



Canadian Human Rights Commission

**Submission to the Committee on the Elimination of
Discrimination against Women in advance of the
Committee's development of the List of Issues Prior to
Reporting for Canada's 10th Periodic Review**

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1. THE CANADIAN HUMAN RIGHTS COMMISSION

The Canadian Human Rights Commission (CHRC) is Canada's national human rights institution. It has been accredited "A-status" by the Global Alliance of National Human Rights Institutions, first in 1999 and again in 2006, 2011 and 2016.

The CHRC was established by Parliament through the Canadian Human Rights Act (CHRA) in 1977.¹ It has a broad mandate to promote and protect human rights. The Constitution of Canada divides jurisdiction for human rights matters between the federal and provincial or territorial governments. The CHRC has jurisdiction pursuant to the CHRA over federal government departments and agencies, Crown corporations, First Nations governments and federally-regulated private sector organizations. Provincial and territorial governments have their own human rights codes and are responsible for provincially/territorially-regulated sectors.

The CHRC also has responsibilities under several other pieces of legislation, including the Employment Equity Act, the Accessible Canada Act, the Pay Equity Act, and the National Housing Strategy Act.

The CHRC has taken action to promote and protect human rights – including those contained in the Convention on the Elimination of all Forms of Discrimination against Women – by investigating complaints, issuing public statements, tabling Special Reports in Parliament, conducting research, developing policy, consulting with stakeholders, and representing the public interest in the mediation and litigation of complaints.

¹ Available at: laws-lois.justice.gc.ca/PDF/H-6.pdf. Although Canada's human rights laws are not part of the Constitution, they are considered "quasi-constitutional" in nature, meaning that all other laws must be interpreted in a manner consistent with human rights law.

2. PAY EQUITY

While the gender pay gap has decreased by 21% since 1981, pay inequity between men and women continues to be a persistent problem in Canada.² Women on average earned \$0.87 for every dollar earned by men. In other terms, Canadian women worked the equivalent of 47 days without pay.³

The gender pay gap is even more pronounced for Indigenous and other racialized women in Canada, and for women with disabilities.⁴

In 2018, the Government of Canada introduced the Pay Equity Act (PEA), which requires employers to conduct a structured pay equity analysis to ensure equal pay for work of equal value. Although the right to equal compensation for men and women has been protected in law under the CHRA since 1977, the PEA puts in place a proactive system where employers become responsible for taking steps to ensure that compensation practices are equal for men and women.

Despite this being a positive development, the CHRC notes that the PEA applies only to federally-regulated workplaces, which constitute a small percentage of employment in Canada. While some other Canadian jurisdictions have similar legislation in place, there is no consistent approach to this issue across the country.

Recommended Question #1: Please provide details of efforts being undertaken to ensure effective implementation of the PEA. What efforts are being made to ensure coordination between the various jurisdictions in Canada in relation to this issue?

3. SEXUAL HARASSMENT

Gender-based violence, such as sexual assault and harassment, are largely underreported and costs billions of dollars every year in Canada. Women are ten times more likely than men to be the victim of sexual assault and harassment. Women with disabilities, Indigenous women, single women, unemployed women, women with low-incomes, and younger women are the groups most likely to experience sexual

² “The Gender Wage Gap and Equal Pay Day, 2018.” Statistics Canada. Published November 23, 2018. <https://www150.statcan.gc.ca/n1/pub/89-28-0001/2018001/article/00010-eng.htm>

³ Ibid.

⁴ See, for example: “The Facts about the Gender Wage Gap in Canada.” Canadian Women’s Foundation. Published May, 1 2019. <https://www.canadianwomen.org/the-facts/the-wage-gap/>; Sheila Block and Grace-Edward Galabuzi. “Canada’s Colour Coded Labour Market: The Gap for Racialized Workers.” Canadian Centre for Policy Alternatives. Published March 21, 2011, available at: <https://www.policyalternatives.ca/publications/reports/canadas-colour-coded-labour-market>, “Canadian Survey on Disability Reports.” Statistics Canada. Published November 28, 2018. <https://www150.statcan.gc.ca/n1/pub/89-654-x/89-654-x2018002-eng.htm>.

harassment and assault.⁵ After surveying 1,350 female federal employees in 2017, the Government of Canada found that 30% of respondents said they have experienced sexual harassment and 3% had experienced sexual assault in the workplace.⁶

In 2018, the number of complaints accepted by the CHRC citing sex were higher than in any other year in the past decade and represented 18% of all complaints accepted. 45% of all sex complaints accepted by the CHRC alleged harassment.

