

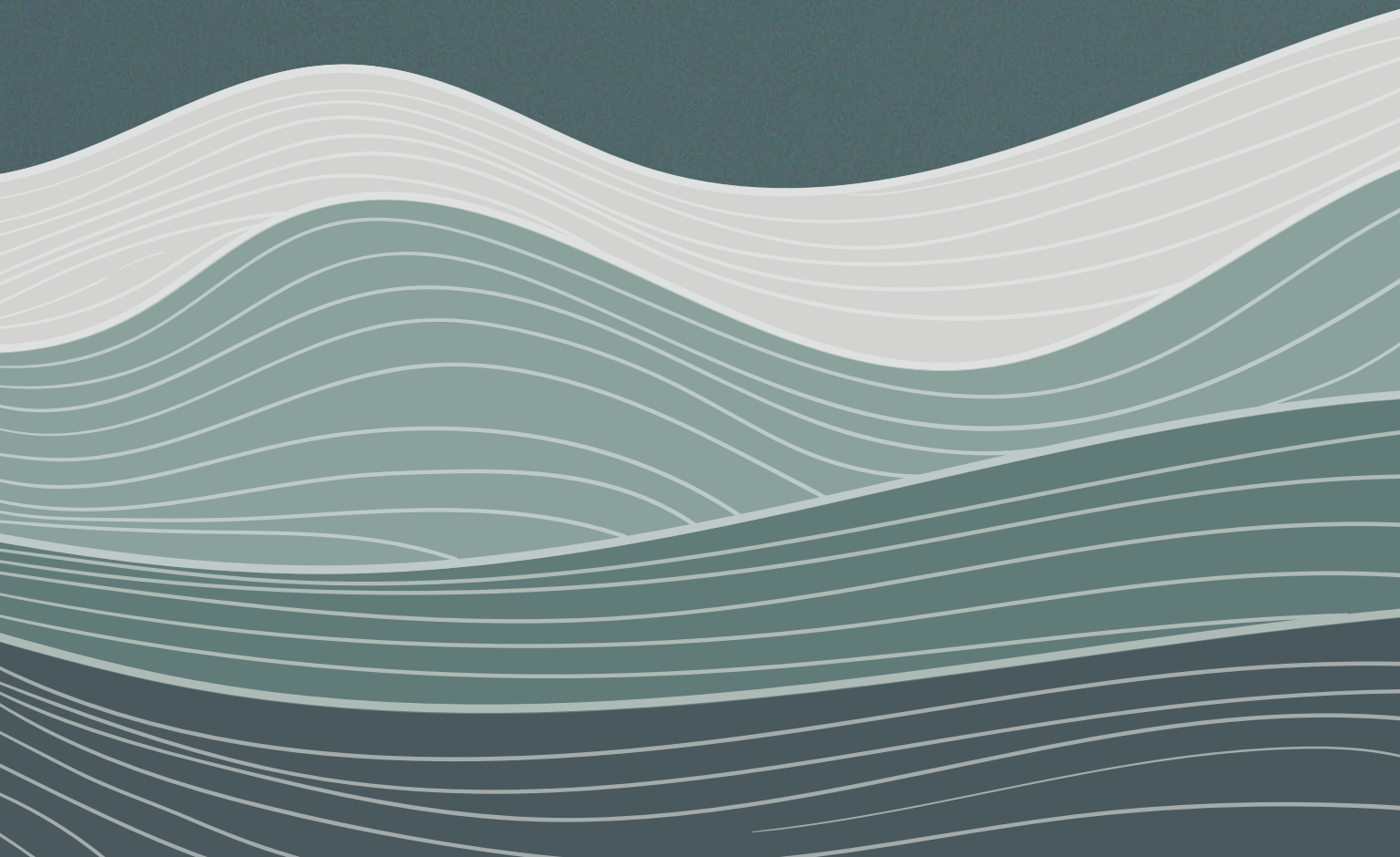
The Joint Federal/Provincial
Commission into the April 2020
Nova Scotia Mass Casualty

||| **MASS
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COMMISSION**

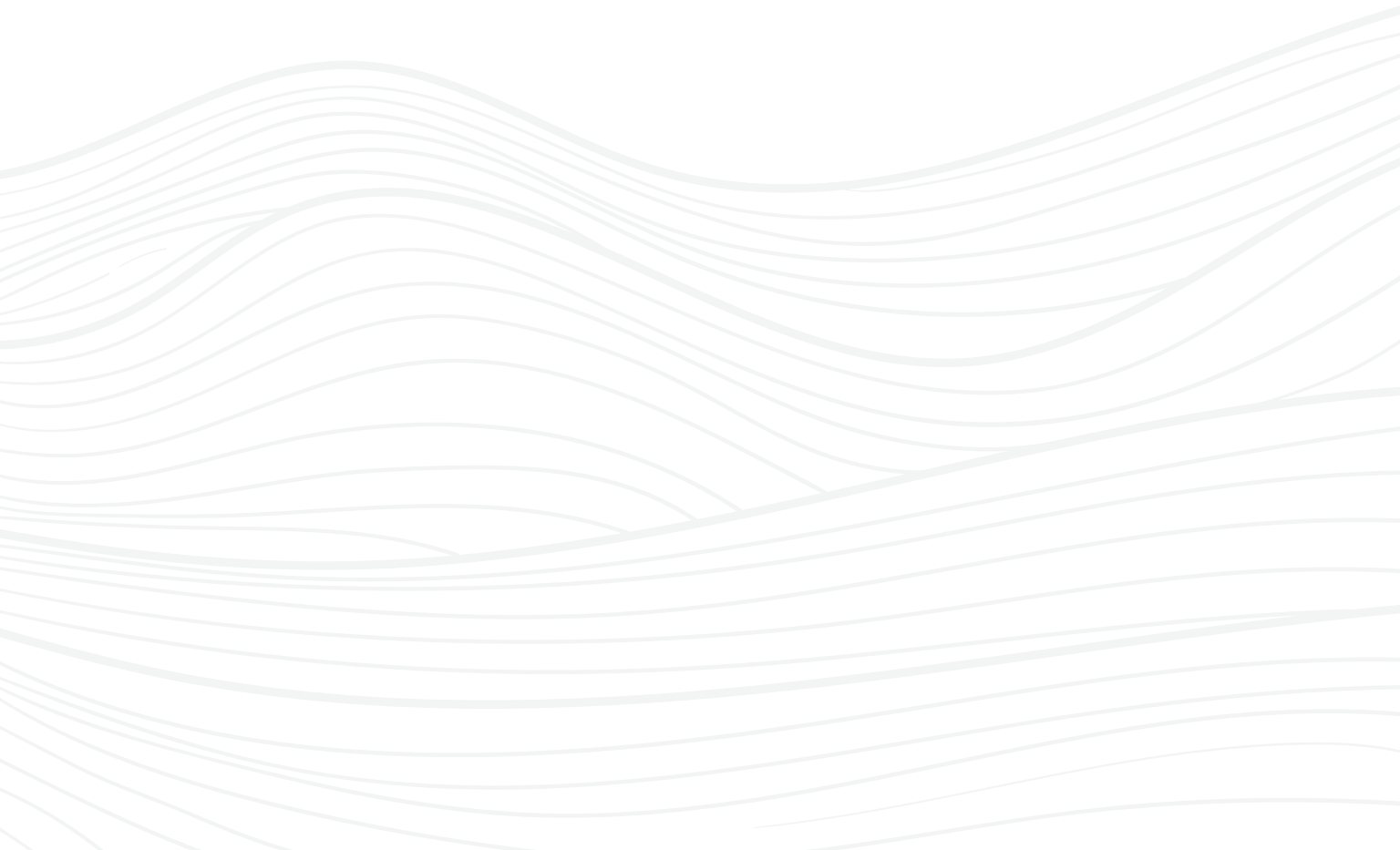
Turning the Tide Together

**FINAL REPORT OF THE
MASS CASUALTY COMMISSION**

Volume 4
Community



Turning the Tide Together



Turning the Tide Together

FINAL REPORT OF THE MASS CASUALTY COMMISSION

March 2023

Volume 4 Community

THE JOINT FEDERAL / PROVINCIAL COMMISSION
INTO THE APRIL 2020 NOVA SCOTIA MASS CASUALTY

Honourable J. Michael MacDonald
Commissioner, Chair

Leanne J. Fitch (Ret. Police Chief, M.O.M.)
Commissioner

Dr. Kim Stanton
Commissioner

CP32-166/2-2023E-4
CP32-166/2-2023E-4-PDF
978-0-660-47619-3
978-0-660-47546-2

The Joint Federal / Provincial Commission
into the April 2020 Nova Scotia Mass Casualty

