Abortion Rights Coalition of Canada

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Position Paper # 110

Reproductive Care Violence

Reproductive care encompasses the full spectrum of health services, resources, and support that enable individuals to maintain their health, protect their well-being, and make informed decisions about their reproductive lives. Any form of harm, coercion, neglect, or discrimination that occurs in the context of accessing, providing, or withholding reproductive health services constitutes reproductive care violence.

Reproductive care violence can be physical, psychological, structural, or systemic in nature. It is not limited to overt abuse but also includes the more subtle harms embedded within healthcare systems and policies. In Canada, a lack of culturally safe care for Indigenous, racialized, refugee, or immigrant communities can be a catalyst for reproductive care violence. For example, policies that restrict access to care based on race, class, citizenship status, disability, or other intersecting factors of discrimination perpetuate reproductive care violence. Further, the criminalization of reproductive agency, such as abortion, restricts access to essential healthcare and erodes reproductive rights.

Combating reproductive care violence requires understanding both the root causes of this violence and the changes needed to create accessible and safe care that mitigates harm. Understanding this issue is essential to the integrity and rights of individuals in Canada. Many people are impacted by reproductive care violence without a full comprehension of what they are experiencing and knowledge of the resources available to help them.[1] An overview of reproductive care violence in Canada suggests that pregnant people who are Indigenous, newcomers, or people of colour appear to be more likely to die during childbirth in Canada.[2] However, there is minimal data to support these observations because such data is often not measured or reported. This lack of collecting and reporting of data stems from many factors, including:

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1 Ali Ehsassi, *Canada's Approach to Sexual and Reproductive Health and Rights*: Report of the Standing Committee on Foreign Affairs and International Development (Ottawa, 2023).

2 ibid

1. **Systemic gaps:** Key indicators like the higher maternal mortality rates among women of colour, Indigenous women, and new Canadians are often unmeasured or unreported. This lack of disaggregated data obscures the full extent of inequities and prevents policymakers from identifying where interventions are most urgently needed.

2. **Limits in data collection**: Data on women's agency in sexual, contraceptive, and healthcare decisions are often not collected. Reproductive health data frequently excludes trans, non-binary, and gender-diverse/fluid people, rendering their health needs non-visible within policy and research.

3. **Stigma and risk**: People who have had abortions may be reluctant to disclose them to researchers due to stigma, and those who experience complications may be reluctant to disclose to health workers that they had an abortion due to fear of being judged, or in the case of a self-managed abortion, reported to law enforcement. This can result in skewed data or lack of data on the incidence of abortion or medical complications.

Accurate and representative data on reproductive care violence remain limited due to fragmented reporting systems, gaps in data collection, and the stigma or risks associated with reporting. These structural barriers perpetuate this ongoing invisibility. The lack of representation in the data obscures the full extent of the issue while highlighting the urgent need for awareness.

Root Causes of Reproductive Care Violence

Reproductive care violence in Canada cannot be separated from the country's colonial history and its ongoing legacies.[3] Canada has a long history of eugenics and subsequent forced sterilization.[4] Eugenics aims to control a population through reproductive coercion with a focus on race-based selective breeding, favouring the birth of white children. Eugenics laws were repealed across Canada in the 1970s; however, the practice of forced sterilization remained.

The 2022 report, *The Scars That We Carry: Forced and Coerced Sterilization of Persons in Canada*, [5] recounts experiences of those who sought healthcare and were subjected to procedures such as hysterectomies or tubal ligation, where fallopian tubes are cut, tied, or sealed. These sterilization procedures lacked free, prior, and informed consent. The forced sterilization of Indigenous women, cases of which were reported as recently as 2018, is a stark example of how reproductive control has been used as a tool of oppression.[6] The suppression of Indigenous midwifery and community-led birthing practices has further eroded trust in mainstream healthcare systems. These histories shape present-day experiences, leaving many

[3] Lisa Baumander, *Breeding a Better Woman: The Eugenics Movement in Canada* (2016). Download: https://journal.lib.uoguelph.ca/index.php/footnotes/article/download/3830/3865/

[4] Ibid.