In 2018, the Government passed Bill C-65, which introduced amendments to the Canada Labour Code to require among other things, that federally-regulated employers take preventive measures against incidents of harassment and violence in the workplace, as well as provide timely and effective responses to address these incidents.

While the CHRC welcomes developments such as this, it again notes that this legislation is applicable only to federally-regulated workplaces. Further, it does not provide a complete solution. Changes within society and culture are also needed to end sexual harassment and assault.

Recommended Question #2: Please provide details of efforts being undertaken to bring awareness of sexual harassment in the workplace. What efforts are being made to ensure coordination between the various jurisdictions in Canada in relation to this issue?

4. PERSONS DEPRIVED OF THEIR LIBERTY

Indigenous women have become one of the fastest growing populations in Canadian prisons. Although they only account for around 4% of the total female population in Canada,⁷ Indigenous women are over-represented within the federal correctional system, making up 42% of incarcerated women in Canada.⁸ Since 2009, the population of federally-incarcerated women increased by 34.8% while the population of federally incarcerated Indigenous women grew at a much higher rate of 60%.⁹

The lingering effects of colonization and the legacy of the residential school system are of significance in any discussion of this population. A recent file review on Indigenous

⁵ "The Facts About Sexual Assault and Harassment." Canadian Women's Foundation. Accessed September 16, 2019. <https://www.canadianwomen.org/the-facts/sexual-assault-harassment/>.

⁶ Amanda Connolly. "Bill C-65: Here's what the anti-harassment bill does and how it will affect you." Global News. Published January 29, 2018. <https://globalnews.ca/news/3992737/bill-c-65-what-does-it-do/>.

⁷ Paula Arriagada. "First Nations, Métis, and Inuit Women." Statistics Canada. Published February 26, 2016. <https://www150.statcan.gc.ca/n1/pub/89-503-x/2015001/article/14313-eng.htm>.

⁸ "Statistics and research on women offenders." The Correctional Service of Canada. Published May 16, 2019. <https://www.csc-scc.gc.ca/women/002002-0008-en.shtml>.

⁹ See Annual Report of the Office of the Correctional Investigator 2017-2018, at p.61, available at <https://www.oci-bec.gc.ca/cnt/rpt/pdf/annrpt/annrpt20172018-eng.pdf>.

female offenders conducted by the Office of the Correctional Investigator (OCI) found that:

- 1) over half (1/2) reported having attended or having had a family member attend a residential school,
- 2) two-thirds (2/3) of their parents had a substance use issue and 48% had been removed from the family home, and
- 3) almost all files indicated the existence of previous traumatic experience, including sexual and/or physical abuse, as well as substance misuse problems.¹⁰

More needs to be done to address the root causes of the consistent overrepresentation of Indigenous individuals in Canadian prisons. A number of recommendations have been made to the government on measures to work towards this goal. For example, the Final Report of the Truth and Reconciliation Commission of Canada includes amongst its Calls to Action the following:

- that the Federation of Law Societies of Canada and all law schools ensure that lawyers receive appropriate cultural competency training, including on the history and legacy of residential schools, the United Nations Declaration on the Rights of Indigenous Peoples, Treaties and Aboriginal rights, Indigenous law, and Aboriginal-Crown relations;
- that all levels of government commit to eliminating the overrepresentation of Indigenous people in custody over the next decade and issue annual reports that monitor and evaluate the progress in doing so; and
- that all levels of government provide sufficient and stable funding to implement and evaluate community sanctions that provide realistic alternatives to incarceration for Indigenous offenders and respond to the underlying cause of offending.

Recommended Question #3: Please provide details of efforts to address the over-representation of federally incarcerated Indigenous women.

In addition to being over-represented in federal prisons, Indigenous women are placed in isolated and restrictive conditions of confinement at more frequent rates than non-Indigenous offenders.¹¹ Until recently, the Corrections and Conditional Release Act (CCRA), which regulates the federal prison system, provided for a regime known as “administrative segregation” to isolate inmates who were deemed to pose a risk to the

¹⁰ See Annual Report of the Office of the Correctional Investigator 2015-2016, at p.43, available at <http://www.oci-bec.gc.ca/cnt/rpt/pdf/annrpt/annrpt20152016-eng.pdf>.