Turning the Tide Together:
Final Report of the Mass Casualty Commission
Volume 4: Community

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Print: CP32-166/2-2023E-4
978-0-660-47619-3
Set: CP32-166/2-2023E
978-0-660-47614-8

PDF: CP32-166/2-2023E-4-PDF
978-0-660-47546-2
Set: CP32-166/2-2023E-PDF
978-0-660-47542-4

Cette publication est également disponible en français: *Redresser la barre ensemble :
Le rapport final de la Commission des pertes massives*. Volume 4 : Collectivités.

This is one of seven volumes of
Turning the Tide Together: Final Report of the Mass Casualty Commission.

The full report is available in [English](https://MassCasualtyCommission.ca) (<https://MassCasualtyCommission.ca>) and
[French](https://commissiondespertesmassives.ca) (<https://commissiondespertesmassives.ca>) along with transcripts, exhibits,
webcasts, and reports prepared by or for the Commission.

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Navigating This Report

Mental Health and Wellness

Sometimes reading about distressing or emotionally overwhelming information can be challenging. As you read this Report, please make sure to keep mental health and wellness in mind. If you or someone you know is in need of support, consider the resources listed below or check with your local health authority or the Canadian Mental Health Association at cmha.ca to find resources in your area. A list of services is also available on the Commission website MassCasualtyCommission.ca.

- If you are experiencing distress or overwhelming emotions at any time, you can call the **Nova Scotia Provincial Crisis Line 24/7 at 1-888-429-8167**. You do not have to be in a crisis to call, and nothing is too big or too small a reason to reach out. The Nova Scotia Provincial Crisis Service can also provide the contacts for other crisis services that are available if you live outside Nova Scotia.
- If you or someone you know is struggling in any way, you can call **211** or visit 211.ca. 211 offers help 24 hours a day in more than one hundred languages and will be able to connect you directly to the right services for your needs.
- The **Kids Help Phone** is a national helpline that provides confidential support at 1-800-668-6868 or Text CONNECT to 686868.
- Additional supports for across Canada are available at www.wellnesstogether.ca.

Report Structure

Turning the Tide Together, the Final Report of the Mass Casualty Commission, brings together everything we have learned about the April 2020 mass casualty in Nova Scotia as well as our recommendations to help make communities safer.

The Report is divided into seven volumes. Volumes that are longer are divided into parts and chapters focusing on specific topics, while others just contain chapters. Recommendations, main findings, and lessons learned are woven throughout the Report and are also listed in the Executive Summary. Appendices and annexes are also available. All materials relating to the Final Report are available on the Commission website [MassCasualtyCommission.ca](https://masscasualtycommission.ca) and through Library and Archives Canada.

Each volume of the Final Report focuses on an area of our mandate:

Volume 1 Context and Purpose

Volume 2 What Happened

Volume 3 Violence

Volume 4 Community

Volume 5 Policing

Volume 6 Implementation – A Shared Responsibility to Act

Volume 7 Process, and Volume 7 Appendices

Annex A: Sample Documents

Annex B: Reports

Annex C: Exhibit List

We hope this Report not only encourages conversations about community safety but also helps people and organizations to move from conversation to collective action. Together we can help to make our communities safer.

We remember

Tom Bagley

Kristen Beaton, who was expecting a child

Greg and Jamie Blair

Joy and Peter Bond

Lillian Campbell

Corrie Ellison

Gina Goulet

Dawn and Frank Gulenchyn

Alanna Jenkins and Sean McLeod

Lisa McCully

Heather O'Brien

Jolene Oliver, Aaron Tuck, and Emily Tuck

Constable Heidi Stevenson

E. Joanne Thomas and John Zahl

Joey Webber

Introduction to Volume 4

INTRODUCTION TO VOLUME 4

Volume 2, What Happened, sets out a narrative overview of what happened leading up to, during, and in the immediate aftermath of the April 2020 mass casualty in Nova Scotia. In addition, it contains our first set of main findings with respect to the perpetrator's actions and the responses of individuals and the community, the RCMP, and other police and emergency response agencies.

Volumes 3, 4, and 5 build on these main findings and examine them in light of the causes, context, and circumstances of these events. Our mandate directs us to include 11 specific issues as part of our examination of how and why the mass casualty occurred. We canvassed these specific issues in relation to three broad themes, and each of these themes is the subject of a volume in this Report: Violence (Volume 3), Community (Volume 4), and Policing (Volume 5). These volumes contain our additional findings and conclusions with respect to a range of topics within each theme, and they expand on them by identifying lessons to be learned and recommendations for action.

In Volume 3, Violence, we make factual findings regarding the perpetrator's history of committing violence, including gender-based and intimate partner violence; his acquisition of police paraphernalia, including the replica RCMP cruiser; and his illegal acquisition and possession of firearms. We present what we have learned about community knowledge of these aspects of the perpetrator's behaviour and outline his interactions with police. We consider these factual findings in the context of what we have learned about the perpetrator, mass casualties, and the prevention of mass casualties.

In Volume 5, Policing, we build on the findings and conclusions reached in earlier volumes. We undertake a full evaluation of the quality of the critical incident response to the April 2020 mass casualty. We also examine the continuing crisis that afflicted the RCMP in the days, weeks, and months after the mass casualty. One of the prominent sets of issues canvassed is public communications during

and after the mass casualty, including public warnings. A related theme is diminished trust in police, particularly by members of the communities most affected by the mass casualty. Volume 5 also extends the discussion of community safety begun in Volumes 3 and 4 by looking at the role of police agencies within the broader ecosystem of communities and other public safety agencies. We also consider improvements needed in the everyday practices of policing in order to contribute to the overall effectiveness and legitimacy of the police.

Volume 4 addresses several issues set out in the Commission’s mandate, including the direction to inquire into “the steps taken to inform, support and engage victims, families, and affected citizens.” We also develop additional main findings as well as lessons learned and recommendations pertaining to the direction to examine these issues set out in the Orders in Council:

- (ii) access to firearms
- (v) communications with the public during and after the event, including the appropriate use of the public alerting system established under the Alert Ready program
- (ix) policies with respect to the disposal of police vehicles and any associated equipment, kit, and clothing
- (xi) information and support provided to the families of victims, affected citizens, police personnel, and the community.

Volume 4, *Community*, focuses on the role of communities and their members in responding to critical incidents and in contributing to community safety and well-being. We open our report by recognizing the extensive harm resulting from the April 2020 mass casualty, one that centres on the lives taken, the survivors, and their families; and ripples out to affected communities, emergency responders, and outward through a circular pattern of impact. One of our main findings in Volume 2 is that community members played a central role as first responders during the mass casualty. We also find the harms caused by the perpetrator’s violence did not begin on April 18. In Volume 3 we bring together these two findings and underscore the ways in which community members are also first preventers, in the sense of fostering the safety of women and others affected by gender-based violence.