[5] Canada, Parliament, Senate. Standing Senate Committee on Human Rights. (2022). *The Scars that We Carry: Forced and Coerced Sterilization of Persons in Canada - Part II*.

[6] Stote, Karen. Sterilization of Indigenous Women in Canada. *The Canadian Encyclopedia* (2019). Historica Canada.

Indigenous and marginalized communities wary of medical institutions that have long undermined their autonomy.

Beyond colonial violence, structural inequities such as racism, ableism, and economic discrimination continue to restrict access to care. Refugees and immigrants often face barriers due to immigration status, language, or cultural safety, which can discourage them from seeking reproductive health services altogether. For many communities, the lack of race-based and individual health data obscures disparities in maternal mortality, access to contraception, and reproductive outcomes. This data gap makes it difficult to fully capture the extent of reproductive care violence, effectively silencing the experiences of those most impacted.

Structural Barriers to Reporting and Support

While various supports exist to address reproductive care violence, access to them is not equal. Many supports are concentrated in urban centres, with limited availability in rural or northern regions, and barriers persist for those facing language, cultural, or systemic inequities. Across Canada, resources that address reproductive care support are predominantly offered by grassroots and non-profit organizations. To name a few: the Native Women's Resource Centre of Toronto, Action Canada for Sexual Health and Rights, and community health centres like Women's Health in Women's Hands, The YWCA NWT, and Planned Parenthood Toronto.

On the institutional side, the College of Physicians and Surgeons of Ontario (CPSO) provides a hotline for reporting abuse by medical professionals; however, cases may proceed to court, which can compromise confidentiality.[7] Moreover, reporting mistreatment by medical professionals regarding reproductive care violence is complicated by the covert and often undisclosed nature of certain violations, such as involuntary sterilization, making accountability and redress difficult to achieve.

While similar institutional supports exist elsewhere in Canada, their availability varies significantly across provinces and territories. For instance, the BC Women's Hospital + Health Centre[8] offers specialized resources on violence and abuse, yet such programs are not consistently available nationwide, particularly in rural, northern, and remote communities. This uneven access highlights the broader issue of geographic and systemic inequities in reproductive care support across Canada.

In the Northwest Territories and Inuit communities, the scarcity of reproductive care services and the lack of disaggregated data obscure the true extent of reproductive harm. Because the Northern Territories are geographically isolated with small and dispersed populations, resources are limited, and persistent retention issues between government agencies and local communities have led to a shortage of front-line workers. As a result, responses to gendered

7 College of Physicians and Surgeons of Ontario, *Sexual Abuse Complaints*.

8 BC Women's Hospital + Health Centre. *Violence and Abuse*.

violence, reproductive care violence, and sexual assault are frequently under-investigated and underreported.

The Canadian Arctic consistently records the highest rates of police-reported gender-based violence, with research showing that Inuit ciswomen bear the brunt.[9] In Nunavut, for instance, women are victims of violent crime at a rate more than 13 times higher than the national average. Despite these alarming statistics, over 70% of the 53 Inuit communities lack a safe shelter for women, leaving many without a secure place to seek refuge.[10] These disparities are further compounded by barriers to accessing justice, including a lack of integration into communities, slow response times, and language differences affecting the quality of policing. This highlights the need for community-based direct support services.[11]

Community-led models of care

Compared to an institutionalized approach, community-based direct support services often appear more trustworthy and action-oriented. The Women & HIV/AIDS Initiative (WHAI)[12] provides support for varying areas of concern within Canada, with a focus on harm reduction centred on ciswomen and gender-diverse people. The organization's mission statement emphasizes that women-centred care involves engaging women in decision-making, valuing their lived experiences, and placing their voices at the forefront rather than relying on top-down approaches. By prioritizing peer support and amplifying women's expertise, the model actively resists coercion. This approach reflects the broader reproductive justice framework, which insists that those most affected by systemic violence must be the ones shaping solutions.