¹¹ See, for example: A Case Study of Diversity in Corrections: The Black Inmate Experience in Federal Penitentiaries, available at <http://www.oci-bec.gc.ca/cnt/rpt/oth-aut/oth-aut20131126-eng.aspx#toc1>; 2016 Fall Reports of the Auditor General of Canada: Preparing Indigenous Offenders for Release, available at http://www.oag-bvg.gc.ca/internet/English/parl_oag_201611_03_e_41832.html.

safety and security of themselves, others, or the institution in which they were incarcerated. The CHRC has long expressed concern that this regime is tantamount to solitary confinement as defined within the international human rights system.

In response to recent court decisions, the federal government has passed legislation that purports to end the practice of solitary confinement by ending the existing regimes of administrative and disciplinary segregation and replacing them with an alternate regime in which inmates who are deemed to pose a risk would be housed in what will be known as “structured intervention units” or SIUs. Once in a SIU, inmates will be isolated for fewer hours a day than under the previous regime, have greater access to “meaningful human contact” and receive “appropriate interventions” including access to correctional programming.

Given that the change in regime is not fully implemented, the CHRC is not in a position to comment on its effects on the health and well-being of vulnerable inmates, including women who have mental health disabilities. However, the CHRC does have some ongoing concerns with respect to the SIU regime.

First, the SIU regime fails to recognize that some inmates should never be placed in isolation, including those that have a disability that is likely to be exacerbated by confinement in isolated and restrictive conditions of confinement, those who are suicidal or chronically self-harming, pregnant women, those who are nursing and/or those who require access to their children.

Second, while the proposed regime does provide for limited independent external oversight, it also provides for a number of internal reviews of whether an inmate should be placed in or remain in an SIU. For example, when a healthcare professional recommends that an inmate be removed from a SIU, the Correctional Service of Canada (CSC) can decide not to accept that recommendation and can ask another health practitioner to consider the situation. The CHRC is of the view that the opinion of one healthcare professional is sufficient to remove an inmate from a SIU or change their conditions of confinement. Adding more internal review takes time, delays access to external oversight, is complex and cumbersome, is not responsive to the special needs of inmates with disabilities, and is ill-suited to urgent or “moment in time” decisions.

Finally, the SIU regime continues to give wide discretion to CSC to decide whether, when and for how long an inmate should be confined in isolated and restrictive conditions. As before, the CHRC is of the view that robust, binding independent external review is critical to ensuring that the human rights of inmates are protected. While the new approach does provide for some external review, it remains unclear that it will be sufficient to protect the rights at stake, particularly for vulnerable inmates.

The CHRC will continue to work with CSC as it implements this new regime and will provide an update to the Committee at the time of Canada’s next review.

Recommended Question #4: Please provide information about the operation of SIUs in federal prisons, including the number of women held in SIUs, the proportion of those inmates who have identified mental health related needs, the length of stay in an SIU, and the number of times CSC refused to follow the recommendation of a health care provider to release someone from an SIU.

5. WOMEN WITH DISABILITIES

In Canada, the prevalence of disability is higher for women compared to men (15% to 13%).¹² Women with disabilities continue to experience various systemic and institutional barriers, as well as a combination of social and economic disadvantage, which has a negative impact on their overall well-being.

Two reports released by the CHRC in collaboration with the Canadian Association of Statutory Human Rights Agencies (CASHRA)¹³ -- Roadblocks on the career path: Challenges faced by persons with disabilities in employment¹⁴ and Left Out: Challenges faced by persons with disabilities in Canada's schools¹⁵ -- identified a number of barriers that women with disabilities continue to face while trying to both gain employment and access their education.

The reports found that barriers and stigma towards women with disabilities can:

- prevent women with disabilities from participating in the labour force and from finding meaningful employment linked to their educational attainment;
- limit opportunities for advancement in their careers;
- lead to higher educational costs;
- result in longer times to complete their education; and
- prevent them from completing their education.

For instance, at the national, provincial and territorial level, the employment rates of women with disabilities are substantially lower when compared to those of women without disabilities. In addition, when compared to men with disabilities, women with

¹² Arim, R. (2015). A profile of persons with disabilities among Canadians aged 15 years or older, 2012. Statistics Canada: Catalogue 89-654-X, available at: <https://www150.statcan.gc.ca/n1/pub/89-654-x/89-654-x2015001-eng.pdf>.