This volume elaborates this understanding of the dual community role. Communities and their members are both affected by critical incident responses and by systems for ensuring everyday safety, and they have an active role in responding to

incidents and in contributing to community safety and well-being on an ongoing basis. Perhaps more fundamentally, the structure of our Report recognizes that **we need to rebalance the relationship between communities and police in ensuring public safety. To put it simply, communities come first.**

In Volume 1, we described Nova Scotia's public safety system as having many components, including both the institutions, organizations, and actors that have a formal responsibility to ensure everyone's safety, as well as the community-based organizations, groups, and individuals that also make a substantial contribution. We explained these autonomous and largely independent organizations become a "system" when channels and practices are established and used to ensure regular and consistent communication, co-operation, and collaboration. In Volume 2, we found there were systemic inadequacies in the provincial public safety system's response to the April 2020 mass casualty.

In Volume 3 we also drew attention to the fact a public safety system's ability to respond to a critical incident and the way it operates on a day-to-day basis are connected in a deep and intrinsic way. In that volume, we examined the operation of this system in the years leading up to the mass casualty and found it was inadequate in preventing, intervening in, and responding to the perpetrator's violent and otherwise unlawful patterns of behaviour over many years. Our Volume 3 recommendations emphasize the importance of taking a public health approach to violence, including to the prevention of mass casualties. A collective, holistic approach is required and for that we need to build a strong community safety ecosystem. Community-centred critical incident responses and community-engaged safety and well-being are two pillars of this ecosystem developed in Volume 4. The safety ecosystem is a way to manifest collective action among organizations and actors that have a formal responsibility for public safety conceived broadly, as consistent with a public health approach. To be effective, this ecosystem must operate in a comprehensive, coordinated, and holistic manner and in active co-operation with community members. **We are all responsible for keeping each other safe.**

Overview of Volume 4

Volume 4 consists of four parts: (A) rurality and rural communities; (B) community-centred critical incident responses; (C) community-engaged safety and well-being; and (D) applying lessons learned.

Our consideration of the theme of community begins with a recognition of the rural dimensions of the April 2020 mass casualty. The mass casualty took place across Colchester, Cumberland, and Hants counties, a relatively large geographic area of central Nova Scotia comprised of rural areas and small towns. Portapique and Wentworth are small isolated communities, for example, and the population density is fewer than 15 people per square kilometre. This mass casualty is the largest such incident to occur in a series of rural communities, and this rural character is a contextual factor that helped to shape the incident itself and the response both during and after April 18 and 19. Rurality also contextualizes our understanding of developments before the mass casualty. The perpetrator moved between his cottage in Portapique and his residence in Dartmouth, earning his income in denturist clinics in Dartmouth and Halifax (with a significant rural client base) but spending the greater part of each week in Portapique.

Part A explores the ways that life in rural communities is different from other environments. Although each rural community is unique, there are some common features about rural ways of living that coalesce into the idea of “rurality”. In Chapter 1, we examine the concept of rurality and rural life in Nova Scotia and, generally, in Canada. We also discuss firearms ownership and use in rural communities. Chapter 2 provides an overview of research and statistics about rural crime. It also considers two current and related policing challenges: lack of community trust and confidence, and recent developments in self-defence in the rural context. In Chapter 3, we review Commission evidence about rural community well-being, with a focus on Nova Scotia. As we move forward from the mass casualty, it is essential that space is made for rural communities and rural voices in conversations and decisions on how best to ensure community safety and well-being.

We examine issues related to rural communities and well-being in order to better understand the causes, context, and circumstances of the mass casualty and to assist us in developing recommendations that take into account rural reality. Throughout Volume 4 and in Volume 5 we pay attention to the role and needs of rural communities as they relate to issues such as public warning systems, access

to support services, community safety and well-being, access to firearms, and policing.

Part B introduces and explores the concept of community-centred critical incident responses. As noted above, the role of community is not passive; community members play a part in everyday safety and communities and their members are active agents in all phases of critical incident response. A central lesson learned is that developing a community-centred approach to critical incident response should be the focus moving forward. This requires putting communities at the centre and encompasses community-engaged processes at all stages: prevention and mitigation, preparedness, response, and recovery. To fulfill these roles effectively, communities should be involved in planning and preparations, and community members will require education and training before a critical incident. To protect lives and promote safety, communities and their members will require warnings and other information during an incident. Communities and their members also require information, supports, and resources after an incident to assist them on their path to restoring health and well-being, including the re-establishment of a sense of safety. Supporting communities and their members to full recovery assists in the prevention of and mitigation of long-term negative outcomes that could contribute to future critical incidents.

In Chapter 4, we consolidate what we have learned about post-incident support into a framework for community-centred responses to mass casualty incidents. The first section of the chapter establishes the parameters for understanding impact by exploring who is affected by a mass casualty and what are the impacts on health. The second section examines three approaches to understanding post-incident needs and concludes with a brief exposition on the impact of unmet needs. The third section proposes a set of principles to guide community-centred critical incident responses, and the fourth identifies several promising practices. The conclusion draws together these elements into a framework of guiding principles.

In Chapter 5, we examine the development and implementation of effective public warning systems. We focus on evaluating whether Alert Ready can provide the robust public warning capabilities needed to ensure a community-centred response to mass casualty incidents and other threats to public safety. We begin by explaining key concepts and terms and providing an historical overview of emergency alerting and the development and operation of the Alert Ready system. We also explore alternative approaches to public warning systems. We build on this foundation by setting out what we have learned about community needs

and experiences during the April 2020 mass casualty, and more generally about the differential impact of alerting. On the basis of this foundation of background information and community perspectives, we assess Alert Ready and develop a set of public alerting system design principles to guide reform. A concluding section contains our recommendations in this area.

Chapter 5 focuses exclusively on our findings with respect to the need for a more effective public warning system going forward. Our close evaluation of the steps taken by the RCMP to communicate with the public during and after the mass casualty, including steps taken to warn the public is set out in Volume 5. Deciding on the best system for public warning is a decision for the Canadian public, a decision for communities. The use of these systems by police agencies and other public safety agencies involved in emergency management is a separate, though equally important issue.

Public systems must be prepared to respond to the outcome of mass casualty incidents by having information and support systems in place to meet the needs of individuals, families, and communities affected by the incident. Communities and their members also require information, supports, and resources after an incident to assist them on their path to restoring health and well-being, including the re-establishment of a sense of safety. Supporting communities and their members to full recovery assists in the prevention of ongoing (and mitigation of long-term) negative outcomes that could contribute to future critical incidents. In this chapter, we assess approaches taken to meet the support needs of all those affected by the mass casualty incident.

In the following chapters, 6, 7, and 8, we review the information and support needs of three groups of affected persons. In Chapter 6, we probe how community-centred critical incident responses can meet the information needs of affected persons during and after a mass casualty. We build on our findings about the information needs of those most affected by the April 2020 mass casualty and take a broader look at the victim services approach employed by the RCMP. We examine proposals to revitalize this approach and then consider more transformative avenues tailored to the scale of these incidents. We describe some promising practices in this regard. We conclude by setting out the lessons learned, as informed by the framework of guiding principles established in Chapter 4, and make a recommendation designed to ensure the capacity to meet the needs of survivors and affected persons following a mass casualty.

In Chapter 7, we use a similar structure to examine how best to meet the support needs of emergency responders. We use the term “emergency responders” to mean all individuals who respond to an emergency, including: fire, police, and paramedics, as well as others, who by virtue of their occupation or volunteer role, are involved in responding to a critical incident either immediately or in the hours, days, and weeks after a critical incident. This includes everyone from the communications operator who takes a 911 call to emergency room nurses, to those who volunteer in recovery efforts, and those who process and restore crime scenes, including professional cleaners and tow truck operators. Another term for this group is “public safety personnel” but emergency responders is more reflective of their role as it connects to our mandate. As we noted in Volume 1, we estimate that five hundred to six hundred people were involved in their work capacity in the response to the April 2020 mass casualty and its aftermath.

