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POB 2663, Station Main, Vancouver, BC, V6B 3W3 • info@arcc-cdac.ca • www.arcc-cdac.ca

Position Paper #108

Coerced and Denied Sterilization

"The sterilization of Aboriginal women must be understood as part of the larger context of colonialism, not as isolated or historical acts of individual misconduct." — *Karen Stote, Canadian Scholar and author of An Act of Genocide (2015)*.

Reproductive justice lies at the heart of bodily autonomy and human dignity. Yet in Canada, the violation of this right persists in two contrasting forms: the coerced sterilization of Indigenous and marginalized communities, and the denial of voluntary sterilization to cisgender individuals who can get pregnant. Both instances reflect systemic control over reproductive decisions, rooted in racism, sexism, and colonial ideologies. These issues highlight the urgent need to reframe reproductive health care with a justice-centered and autonomy-respecting lens.

Importantly, while we often reference women in this paper due to the available literature, the term 'people capable of pregnancy' and similar language is used where applicable to reflect gender diversity and the experiences of trans, non-binary, and Two-Spirit individuals. Inclusive care must recognize that not all people who can get pregnant are women, and not all women can get pregnant.

Historical Context of Coerced Sterilization

Coerced and forced sterilization has deep roots in Canada's eugenic history. Between 1928 and 1972, Alberta and British Columbia (1933-1973) formally enacted Sexual Sterilization Acts that authorized thousands of procedures, many of which were performed without consent. Similar practices and policies also occurred in other provinces and territories. These laws targeted individuals deemed "unfit" to reproduce, meaning those institutionalized for mental illness, those with disabilities, and, disproportionately, Indigenous people. Indigenous peoples were frequently judged "unfit" because colonial authorities framed their cultures, family structures, and ways of life as inferior to settler society. Similarly, people with disabilities and those living with mental illness were pathologized and stigmatized, with their existence framed as a social and economic burden.

Karen Stote's book frames the sterilization of Indigenous women not as isolated medical misconduct, but as part of Canada's broader colonial project. By controlling the reproductive

capacities of Indigenous women, the state sought to weaken Indigenous families and cultures, effectively implementing a policy of cultural genocide. Stote's research revealed that many Indigenous women were sterilized without their knowledge, often during childbirth or minor surgical procedures.[1]

This legacy has been acknowledged in part by the Truth and Reconciliation Commission of Canada. Its Calls to Action, specifically #18 through #24, emphasize the need for cultural competency in healthcare and urge governments to recognize and eliminate health disparities rooted in colonialism and racism.[2]

Modern Incidents and Legal Developments

While the repeal of sterilization laws may suggest progress, coerced sterilization remains a disturbing reality. In 2017, a class-action lawsuit filed by Indigenous women in Saskatchewan revealed systemic abuses in hospital settings. Many described being pressured into signing consent forms for tubal ligations or other sterilization procedures while in active labour or immediately postpartum. Others reported being told that sterilization was required for safety or as a condition for receiving other medical care.[3]

In 2018, the United Nations Committee Against Torture issued a statement condemning Canada for failing to protect Indigenous women from coerced sterilization. It urged the Canadian government to investigate these abuses and hold offenders accountable.[4]

The 2021 Senate report, *Forced and Coerced Sterilization of Persons in Canada*, highlighted how this issue extends beyond Indigenous communities. Women with disabilities, Black women, incarcerated individuals, and those living in poverty are also vulnerable to coerced sterilization and limited bodily autonomy in medical settings. The report recommended sweeping changes, including legislative protections, culturally safe care practices, national data collection, and mechanisms for monitoring informed consent. While these recommendations have been widely endorsed, implementation has been inconsistent. Some provinces have introduced policies promoting culturally safe care and informed consent, but there has been no comprehensive national legislation or data collection system to date.[5]

A 2023 CBC investigative feature on coerced sterilization emphasized the complexity of addressing accountability.[6] Indigenous advocates, including those with lived experience, have noted that while there is strong public demand for repercussions, criminalizing individual

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1 Stote, Karen. *An Act of Genocide: Colonialism and the Sterilization of Aboriginal Women.* 2015. Fernwood Publishing.

2 Truth and Reconciliation Commission of Canada. *Calls to Action.* 2015.

3 Amnesty International Canada. *Sterilized Without Consent.* 2022.

4 United Nations Committee Against Torture. *Concluding Observations on the Seventh Periodic Report of Canada.* 2018.

5 Senate of Canada. *Forced and Coerced Sterilization of Persons in Canada.* 2021. Standing Senate Committee on Human Rights.