¹³ CASHRA was established in 1972 as an umbrella organization for the federal, provincial and territorial human rights commissions. Its purpose is to establish an effective communications link between statutory agencies working in the field of combatting discrimination. Its current membership includes the CHRC as well as the human rights commissions of Alberta, Manitoba, New Brunswick, Newfoundland and Labrador, the Northwest Territories, Nova Scotia, Ontario, Prince Edward Island, Québec, Saskatchewan, and the Yukon.

¹⁴ Available at: <https://www.chrc-ccdp.gc.ca/eng/content/report-roadblocks-career-path-challenges-faced-persons-disabilities-employment>. Statistical analysis on various employment-related indicators are from the 2012 Canadian Survey on Disability.

¹⁵ Available at: <https://www.chrc-ccdp.gc.ca/eng/content/left-out-challenges-faced-persons-disabilities-canadas-schools>. Statistical analysis on various educational-related indicators are from the 2012 Canadian Survey on Disability.

disabilities are more likely to work in part-time employment and are more likely to report changing the amount of work they do because of their disability. In terms of education, women with disabilities are more likely to report having “high school or equivalent” as their highest educational attainment compared to men with disabilities across Canada.

Recommended Question #6: Please provide details of efforts to address barriers to education and employment for women with disabilities. What efforts are being made to ensure coordination between the various jurisdictions in Canada in relation to these issues?

The CHRC is encouraged by the passage of federal housing legislation and the earlier release of the National Housing Strategy. However, in Canada, 46% of women who report having been homeless also have a disability.¹⁶ Women with disabilities continue to experience significant barriers in terms of accessing affordable, safe and adequate housing. This lack of access to stable housing can influence health problems, including higher risks of chronic disease, infectious disease and premature death. In addition, women with disabilities risk various forms of institutionalization, as many of the spaces in which they are housed are often institutional in nature, such as group homes, hospitals and long-term care facilities.¹⁷ A myriad of intersecting factors lie at the root of this: poverty, the availability of and access to supports and services, and many forms of violence, including neglect, physical abuse, sexual abuse, psychological abuse and financial exploitation.

Recommended Question #7: Please provide details on the anticipated impact of the housing legislation and the National Housing Strategy on women with disabilities. What efforts are being made to ensure coordination between the various jurisdictions in Canada in relation to these issues?

6. INDIGENOUS WOMEN AND GIRLS

The CHRC views the situation of Indigenous peoples¹⁸ in Canada as one of the most pressing human rights issues facing Canada today. Indigenous peoples in Canada continue to be significantly disadvantaged in terms of education, employment and access to basic needs such as safe and clean drinking water, food security and housing. This includes Indigenous women and girls.

¹⁶ DisAbleD Women’s Network of Canada, *More than a Footnote: A Research Report on Women and Girls with Disabilities in Canada*, 2019, at p. 69, available at: https://dawnacanada.net/media/uploads/news_data/news-279/more_than_a_footnote_research_report.pdf.

¹⁷ *Ibid.* at pp. 69-71.

¹⁸ The term “Indigenous” or “Indigenous peoples” is used throughout this submission to refer to First Nations, Inuit and Métis peoples in Canada, also commonly referred to as Aboriginal peoples. In specific areas of this submission, the terms Aboriginal or First Nations may be used for greater specificity, for example where this is the official terminology used in a referenced law, or where a law or program is applicable only to this sub-category of the Indigenous population.

7.1 Equitable and Adequate Services on Reserve

Across the country, many First Nation communities continue to live without equitable and adequate housing, safe drinking water or access to quality education, child welfare, and other social services. First Nations often cite lack of funding as the main reason for inadequate programs and services on reserves, including special education services, disability-related services, and social and health supports.