Chapter 7 is divided into three parts. The first part examines approaches to understanding the needs of emergency responders following a mass casualty incident. This examination considers impact and steps that can be taken to facilitate healthy help-seeking behaviours. The second part explores prevention and proactive planning for wellness. We conclude this second part with our main findings, lessons learned, and a recommendation focusing on ensuring planning and preparedness for community-centred approaches to critical incident responses that integrate a wellness-focused preventative approach. The third part reviews the steps taken to meet the needs of emergency responders following the April 2020 mass casualty. We then take an in-depth look at experiences and perspectives of emergency responders in accessing support services to meet these needs. The concluding part draws together these experiences with a focus on proposals made by emergency responders about what steps could be taken to improve the support provided to this group in the future.

In Chapter 8, we examine how to best meet the support needs of affected persons and communities. The support needs of affected persons and communities can be met both through the formal channels established by public sector institutions, such as healthcare delivery systems, and more informally through community-based and individual, personal channels. We focus here on formal mechanisms for providing support through healthcare systems and victim services. This chapter begins with an examination of approaches to understanding the support needs of affected persons and communities following mass casualty incidents. It summarizes the information explored in Chapter 1 and builds through discussions about categories of needs, types of support services, and community needs. The second

section sets out in detail the approaches taken by the Nova Scotia Health Authority and Nova Scotia Victim Services, a program of the Department of Justice, to developing and implementing support systems and services following the April 2020 mass casualty. The third section details the experiences and perspectives with these services. The final section contains our conclusions, main findings, lessons learned, and recommendations.

In Chapter 9, we consider community-based responses to the April 2020 mass casualty. We heard from many community members of Colchester, Cumberland, and Hants counties that they do not want to be defined by the April 2020 mass casualty, and we heard about the steps they were taking to move forward and foster resilience. At the same time, there is extensive concern about the breadth and depth of unmet need for support within the most affected communities. We conclude there has been a “healing deficit” that amounts to a public health emergency, and we make recommendations for urgent action to promote recovery and support resilience.

In Part C we consider how to establish safety ecosystems that actively engage community members in the promotion of safety and well-being of every individual and the community as a whole. In Chapter 10, we outline the Canadian experience with community-based policing and examine obstacles to implementing new models of policing that result in unfulfilled promise. We conclude that rather than starting with questions about the role of policing, we need to recalibrate the question and start with community. We pose two questions: What makes communities safe? What makes rural communities safe? Our response is that system-wide planning for community safety and well-being holds the greatest potential to achieve these objectives.

In Chapter 11, we recommend that federal, provincial, and territorial governments enact frameworks for community safety and well-being and resource them through long-term sustainable funding. These frameworks provide the structure, but it is community engagement that will be their animating force. **It is community members and their organizations across Canada who will determine what is required to meet their needs for community safety and well-being.** The focus should be on creating the right conditions for change, not on coming up with the right program or strategy.

In the first section of Chapter 11, we set out what we have learned about the steps required to create the conditions and structure for substantive community-engagement: committing to equality, establishing planning frameworks, and

leading guided processes for the generation of a shared vision of community safety and well-being. We outline one example for each of these steps: Scotland's national plan, Ontario's province-wide frameworks, and the Halifax Regional Municipality's visioning process. In the second section, we briefly describe mechanisms to build the infrastructure required to facilitate the implementation of plans for community safety and well-being, including through continued community engagement. These are: ongoing collaboration, multi-sectoral approaches, and evaluation.

What changes if our starting point is that we are all responsible for keeping each other safe? In Chapter 12, we examine what this collective responsibility approach means for some of the actors and entities that do not have a formal role within the safety ecosystem: individuals, businesses, and the media. One of our focal points here is developing a stronger culture of bystander intervention. We also consider the role and responsibilities of professionals who deliver public services to individuals who are marginalized by their low-income status and through other oppressive processes including systemic racism. This focus flows from our earlier findings about the perpetrator's pattern of predatory, violent, and intimidating behaviour toward members of the African Nova Scotian community in Dartmouth and the North End of Halifax (in Volume 3 Part A). Our analysis extends more generally to government oversight of public service provision by independent professionals to members of marginalized communities. We pay particular attention to reassessing these roles and responsibilities as they relate to the April 2020 mass casualty. This reassessment also serves as an example of the type of recalibration that will enable an effective "whole of society" response.

Our mandate directs us to inquire into the perpetrator's access to firearms and police paraphernalia as aspects of the causes, context and circumstances of the April 2020 mass casualty. We found the perpetrator's illegal acquisition of firearms and acquisition of the items required to enable his police disguise, particularly in building the RCMP replica cruiser, gave him the means to carry out these crimes. In Part D, we examine what steps should be taken to apply the lessons learned through the Commission's work to the systems we have in place to regulate and enforce access to these items.

One of our core findings is that the enforcement of Canada's firearms regime was inadequate to prevent the perpetrator from acquiring the means to carry out the April 2020 mass casualty. In Chapter 13, we evaluate this regime on the basis of how it operates in conjunction with other aspects of our public and community

safety systems. It is Canadian society, our community of communities, that decides on which lethal weapons should be available for civilian use, for which purposes, and under which conditions.

In the first section, we provide a snapshot of the firearms situation in Canada designed to provide background information and context for the discussions that follow. It consists of an overview of the regulation of firearms and a range of statistical data about guns and their use. The second section is a summary of our findings on the perpetrator's access to and use of firearms and an identification of the issues that arise from these findings.

The third section sets out what we have learned about mass casualties, firearms, and firearms controls. We explore the relationship between guns, gun controls, and mass shootings in the United States, building on the exposition in Volume 3, and briefly review American responses to these events. We analyze the firearms-related responses to mass casualties in New Zealand, the United Kingdom, and Australia and draw lessons to be learned from these international experiences.

The fourth section surveys Canadian firearms regulation beginning with a historical perspective and moving to developments after the April 2020 mass casualty. Here we focus on how technological developments and mass casualties and other crimes have shaped Canada's approach to gun control.

In the fifth section, we move to a forward-looking perspective on violence prevention through gun control. The discussion is structured around three main strategies: legislative and regulatory reform, addressing cross-border smuggling of firearms, and strengthening regulatory enforcement. The sixth section looks at the other side of the prevention equation, looking beyond regulation to issues such as public awareness and education and mechanism to promote community safety. The chapter ends with our conclusions and recommendations.

"Police paraphernalia" is the term adopted by the Commission for police vehicles, uniforms, and equipment, whether or not genuine. Police equipment includes varied items: firearms and other less lethal weapons; equipment associated with police vehicles such as silent patrol partitions and light bars; and police identification badges. It also includes highly sensitive and secure items, such as encrypted police radios, police-issued laptops, and police notebooks.

In Volume 3, *Violence*, we find that the perpetrator owned a mix of genuine and replica RCMP items. These items included a replica RCMP cruiser, which the perpetrator had assembled from a decommissioned RCMP Ford Taurus. Many

community members knew about this vehicle, as it was being assembled and after it was complete. In Volumes 2, What Happened, and 5, Policing, we explain that the police impersonation dimension of this mass casualty increased the complexity of the critical incident response, particularly during the pursuit phase on April 19. The failure to inform the public about the perpetrator's replica RCMP cruiser and disguise in a timely manner deprived community members of information that would have assisted them to stay safe during the mass casualty.

In Chapter 14, we examine the effects of police impersonation on public trust. We heard very clearly in our community consultations and public proceedings that the police impersonation aspect of the April 2020 mass casualty had a ripple effect on public trust in the police, and particularly the RCMP. We review the broader policy issues involved in the regulation of police paraphernalia, including systems to manage the inventory and disposal of these items, and the challenges involved in regulating access to many specific items of police paraphernalia. We conclude that measures to address these issues must be systemic and comprehensive.

