities but things are changing and the universities are becoming more open to changing their processes."
- "University research ethics committees often question compensation for research participants. They raise ethical concerns about whether people are participating freely or are being exploited."
- "We need to make sure that research ethics committees and research funding agencies recognize the need for gifts and offerings in Aboriginal community research. We need to develop understanding of why you need tobacco and get the opportunity to explain what is behind it."
- "There are systemic barriers based on western paradigms of ethical research guidelines. Those have to be negotiated somehow. Creative writers know how to get things done, for example how to pay participants as research assistants in a participatory research process."
- "How can we make ethics be carried out in a good way? We need to bridge the gap between Aboriginal and non-Aboriginal institutions."
- "What if people don't want to be anonymous? What if they want to use their names? If you use their knowledge and don't use their names, are you stealing from them?"
- "We can show ethics committee how their good intent can be negated by certain practices."
- "Doing research on very sensitive issues may trigger reactions, but what is the harm of not doing that research? Researchers are trained to take in stories, but not trained to process the research on a personal level. No budget and resources for that in research grants."

## V. Workshop Conclusion

*Instead of working in isolation, we should be sharing success stories of what has worked in our research and what things have not been helpful.*  
-workshop participant

The workshop provided an opportunity for researchers in Saskatchewan to meet together to talk about their work on Indigenous women's health and to discuss the many challenges they encounter. By sharing some of their own research experiences, Kim Anderson and Maria Campbell initiated a rich discussion of community-based research that attempted to address the needs and experiences of First Nations and Métis women. Important questions were raised about how to develop respectful research relationships with Indigenous communities and how to ensure that Indigenous women's voices help to shape research agendas. People discussed the institutional and community contexts of their research, the power relationships influencing their work, and the need to develop ethical guidelines and research methodologies that reflect Indigenous cultural values and knowledge systems.

As the workshop drew to a close, participants expressed interest in continued dialogue and future opportunities to explore many of the issues raised during the day. They expressed appreciation for the opportunity to share success stories, exchange practical advice, and learn from others doing similar work.

The workshop facilitators asked members to provide final comments and to record their thoughts about the workshop for evaluation. The questions included: "What did you think of today's workshop? What did you like? What would you like to see next?" Participants expressed a desire to receive a report from the workshop and participants' contact information, in order to continue networking or hold other gatherings in the future. PWHCE and IPHRC agreed to circulate a draft report for participants' review, prior to making the report more widely available.

Participants expressed their appreciation of being provided an opportunity to meet with a diverse group of researchers and community representatives as well as having the opportunity to discuss community-based research and Indigenous women's health issues. Participants provided positive feedback about the workshop facilitators especially their willingness to share their experiences and offer useful advice.

## VI. Contact Information

To sign up for the Canadian Women's Health Network Aboriginal women's health research interest group listserv, please contact [outreach@cwhn.ca](mailto:outreach@cwhn.ca).

Aboriginal Women's Health and Healing Research Group, [www.awhhr.ca](http://www.awhhr.ca)

Prairie Women's Health Centre of Excellence, [pwhce@usask.ca](mailto:pwhce@usask.ca)

Indigenous Peoples' Health Research Centre, [www.iphrc.ca](http://www.iphrc.ca)

Ontario Federation of Indian Friendship Centres, [www.ofifc.org](http://www.ofifc.org)

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