The CHRC has received a number of complaints filed by or on behalf of Indigenous persons relating to the availability of and funding for a broad range of public services delivered on-reserve. For example, complaints have been filed regarding the adequacy of federal funding and supports for education, health, child welfare, policing services, and home and community care services.¹⁹ The CHRC has also received complaints brought by First Nations persons against First Nations governments, relating to the allocation and/or renovation of accessible housing on reserve.²⁰

In a series of ground-breaking rulings from January 2016 to the present, the Canadian Human Rights Tribunal (the Tribunal) found the federal program and funding for child welfare services on reserve to be discriminatory against First Nations children and families, and ordered the federal government to provide sufficient funding and supports to enable the delivery of services that meet the real needs of First Nations children and families.²¹ These rulings require the government to provide First Nations children with substantively equal access to services – something that can require going beyond the standards of care provided in comparable communities off reserve.²² The parties to the litigation continue to work together on implementation of these rulings, and the Tribunal is expected to provide further guidance in the coming months.

¹⁹ For just a few examples: (1) An Ontario First Nation filed a human rights complaint alleging that the federal government discriminates by failing to provide sufficient funding and supports to enable the delivery of appropriate special education services to First Nations children with disability-related education needs who live on reserve in Ontario. (2) An Alberta First Nations woman living on reserve filed a human rights complaint alleging that the federal government discriminated by failing to take adequate steps to ensure that her son, who uses a wheelchair, received safe transportation to and from school. (3) A Manitoba First Nations woman living on a fly-in reserve filed a complaint, alleging that the federal government discriminates by failing to provide sufficient funding and supports to enable the delivery of adequate health and home and community care services in respect of her adult son, who has cognitive and other disabilities that give rise to substantial needs.

²⁰ For example, in *Ledoux v. Gambler First Nation*, [2018 CHRT 26](#), the Tribunal found that a First Nation had erred by prematurely reallocating the home of a band member who used a wheelchair, and who had temporarily moved off the reserve to test out an assisted living facility. It granted certain financial remedies, and ordered that the Nation give the band member priority status on the wait list for the next available wheelchair-accessible home on the reserve.

²¹ *First Nations Child and Family Caring Society of Canada and Assembly of First Nations et al. v. Attorney General of Canada*: [2016 CHRT 2](#) (re liability); [2016 CHRT 10](#) (first ruling on remedy); [2016 CHRT 16](#) (second ruling on remedy); [2017 CHRT 7](#) (Choose Life); [2017 CHRT 14](#) (ruling on Jordan's Principle compliance); [2017 CHRT 35](#) (Jordan's Principle amendments); [2018 CHRT 4](#) (ruling on child and family services compliance); 2019 CHRT 1 (Obstruction and costs); [2019 CHRT 7](#) (interim ruling on eligibility under Jordan's Principle).

²² See, for example: [2016 CHRT 2](#) at paras. 402-427 and 464-465; [2017 CHRT 14](#) at paras. 69-73; and [2019 CHRT 7](#) at para. 74.

The CHRC recognizes that Bill C-92, An Act respecting First Nations, Inuit and Metis children, youth and families, provides an opportunity to make improvements to the child welfare system. Many features of this legislation are encouraging, including its emphasis on substantive equality, preventive care and the need for continuity of culture and language. However, the CHRC also shares the concerns of stakeholders that this legislation does not adequately address the need for reliable funding, which is critical for implementation. The Tribunal, as well as other respected bodies such as the Truth and Reconciliation Commission of Canada and the United Nations Committee on the Rights of the Child, have all stressed the need for Canada to provide adequate resources in this area.

According to the Final Report of the National Inquiry into Missing and Murdered Indigenous Women and Girls²³, the crisis of child welfare, the chronic underfunding of essential services, and the many health disparities facing Indigenous communities, can all be attributed to the legacy of colonialism and the intergenerational effects of trauma and genocide.

For instance, according to the report, researchers found that, compared with those who did not attend residential school, residential school survivors are more likely to suffer various physical and mental health problems, are more likely to report higher levels of psychological distress and poorer self-rated health, and are more likely to be diagnosed with various chronic health conditions. Although access to culturally appropriate and relevant services was identified as one of the most important factors in healing for residential school survivors, the report found that 1) there are not enough culturally relevant treatment and healing centres for Indigenous people across Canada, and 2) stable, sufficient and reliable funding is a barrier for the ones that do exist.

The report also found that Canada has failed to ensure that Indigenous women, girls, and 2SLGBTQQIA²⁴ people have access to services and resources that are equitable to those received by non-Indigenous people. It stated that the “[c]urrent health and wellness services are grossly lacking and often inappropriate and inaccessible, which contributes directly to the decreased safety and security of, and the violence experienced by, Indigenous women, girls, and 2SLGBTQQIA people.”²⁵

²³ Available at: <https://www.mmiwg-ffada.ca/final-report/>. See Volume 1a, Chapter 6: Confronting Oppression – Right to Health, for the health related aspects of the report.