6 CBC News. *Forced Sterilization: Stories of Indigenous Women.* 2023.

healthcare providers can set a dangerous standard. Laws criminalizing individual healthcare practitioners risk exposing providers to criminalization for other procedures, such as abortion, a long-term goal of the anti-choice movement, risks mirroring anti-choice arguments for criminalizing abortion providers, creating an alarming effect on care. Additionally, proving individual fault can be challenging, especially when survivors realize what happened years later. These concerns highlight the need to focus on structural and institutional responsibility rather than relying on punitive measures against individual providers.

Broader Impacts on Marginalized Communities

The effects of coerced sterilization are devastating and long-lasting. Survivors report feelings of betrayal, trauma, depression, and anger. The violation of bodily integrity and autonomy often results in mistrust of the healthcare system, which in turn can lead to delayed medical care or avoiding it altogether.

Beyond Indigenous peoples capable of childbearing, disabled women and gender-diverse people have faced coerced sterilizations or contraceptive interventions without consent. The DisAbled Women's Network (DAWN) of Canada has reported cases where women with intellectual disabilities had intrauterine devices (IUDs) inserted or were sterilized under guardianship decisions, often without any consultation with the women themselves. These practices are often justified under the guise of "protection" or "best interests," reflecting ableism and a failure to respect decision-making capacities.[7]

Black individuals with a uterus, as well as people of colour with a uterus, also face medical discrimination that contributes to coerced or pressured reproductive decisions. For these communities, reproductive control is experienced as oppression, often based on stereotypes of hypersexuality, unfitness for motherhood, or social irresponsibility. A report by the Women's Legal Education and Action Fund (LEAF) highlights how racialized women in Canada are disproportionately scrutinized and policed in their reproductive decisions, and how these biases influence healthcare access and treatment.[8]

Gender-diverse people face significant barriers to reproductive autonomy in Canada due to medical stigma, system gaps, and policy neglect. Despite legal protections, forced or coerced sterilization remains a risk for Indigenous Two-Spirit, transgender, and non-binary (TTNB) individuals, who have historically been subjected to reproductive rights violations in healthcare settings.[9] In 2022, Health Canada acknowledged that TTNB persons often encounter discrimination and provider knowledge gaps that prevent them from accessing inclusive sexual and reproductive care, and subsequently committed funding to initiatives to address these

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7 DisAbled Women's Network (DAWN) Canada. *The Right to be Mother: Reproductive Justice for Women with Disabilities in Canada.* 2019.

8 Women's Legal Education and Action Fund (LEAF). *Submissions on Reproductive Justice and Health Equity in Canada.* 2021.

9 Native Women's Association of Canada (NWAC). *Forced and Coerced Sterilization.* 2021.

challenges.[10] There are also policy and systemic obstacles that sustain passive trans sterilization, a form of neglect where reproductive options are effectively denied, especially regarding fertility preservation and assisted reproduction.[11] Together, these issues reflect how Canada's healthcare structures can exert control over gender-diverse bodies, undermining autonomy, equity, and the right to parenthood.

The Flip Side: Denial of Sterilization to Cis White People Capable of Pregnancy

On the opposite end of the spectrum lies a different violation of reproductive autonomy: the systemic denial of voluntary sterilization to cisgender white folks with uteruses, particularly those who are young, childless, or unmarried. These individuals are often subject to restrictive medical practices that reflect paternalistic assumptions about their future desires. Physicians may refuse requests for tubal ligation, citing concern that the patient will change their mind, regret the decision, or require approval from a partner.

A 2022 editorial in the *Canadian Medical Association Journal (CMAJ)* emphasized that decisions regarding permanent contraception should prioritize informed consent over anticipated regret, social norms, or physician bias. The authors called for clinicians to respect patient autonomy and to reduce paternalistic barriers to care.[12]

A 2019 CBC investigation detailed stories of Canadian women in their twenties and thirties who were denied sterilization despite repeated, informed requests. These women often had to navigate multiple medical providers, endure unnecessary psychological assessments, or even consider leaving the country to access the procedure.[13]

While in these cases, women and gender-diverse individuals are not subjected to sterilization against their will, the denial of their agency still constitutes a serious infringement of reproductive rights. Medical paternalism assumes that doctors, not patients, know what is best, an assumption that undermines informed consent and individual autonomy, especially for those who identify as women because of ongoing sexism in doctors' treatment of patients.[14]

This phenomenon reflects a broader societal view that a woman's worth is tied to parenthood, and that deviating from this norm must be pathologized or dissuaded. It emphasizes the need for clinical guidelines that prioritize patient autonomy over provider assumptions.