In Chapter 15, we explore approaches to cultivating healthier masculinities. This discussion builds on our findings and recommendation in Volume 3, Violence, about the role of unhealthy conceptions of masculinity in the perpetration of violence. We conclude that initiatives in support of cultivating healthy masculinity will contribute to one of the main cultural shifts required to end gender-based violence and are an important strand in a whole of society response.

In the first section of Chapter 15, we summarize information gathered by the Commission about a public health approach to preventing male violence. In the second section, we explore initiatives to cultivate healthy masculinities in relation to four main preventive public health strategies identified in Volume 3: prevention, early intervention, and response, as well as recovery and healing. This chapter is a case study of one set of initiatives that communities should consider for inclusion in their safety and wellness plans.

Part A:

Rurality and Rural Communities

Introduction

Introduction

The April 2020 mass casualty took place across Colchester, Cumberland, and Hants counties, a relatively large geographic area of central Nova Scotia comprised of rural areas and small towns. Portapique and Wentworth are small isolated communities, for example, and the population density is fewer than 15 people per square kilometre. This mass casualty is the largest such incident to occur in a series of rural communities, and this rural character is a contextual factor that helped to shape the incident itself and the response both during and after April 18 and 19.

Counties Most Affected: Population

	Population in 2016	Population in 2021	Population per square km, 2016	Population per square km, 2021
Colchester	50,585	51,476	13.9	14.2
Cumberland	30,005	30,538	7.0	7.1
Hants	42,558	45,140	13.9	14.8
Total	123,148	127,154	–	–

Rurality also contextualizes our understanding of developments before the mass casualty. The perpetrator moved between his cottage in Portapique and his residence in Dartmouth, earning his income in denturist clinics in Dartmouth and Halifax (with a significant rural client base) but spending the greater part of each week in Portapique. As we set out in Volume 3, Violence, he employed numerous Portapique community members, whom he paid in cash for services as he needed them. Many community members knew that he possessed firearms and the replica

RCMP cruiser, as well as other things about him. Some community members experienced conflict with the perpetrator: a few of these incidents were reported to police, but others were not.

In Chapter 1, we examine the concept of rurality and rural life in Nova Scotia and, generally, in Canada. We also address firearms ownership and use in rural communities. Chapter 2 provides an overview of research and statistics about rural crime. It also considers two current and related policing challenges: lack of community trust and confidence, and recent developments in self-defence in the rural context. In Chapter 3, we review Commission evidence about rural community well-being, with a focus on Nova Scotia. As we move forward from the mass casualty, it is essential that space is made for rural communities and rural voices in conversations and decisions on how best to ensure community safety and well-being.

CHAPTER 1

Rurality and Canadian Rural Communities

CHAPTER 1 Rurality and Canadian Rural Communities

The word “rural” evokes a strong sense of place, and many of us will readily form a mental image of what it means. It is equally likely that each of us will conjure up a slightly different image: gentle, rolling, verdant hills; forested land; large, flat fields of wheat or canola; quaint villages along the coast or inland; or the austere beauty of remote areas in the North. Canada’s rurality is highly diverse.

In this chapter, we examine how researchers, policy-makers, and service providers define rurality and why these definitions are important. We then provide overview descriptions of Canadian and Nova Scotian rural communities. In a final section, we consider firearms – one issue within our mandate where it is essential to recognize the difference between rural and urban lifestyles.

Rurality

“Rurality” expresses the idea that there are different rural areas and that it is not correct to think of “rural” in homogeneous terms. For census purposes, Statistics Canada defines rural areas as having fewer than 1,000 people, and a population density of fewer than 400 persons per square kilometre. Despite the difficulty in generalizing, individuals and organizations engaged in researching, developing policies and programs, and delivering services require a definition of rurality to carry out their work.

Several Commission experts told us about the challenges involved in forming such a definition. In their expert report on community-engaged rural policing, Dr. Christopher (Chris) Murphy, professor of sociology (ret.) at Dalhousie University and University of King’s College, and Cal Corley, chief executive officer of the

Community Safety Knowledge Alliance and former assistant commissioner of the RCMP, note that it is vital to acknowledge “the increasingly complex and changing nature of the rural environment.”¹ “The term ‘rural’ has become an oversimplified, inaccurate, and outdated concept that often obscures its increasingly diverse and complicated reality. Despite its widespread use, there is no universal or commonly accepted definition.”²

During our roundtable on rural communities, policing, and crime, Dr. Karen Foster, Canada Research Chair in Sustainable Rural Futures for Atlantic Canada and a professor in the Department of Sociology and Social Anthropology at Dalhousie University, also emphasized the complexities involved:

So it’s complicated because rural is not just one thing. There are certain things that most, if not all, rural places share. And those are that they are less dense than urban places, and they usually are some distance away from a more dense place, so from an urban place. And typically, the less dense you are and the further you are away from an urban place, the more rural characteristics you’ll have. But beyond that, each place is fairly unique.³

A common starting point is that rural areas are distinct from urban areas. The question therefore becomes in what important ways are rural communities different from urban communities?

The Rural Idyll

The phrase “rural idyll” conveys the iconic image of rural life as “simple, slow, peaceful, and friendly.”⁴ This way of life is also sometimes imagined as “cohesive, safe, and homogenous communities in contrast to diverse, modern urban spaces characterized by conflict.”⁵ In her expert report, Dr. Foster critiques this idealization:

The “rural idyll” is broadly recognized as misleading or at best a half-truth. “Rural” does not necessarily mean simplistic, tranquil, and cohesive; it is not all rolling hills and coastlines, wide horizons and unspoiled wilderness. The children there do not all run in fields and climb trees; the adults are not all farmers and fishers. The pastimes and tastes are not all “traditional”. Not everybody knows one another, nor does everyone get along.⁶

Dr. Foster goes on to describe some of the complexities of rural life:

That is the idyllic version of the rural, and as a social construction of rural life, it has some truth to it, but it is not the whole picture. Rural places can also be complicated and noisy; their landscapes can be industrial, with landfills, mills spewing acrid smoke, and factories on sprawling parking lots. Children's experiences vary, with many struggling to find a place to be a kid, away from the judgment of adults but without putting themselves in danger. The adult experience varies too, from wealthy retirees to small-town service-sector workers and the seasonally employed. Like any place, rural communities can have tense relations between different people and groups; they have insiders and outsiders, wealth and poverty, and personal rivalries.⁷

She concludes this section by posing a central question: “But if rural cannot be defined in idyllic terms, what is it?”⁸ In the sections below, we examine three ways in which rural places are different from urban ones.