Small organizations advocating for abortion access, contraception, and reproductive rights provide essential support that larger institutions often overlook. Direct services like abortion funds, pregnancy support networks, and community doula programs meet immediate needs while challenging the systemic inequities that create barriers in the first place. These groups extend reproductive healthcare beyond the clinic setting, making it more accessible and responsive to the realities of marginalized communities. Indigenous-led care models also demonstrate the power of community-driven solutions. The revitalization of Indigenous midwifery and birthing practices provides culturally safe, land-based care that addresses the mistrust many communities feel toward mainstream healthcare. Community-controlled clinics restore autonomy and ensure reproductive health services reflect Indigenous knowledge systems, offering a vital alternative to colonial medical structures.

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9 Pauktuutit Inuit Women of Canada, *Study of Gender-based Violence and Shelter Service Needs across Inuit Nunangat* (2019), viii.

10 Canadian Centre for Policy Alternatives (2019). *Unfinished Business: A Parallel Report on Canada's Implementation of the Beijing Declaration and Platform for Action*. Pg 120.

11 BC Women's Hospital + Health Centre. *Violence and Abuse*.

12 Women and HIV / AIDS Initiative, *Reproductive Justice & WHAI*, WHAI.

The Native Women's Resource Centre of Toronto[13] (NWRCT) offers support to Indigenous ciswomen, children, and LGBTQI+ identifying individuals through trauma-informed approaches, offering housing support, education, and early childhood support for Indigenous families. Support systems like this are vital to community health, serving as tangible resources that strengthen well-being and resilience. Building trust also requires changing how services are delivered. Peer-led models, where people with lived experience guide care, foster belonging and reduce stigma. Bridging the gaps of needs and equitable access, trauma-informed and culturally rooted frameworks prioritize dignity in every interaction. Together, these practices reimagine reproductive care as something rooted in community rather than bureaucracy. Looking ahead, implementing resources like the NWRCT in smaller communities could promote broader systemic change, increase accessibility to essential services, and strengthen local capacity to address underlying issues effectively.

Reporting of Reproductive Violence

Effective approaches to combat reproductive care violence exist outside formal institutions, such as the culturally grounded approaches of Indigenous midwives and the role of doulas as witnesses to reproductive violence. The Canadian Obstetrical & Reproductive Violent Experience & Trauma Tracker (CORVET)[14] is a reporting mechanism for people in Canada to report experiences of obstetrical or reproductive violence and trauma. CORVET's work reveals how policies, institutions, and social attitudes can either safeguard or endanger those seeking care. In an interview with the founder of CORVET, they emphasized that creating safer conditions for reproductive health in Canada requires urgent changes, beginning with ensuring access to doulas, witnesses, and supportive companions regardless of the reproductive services someone is seeking. The founder conveyed how misinformation, language barriers, and the lack of a national reporting system for reproductive violence, including harmful practices such as unnecessary episiotomies, continue to endanger people.

While governments often remain disconnected from civilians' realities, organizations like CORVET fill critical gaps by creating spaces where individuals can safely report abuse without fear of deportation, incrimination, or further violence. They also highlighted that comprehensive sexual health education must be treated as a basic human right, since its absence puts residents and citizens at risk by denying them the knowledge necessary to make informed choices. The site features mandatory and intersectional intake questions, as well as an "exit site now" option, as examples of how safety can be built into reproductive health resources. When supported by insurance coverage and policy, these tools could significantly expand safe and equitable care.

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13 Native Women's Resource Centre of Toronto. *Programs and Services*.

14 Joefin Peter, *CORVET Tracker*, Oru Kutty Community (2025).

Reimagining the future of reproductive care

Reproductive care violence in Canada is both historical and ongoing, shaped by colonial legacies and sustained by systemic inequities. However, community-driven solutions from Indigenous midwifery to the work of WHAI, the Native Women's Resource Centre of Toronto, and CORVET demonstrate that safer, more equitable care is possible when those most affected are at the forefront of shaping practices and policies. These initiatives highlight the need for reproductive care models that are culturally grounded, trauma-informed, and rooted in community trust.

Ultimately, addressing reproductive care violence requires not only protecting abortion as healthcare and expanding access to doulas and other supports, but also ensuring comprehensive sexual health education as a basic human right. In sum, these changes can create a future where reproductive health in Canada is safe, dignified, and respected for all.