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[10] Government of Canada. *Government of Canada Improves Sexual and Reproductive Health Care for Two-Spirit, Trans and Non-Binary People.* Nov 28, 2022.

[11] Thabet, Clémence. *Transgressing the Binary, Transforming Policy, and Transcending the Family: Toward a Framework for Trans Reproductive Justice in Canada.* 2024.

[12] Canadian Medical Association Journal (CMAJ). *Respecting Autonomy in Permanent Contraception.* 2022.

[13] CBC News. *Why Young Canadian Women Are Being Denied Tubal Ligation.* May 16, 2019.

[14] CBC News. *Gender-Based Health Care in Canada's North.* 2018.

Ethical Framework and Reproductive Justice

The reproductive justice framework, developed by Black feminist activists in the United States, provides a critical lens for analyzing these issues. It expands the concept of reproductive rights beyond the legal right to contraception or abortion to include the right to have children, not have children, and to parent children in safe, sustainable environments.[15]

Under this framework, coerced sterilization is a violation not only of individual consent but of community well-being, cultural survival, and historical justice. Likewise, the denial of sterilization disrespects the right not to have children, assuming a normative life course that centres on childbearing. In both cases, the medical system exerts control over patients' bodies based on race, class, ability, and gender.

Medical ethics reinforce these concerns through the principles of autonomy, non-maleficence, and justice. Autonomy requires that patients have the ultimate authority over decisions affecting their bodies. Non-maleficence requires providers to avoid causing harm, which includes psychological trauma from coercion or denial. Justice demands equitable access to healthcare, without discrimination or prejudice.

Calls to Action

Both coerced sterilization and the denial of sterilization constitute violations of reproductive autonomy in Canada. Each is rooted in systemic inequities that privilege certain identities and experiences over others. To address this, a comprehensive approach that aligns with the Truth and Reconciliation Commission's Calls to Action[16] and recommendations by other reproductive justice committees across the country, particularly those focused on healthcare equity and cultural safety, is needed:

1. **Address Sterilization Without Consent Through Structural Accountability:** Prohibit sterilization without consent but avoid criminalizing providers. Instead, hold institutions accountable through civil liability, policy reforms, and transparency to ensure systemic change while protecting care. These steps must confront medical paternalism directly by ensuring that informed consent is upheld, and that patient autonomy is prioritized.

2. **Oversight by People with Lived Experience**: Establish health oversight bodies led by marginalized communities that ensures safe and equitable care and protects against future violations.

3. **Anti-Racism and Anti-Ableism Training**: Medical education must include mandatory training on racism, colonialism, sexism, and ableism, with a focus on reproductive justice. Training must also include practical strategies for patient-centered care,

[15] SisterSong Women of Color Reproductive Justice Collective. *What is Reproductive Justice?* 2020.

[16] Truth and Reconciliation Commission of Canada. *Calls to Action.* 2015.

emphasizing informed consent and culturally safe practices, especially in interactions with diverse and marginalized communities.

4. **Guarantee Access to Voluntary Sterilization**: Create standardized national protocols to ensure access to sterilization for those who request it, regardless of age, marital status, or number of children. Access must be free from judgment, gatekeeping, or unnecessary delays, ensuring that choice drives care, not provider preference.

5. **Official Apologies and Reparations**: Governments and health authorities must acknowledge past harms and offer compensation, mental health supports, and legal redress to survivors.

6. **Data Collection and Transparency**: Implement national data tracking of sterilization procedures to identify patterns of abuse and ensure accountability. Public reporting of this data should be required to build transparency and prevent future violations.

Bodily Autonomy as a Fundamental Right

Reproductive autonomy must be universally respected, not granted selectively based on certain demographics. Whether it be coerced sterilization of Indigenous and disabled individuals or the dismissal of sterilization requests, the Canadian healthcare system continues to assert control over who may reproduce and under what conditions. These practices undermine human dignity and betray core principles of justice and consent.

To move forward, Canada must adopt a reproductive justice framework that centres the voices and experiences of those most affected. It must replace medical paternalism with patient centered care and ensure that every person has the freedom to make informed decisions about their own body.