Isolation, Lack of Density, and Access

In her expert report, Dr. Anna Souhami, head of Criminology at the School of Law, University of Edinburgh, writes about the relationship between rural communities and their physical environments, and the impact of this relationship on our understanding of rurality. She emphasizes the importance of taking into account two dimensions of this relationship: population size and density, and proximity and access. Proximity and access include “issues of physical distance and mobility, and access to services such as police, health and social services, and social supports, as well as access to labour markets.” She joins other Commission experts in expressing this dimension as “isolation.”⁹

In her expert report, Dr. Foster talks about this first aspect of rurality, the objective or geographic one, as shaping “lived realities and possibilities – more sparsely populated and less built up than cities, often more agrarian, often a considerable distance away from an urban area (i.e., not close enough to be a suburb).”¹⁰ In her view, remoteness partially defines rural. In particular, one can consider “density” and “distance to density” as important objective measures of what is rural:

Density is how populated an area is, in a ratio of people to geographical size; and distance to density is the distance, measured in driving time, between a place and the nearest Census Metropolitan Area. This standardized measurement can produce very good indicators of how far a person might have to travel for healthcare, how long schoolchildren might spend on the bus to school, and how costly a centralized government might believe it is to deliver some public services.¹¹

Isolation means that members of rural communities are more likely to experience some barriers in terms of access to resources and public services. There is a converse relationship between isolation and access: the more isolated the community, the greater the barriers to access. A related point is having to contend with “the tendency toward centralization of services of everything and bureaucratization.”¹² Dr. Foster notes that while everyone has to deal with this trend, it “feels different in a rural community when you’re further away from those centres of decision making and services.”¹³

During the roundtable on rurality and well-being, Dr. Foster shared her research findings about how rural residents respond to the lack of public infrastructure:

There are ... rural cultures that stem from those factors of isolation and lack of density. There are, you know, social practices and norms and values that are different. There's ... a different level of self reliance and problem solving that you see in people's propensity to look to neighbours and family to help solve problems as opposed to institutions. And some of that is cultural, but some of it also just stems from the fact that it can be easier to turn to a person rather than to drive to the nearest service, because that's often what it entails. So rural places are – they're different in that way from cities.¹⁴

Dr. Foster also discussed how rural communities and rural residents fill the gaps in social services resulting from isolation and the trend toward centralizing services – for example, through volunteer work:

You know, we see it in volunteer fire departments and also just in personal connections, families, communities. So I do some research on the experience of families with disabilities, whether that's the parents or the children, and they tend not to turn to institutions to the same degree as urban families do, there's just an ethos of taking care of each other,

because people are, in some ways, more connected. And again, that's a bit of a stereotype. It's not the same in every rural community, but just the nature of being small and having to provide for each other when the state doesn't step in means that rural communities are seen to be higher in, like, social capital, that kind of connecting stuff that helps us take care of each other.¹⁵

Isolation contributes to the diverseness of rural communities. During our round-table on rural communities, crime, and policing, Dr. Foster said: "They're also very different from one another, due to the fact that they are isolated and so different cultures pop up."¹⁶ She cites the saying from the Canadian Rural Revitalization Foundation: "[I]f you have been to one rural community ... then you have been to one rural community."¹⁷

Rural Identity and Social Cohesion

Being rural is more than a physical, spatial concept; it has social, economic, and cultural aspects. In her expert report, Dr. Souhami described this core aspect of rurality as "a distinctive form of community life, characterized in particular by ideas of familiarity and lack of anonymity, cohesion and closeness, and a sense of community."¹⁸ Rural communities are often associated with unique demographic structures and settlement patterns related to population densities. These patterns tend to result in social cohesion sometimes, but not always, due to social or cultural homogeneity among residents or shared experiences. For example, a community may comprise farming families or, even more specifically, African Nova Scotians who farm.

Dr. Souhami pointed out that small rural communities tend to have "lower residential mobility, which means that communities are more static."¹⁹ In these situations, an interdependency sometimes develops among community members who can rely on each other, along with "a kind of strength of supervision often described as central controls, whereby communities are watchful and aware of the relationships within them."²⁰ She also explained that social cohesion means that rural communities "are considered to have a relatively high capacity for 'collective efficacy' – the ability to work together to solve common problems"²¹ – a quality that can prevent disorder and crime.

There can be a perception that everyone in rural communities is the same, that all inhabitants have the same social values and get along. But the reality is often far more complex, especially in societies, like Canada, characterized by relatively high levels of mobility. **In some cases, small rural communities can appear to be cohesive, but this façade may in fact “conceal internal fractures and fragilities,”²² including disputes among groups of residents. More generally, a commitment to the notion of cohesion “can also exclude particular groups of people who are considered not to ‘fit in.’”²³**

Another important sociocultural dimension is how rural communities are perceived by others and how community members perceive themselves. Dr. Foster explains why it is important to see rural as an identity that can transcend objective factors like distance: “[A] community that finds itself in quite close proximity to a sprawling city, with access to all of its amenities, possibly even amalgamated into that city, may retain a rural identity in the declarations and self-perceptions of the people who live there.”²⁴

Constructing Community Life

A third facet of rurality is the way that community life has been built through the historical and current practices of the inhabitants who live in that area. Dr. Souhami discusses the ways in which the structure of rural community life is socially constructed and reflects “local histories, institutions, and identities, and the experiences and interpretations of individuals who consider themselves to be rural.”²⁵ Dr. Foster explains that rurality is “lived”:

Rurality is also something that is done, or *practiced*, governed by tacit norms of behaviour that are often defined explicitly or implicitly in opposition to perceived urban norms. Hence, in a rural community, it might be deemed abnormal to honk a car horn in traffic, and normal to wave hello to everyone on the road and leave doors unlocked.²⁶

Rural identity can result in unique social structures within a community. Dr. Foster notes that many rural communities “are high in what is now often referred to in the literature as social capital.” In this context, “social capital refers to the fact that “people know each other, and social networks are strong and enduring.” She describes another rural dynamic: “[B]ig families that are well-known,

well-respected, and active and influential in community and economic life.” The dominant social networks might not work for all, though, and some community members may be marginalized as “outsiders” to the network. Even those within networks “can be constrained by them in unpleasant ways.” A common assumption is that rural places are safe and friendly, but they can be frightening too.²⁷

In some cases, a rural community can be constructed as “narrow and exclusionist,” where crime and danger are associated with outsiders, and anyone who looks different from the norm is subject to being “register[ed] as a disturbance of the rural, a discordant presence.”²⁸

Some rural communities have been found to be “predominantly patriarchal and masculine,”²⁹ and Dr. Foster suggests this is “often because of the centrality of male-dominated industries such as resource extraction.” She notes that there are examples of rural communities where “arts and culture are among the dominant industries – such as Lunenburg, Nova Scotia, or Stratford, Ontario – and the gender relations there can be decidedly different.”³⁰ Dr. Souhami writes that “the collective norms of some rural communities are structured by patriarchal gender relations that facilitate violence against women.”³¹ She explained during our roundtable how these social dynamics can operate:

Social cohesion is ... perhaps a misnomer, and what we’re talking about here is strong social controls and social relations, which can obscure a kind of diversity of experience and complexity. And what can happen there is that particular groups of people feel unable to express themselves and feel – can feel all kinds of – for all kinds of reasons fear of reprisal for feelings of shame, for feelings of disempowerment, for example. And again, what you often find in small rural communities is a gendered power relations, in particular. So again, this can – though people who are likely to feel disempowered are likely to be women. [R]esearch in Australia has also shown that actually there’s a gendered power relation to rural – gendered norm [in] rural communities, which can lead to women feeling unable to seek help for domestic abuse, and can also lead rural communities to cover up domestic abuse, particularly in relation to other crimes.³²

We examine dimensions of gender-based violence in Canadian rural communities in Chapter 2.

Canadian Rural Communities

Just under one in five Canadians live in rural communities today. According to Statistics Canada, “Canada’s rural population increased by 26,609 people (+0.4%) from 2016 to reach 6.6 million in 2021. However, the rural population growth rate was fifteen times slower compared with urban areas in Canada (+6.3%) ... Because of these differences in population growth, the share of the population living in rural areas decreased from 18.7% in 2016 to 17.8% in 2021.”³³

These statistics demonstrate that “the generalization that all rural areas are suffering ongoing population decline is not true for many rural communities in Canada.” Many rural areas are growing, and their compositions are changing. Today, rural areas are “made up of a new population mix of long-term residents, urban newcomers, seasonal residents, and rural commuters.” In their expert report, Dr. Murphy and Mr. Corley highlight this “‘new rural’ reality” which they say “challenges old assumptions that rural communities are simple, intimate, stable, and tightknit places ‘where everyone knows your name.’”³⁴

Nova Scotian Rural Communities

Dr. Foster’s Expert Report

In Nova Scotia, 43 percent of the population lives in rural areas. This percentage is more than double the national share of rural dwellers, which is less than 20 percent of the population.