²⁴ This refers to people who are Two-Spirit, lesbian, gay, bisexual, transgender, queer, questioning, intersex and asexual. This is used throughout the National Inquiry both to include non-binary people and people with diverse sexualities, and as an explicit reminder that gender-diverse people’s needs must equally be taken into account.

²⁵ Available at: <https://www.mmiwg-ffada.ca/final-report/>. See Volume 1a, p. 498.

Recommended Question #8: Please provide details of the steps being taken to ensure that services Indigenous women and girls in First Nations communities are equitable, adequate and appropriate. What steps are being taken by Canada to implement the recommendations made by the National Inquiry into Missing and Murdered Indigenous Women and Girls including in relation to the provision of services?

7.2 Forced or Coerced Sterilization of Indigenous Women

Historically, policies of sterilization in Canada existed under the guise of public health, where sterilization was used as a condition of release from mental health institutions. These policies disproportionately affected Indigenous women, who were labeled as “feeble-minded” or “mentally defective”.²⁶

Access to sexual and reproductive health care is a critical issue for women. Yet, Indigenous women across the country continue to recount experiences of forced or coerced sterilization. The Canadian province of Saskatchewan is currently facing a class action lawsuit on behalf of more than sixty (60) Indigenous women who claim that they were sterilized without their free, full and informed consent.²⁷ Indigenous women who have undergone coerced sterilization have been found to engage in self-harm, suffer from various physical, emotional and psychological ailments, and have withdrawn from seeking preventive healthcare services due to profound mistrust of the healthcare system and its authorities.²⁸

The CHRC notes that in Canada’s most recent review by the United Nations Committee Against Torture, the Committee recognized the involuntary sterilization of Indigenous women in Canada as a form of torture, and asked Canada to provide an interim progress report on the issue by December 2019, signalling both its urgency and importance.²⁹

Many civil society organizations, including Indigenous women’s organizations, have called on the government to take urgent action on this issue by:

²⁶ Available at: <https://www.mmiwg-ffada.ca/final-report/>. See Volume 1a, p. 266-267.

²⁷ M.R.L.P. and S.A.T. v. The Attorney General of Canada, The Government of Saskatchewan, Saskatchewan Health Authority et. al. (16 Feb. 2018), Q.B. No. 1485 of 2017 (Statement of Claim), available at: <https://www.mauricelaw.com/upload/Class-Action-Docs/Notice-to-Defendants-Q.B.-No-1485-of-2017.pdf>.

²⁸ Saskatoon Regional Health Authority, External Review: Tubal Ligation in the Saskatoon Health Region: The Lived Experience of Aboriginal Women, 2017, available at: https://www.saskatoonhealthregion.ca/DocumentsInternal/Tubal_Ligation_intheSaskatoonHealthRegion_the_Lived_Experience_of_Aboriginal_Women_BoyerandBartlett_July_22_2017.pdf.

²⁹ UN Committee against Torture, Concluding observations on the seventh periodic report of Canada, CAT/C/CAN/CO/7, 21 December 2018, para. 54, available at: <http://docstore.ohchr.org/SelfServices/FilesHandler.ashx?enc=6QkG1d%2fPPRiCAqhKb7yhsglSZMQd1BoEakgym8DLljp%2ftVZwAcP32UhceoEv6s9EFDnHa%2ffiXxFR9KNVY4qkr3X7%2faP5eVqCmw6nDLJyD3dA5iGzIWJ0XfsLEbi0ylvz>.

- thoroughly investigating all allegations of forced or coerced sterilizations of Indigenous women in Canada;
- establishing policies and accountability mechanisms across Canada that provide clear guidance on how to ensure sterilizations are only performed with free, full, and informed consent; and
- providing access to justice for survivors and their families.³⁰

Recommended Question #9: Please provide details of the steps being taken to respond to ongoing allegations about the forced or coerced sterilization of Indigenous women in Canada. What efforts are being made to ensure coordination between the various jurisdictions in Canada in relation to this issue?

³⁰ See:

https://www.amnesty.ca/sites/amnesty/files/Amnesty%20Sterilization%20Briefing%20Senate%20HR%20Committee%20March%202019_0.pdf.