Contrary to the “rural idyll,” Nova Scotia’s rural areas are not dominated by farming. In her expert report, Dr. Foster notes that many of the province’s rural areas are fishing communities and that fishing operations “are qualitatively different than farms: the structure of the workforce, how families work together, the money involved.”³⁵ Farming is still important, particularly in the Annapolis Valley. She also finds that where farming is heavily concentrated, it is important to note “structural features of farming in Nova Scotia: for example, the highly seasonal character of the work due to relatively short growing seasons, or the considerable reliance on

temporary foreign workers to cultivate and process farm products.”³⁶ Furthermore, some of the province’s rural and small-town communities have strong manufacturing sectors, including the Michelin plants in Bridgewater, Pictou, and Waterville.

Since 2020, the province has experienced record in-migration, and Dr. Foster highlights that many new residents are settling in rural areas. In one of her earlier studies, Dr. Foster states: “Across the entire province, house prices have increased dramatically, with out-of-province buyers cashing in on more expensive markets elsewhere and paying cash for less expensive homes in Nova Scotia.”³⁷

Dr. Foster points out that “[r]ural Nova Scotia is a good example of how ‘rural’ is not a homogeneous category.” She illustrates this point through several examples:

- **The rural population is older and ageing and has a higher rate of disability than that in the cities.**
- **Rural areas are generally less diverse than in the cities, but recent survey research has shown that rural Nova Scotians are not much less open to immigration than their urban counterparts.**
- **Rural communities in Nova Scotia are also diverse because this province is unique in Canada in having a centuries-old rural Black population – African Nova Scotians.**
- **Rural Nova Scotia is also the ancestral and current home of several First Nations and Indigenous Peoples.**³⁸

In her research, Dr. Foster asked rural residents of Nova Scotia what they loved about their communities. They emphasized safety, quiet, and nature, more so than their urban counterparts. She also found that “[t]hey are less likely than urban Nova Scotians to say they like being close to good jobs and amenities.”³⁹ Her summary on this dimension is that “there are fewer amenities in rural Nova Scotia, but none of the province’s communities are extremely remote.”⁴⁰

Panel on Life in Rural Nova Scotia

On the Commission’s second day of public proceedings, we invited a panel of residents from Colchester, Cumberland, and Hants counties to share their perspectives on life in rural Nova Scotia. The panellists are listed in the text box. These local experts provided us with an important perspective as we began our public scrutiny

of what happened during the April 2020 mass casualty and of the causes, context, and circumstances leading up to it.

Panel on Life in Nova Scotia

- Alana Hirtle (facilitator), Rotary Club of Truro
- Dr. Ernest Korankye, Asante Logistic Group
- Chief Sidney Peters, Glooscap First Nation
- Mary Teed, Colchester Adult Learning Association
- The Reverend Nicole Uzans, Anglican parish priest and chaplain, Canadian Armed Forces Reserves

Chief Sidney Peters, elected chief of Glooscap First Nation, spoke with pride about his relationship to the land in this region, Mi'kma'ki, unceded land that has been set aside for the Mi'kmaw people. He harkened back to 1752, the Treaty of Peace and Friendship, and its celebration on October 1, Treaty Day. He talked about the continuity between then and now, "and how important that is even today, we welcomed people to come to all the shores across the province, and welcomed them here to Nova Scotia. And again, we continue to do that on a regular basis."⁴¹ He also spoke of the creation of reserves and the forcible movement of Indigenous people to this land set aside for them:

And back then they called them reservations, but we don't call them reservations in our First Nations world. We call them communities, because really, the majority of them are all families. And that's the important part of our communities, is pretty well basically all about families. And that's what created some of our communities.⁴²

Chief Peters explained that 60 percent of Indigenous people in Nova Scotia now "live off of reserve." He himself has always resided off reserve, in Glenholme for the last 35 years. He spoke of a rural area as being a community and a big extended family. In the wake of tragedies like the mass casualty, he said, "[W]e all come together when stuff like this happens, you know, as a big family, to try to help out." In line with Dr. Foster's research findings, he emphasized the pleasure of the fact that "it's not a real fast pace."⁴³ Other panellists also spoke of the land, spaciousness, and the extraordinary beauty of the landscape.

1752 Peace and Friendship Treaty: Continuing Importance

During our roundtable on rural communities, policing, and crime, Dr. Jane McMillan, chair of the Department of Anthropology, St. Francis Xavier University, urged us to pay attention to treaty history and explained:

The treaty history of this territory is vitally important for all our relations at all times and the governance of our interactions as settler people with First Nations' communities, and the living and breathing resources that are around us, the tangible and the intangible.

The peace and friendship treaties are pre-Confederation treaties. They've had to be litigated an awful lot for their validity to be upheld. One of the key cases was the James Simon case. James Simon was charged in a traffic stop outside of Shubenacadie First Nations, Shubenacadie – close to Shubenacadie. And he had in his possession a rifle and shotgun shells. These were violations at the time under the *Nova Scotia Lands and Forest Act*, and Simon had argued that those Acts, those regulations didn't apply to him because he had a right to hunt and fish under the 1752 Peace and Friendship Treaty. And the treaties all work together as a covenant chain of treaties, and they're living treaties. They aren't ancient documents. They aren't ancient relationships. They are very much in force and effect today, and it's very important for everybody to have some sensibility of what they mean.

The Treaty of 1752 was signed by Mi'kmaw Grand Chief Jean-Baptiste Cope and the Crown. Now the Nova Scotia province, at the time of Simon's case, decided that the Treaty of 1752 isn't valid. They found him guilty. So that interferes with his ability to provide food for himself. It interferes with the ability for him to exercise his treaty right to hunt.

At the appeal, Bruce Wildsmith, who is a highly regarded Nova Scotia lawyer, who has defended many Mi'kmaw treaty cases, argued that the Article Number 4 in the 1752 Treaty that reads, "Indians shall not be hindered from, and have free liberty of Hunting and Fishing," has to be taken into consideration by the courts.

In 1985, the Supreme Court of Canada agreed with that and affirmed that the right – and this is, of course, post-1982 and the inclusion of Section 35, all vitally important, that James Simon definitely had the right to have those firearms, and to be able to hunt, even though he was off reserve at the time [*Simon v The Queen*, [1985] 2 SCR 387]. And it was a breakthrough case, and it was foundational for the Mi'kmaw Nation because it really reinvigorated Treaty Day, which is something that's written into the treaties and has to bring the members of the province, the government of the province, and the Mi'kmaw Nation together each year to ratify, honour, celebrate, exchange gifts, and make sure that the Treaty and its meaning are sustained.

So that big case really challenged settler denial. And then there were subsequent cases. Of course, the Marshall decision [*R v Marshall*, [1999] 3 SCR 456] in 1999 by the Supreme Court focused on another aspect of the Treaty of 1760/61. And those Treaties have found that Mi'kmaw people have the right to earn a livelihood, so also something that really has to play into the dynamic of how people allocate resources, how development occurs, and just pretty well every facet of engagement.⁴⁴

Mary Teed, a social worker from Masstown and executive director of the Colchester Adult Learning Association, referred during the roundtable on life in rural Nova Scotia to rural communities as comprising both people “who have always been here” and people “who came by choice, or quasi-choice.” In her view, rurality is centred on a sense of attachment:

And also, I think you're right, people choose to come to these rural communities because it's home. It has a sense and a feeling of home and, as you said, family. Sometimes we leave, sometimes we come back, but we always come home because there's no greater feeling than to be at home.⁴⁵

Dr. Ernest Korankye, an entrepreneur with the Asante Logistic Group and a doctorate in post-harvest plant physiology, told his story of “coming from away” and settling in a small rural Nova Scotia town more than a decade ago:

For me, whenever I think about community, I – it takes me back home, Ghana, because that’s where I was born, raised, knew everything about a community. You knew everybody in the area. The kids you played with, you knew their mom, dad. You knew their sibling. Everybody knew each other. You could be called up any time and sent on an errand by anybody because you all lived together. So when I moved to Truro, 12 years ago, I looked for that as a sense of community. And ... to be frank with you, I found that, and that is why I still live in Truro. The sense of community, people coming together, and always the time to support each other, and that is really comforting for me and my family coming from our own backgrounds of knowing what a community is.

And to just give examples of what I went through, not knowing anybody in the community, to grow into being part of that community hugely is that when I came in, young African boy, 25 years, looking to get my master’s degree, landed at the Halifax Airport, but drove to Truro, didn’t know anybody in the town, nobody, zero. And luckily, there was a family that took me in, not knowing much about me. Basically, let me live in their basement for two years, paying less to nothing, to be with them. And you could only find that in a ... rural community.⁴⁶

Dr. Korankye said that knowing everybody by name and being part of a rural community “gives you that sense of responsibilities, that sense of coming together, living together, and helping each other through the times of difficulty.”⁴⁷

Alana Hirtle, past president of the Rotary Club of Truro and current chair of its Portapique Community Build Up Project, noted that not all newcomers have the type of welcome experience described by Dr. Korankye. She questioned why community members hold onto the term “come from away,” which does not have the best connotation. She said:

You are separate, you are different, you are from somewhere else if you are a come from away, and I think we really need to start shifting our mindset on that. We’ve chosen to come here by choice, so we are here by choice, not come from away. And until we get better at that differentiation, I think there will always be a little of that kind of, you know, heads turning at the community breakfast because you are different, because you’re not of here. But if we think of it more as here by choice, then hopefully people will start to feel a bit more welcome as well.⁴⁸

Panellists were also asked to share their views on some of the unique characteristics of the communities in this region. The responses included these comments:

- “... all the rural communities in Nova Scotia are unique in their own way, but this part of Nova Scotia is interesting because we have both mountains and ocean and we have the Bay of Fundy, which has the highest tides in the world.”
- “It’s a place where, you know, growing up we didn’t lock our doors, you didn’t lock your cars; you knew who your neighbours were and you trusted them. I hope that we still live in that place now.”
- “You wave at people on the road when you’re driving; people you don’t know, you wave. You say hello to strangers on the sidewalk when you’re walking downtown. It is a friendly, welcoming place.”
- “There’s definitely a slower pace, including the internet service. Cannot deny that; there are some challenges as far as technology goes when you get outside the city. But I think the slower pace is what a lot of people are looking for. It’s not so hurried. You know, there’s jokes about rush hour and you see birds on the shoreline because that’s as busy as it really gets.”
- “The other thing that I really love is directions by landmark, and we talked about this on the way up in the car. It’s kind of funny because, you know, you might have moved to the area and someone will say, ‘You turn left at that property where the old Carter barn used to be, burned down 20 years ago.’ Okay. Then you have to find out where that was because you weren’t here when the Carter barn burned. So it is unique. You don’t give directions in kilometres or even sometimes how long it takes to get there, but its landmarks.”⁴⁹

The Reverend Nicole Uzans, an Anglican parish priest and chaplain with the Canadian Armed Forces Reserves, described this region as being “hyper-local”:

Certainly one of the things I’ve noticed about these communities, again, driving down the road, the place name, sometimes it’ll change every five or ten kilometres. And that’s not just about a name. There’s a kind of a hyper-local character about these communities where there would be ... history keepers and elders in each of those very, very small communities

who know a specific sense of identity to that community, which may just be a collection of a few houses along the highway.”⁵⁰

Reverend Uzans extended this analysis of identification to larger communities in the region and noted there are “upsides and downsides to it”:

There’s a sense of pride about it but there can also be a sense of rivalry, a real noticing locally who’s getting what resources, which can be official resources, services and whatnot, but it can also be just personal contributions of people who are living in those very small areas.

And so a lot of awareness and a certain guardedness as well about not always wanting to have to go to the next community for your services or resources.⁵¹

As in most areas, living in a rural community in this part of Nova Scotia has positive and negative aspects. Reverend Uzans put it this way:

Comes with challenges. There’s no doubt about that ... I think people who come to rural areas and stay appreciate the privacy, appreciate the spaciousness. You can stand on your doorstep and see the Milky Way. But if people haven’t experienced that before, that can be terrifying as well, the depth of the darkness on a winter’s night that starts at about 16 o’clock. In the downtown of whatever village you’re in ... – it’s empty and it’s dark, and ... that can be kind of foreboding. So but anyway, there is that sort of spaciousness and privacy, as well as this theme that keeps coming up, that draw of community.⁵²

The panellists also told us about some of the ways the community responded by helping out after the mass casualty. We include these experiences in Part B of this volume.

In her closing comments, Ms. Hirtle summed up the key comments about supporting community in rural Nova Scotia in two points:

That’s what you do; you show up. We have a responsibility to help one another, and we do. And everybody does share.

And I think, at the end, what that really all comes down to is relationships. It all comes down to relationships, and we care about one another. And that's what makes a community strong.⁵³

Firearms in Rural Communities

Rural Gun Ownership and Use

In Canada, firearms ownership is higher in rural communities and, therefore, firearms are generally more accessible. Available data on rural gun ownership is sparse and out of date. The Canadian Firearms Program is administered under the authority of the Commissioner of Firearms, who is also the RCMP Commissioner. The Program presents the data it collects on firearms licences and registrations by province and by territory. This sparsity connects to larger issues around firearms data collection discussed in Part D of this volume. Overall, surveys suggest that more people in rural areas own firearms than in urban locations. For example, a 1998 survey found that 37.3 percent of respondents from small towns own a firearm, compared with 2.8 percent in communities with populations over one million. Residents of small towns are also more likely to own long guns than people living in large cities: 33.6 percent, compared with 1.2 percent, respectively. The number of residents who owned firearms was related to community size: “Residents in the smallest communities were most likely to own firearms whereas residents of the largest communities were least likely to own a firearm.”⁵⁴

The higher rate of gun ownership in rural areas reflects the fact that many of the legitimate uses of firearms connect to rural life – hunting, pest control, and protection of livestock. In a 1994 study, about 70 percent of Canadian firearm owners said that hunting was the primary reason they owned firearms; a 1998 study reported similar results: nearly 73 percent of respondents said they owned firearms to hunt. The 1998 study identified additional reasons for ownership: target shooting (18.4 percent), tradition in the home (10 percent), part of a collection (7.4 percent), and protection (4.6 percent).

The extent to which Canadians own firearms to protect themselves from criminals is the subject of some controversy. Survey findings have consistently shown

that the proportion of Canadians who state self-defence or self-protection as the main reason for owning a firearm is very low. Even when those who use a firearm in their job are included in that figure, less than 5 percent of respondents select self-protection as the reason for ownership. Certainly by international standards, the rate of Canadians reporting the association between gun ownership and self-protection has been relatively low.

In their expert report on mass shootings and masculinity, Dr. Tristan Bridges and Dr. Tara Leigh Tober, both with the Department of Sociology at University of California, Santa Barbara, explain that the self-defence rationale is tied more closely to some types of firearms: “Long guns and handguns have different meanings and uses, with the former more likely to be used for hunting, while the primary use of handguns is for target shooting and self-defense.”⁵⁵

A study analyzing the General Social Surveys prepared by Statistics Canada from 1999 to 2004 found that “more than 20% of Canadians engage in some form of self-protection” (which included owning guns for protection, carrying weapons or defensive tools, or training in martial arts or self-defence courses for protection). The data set included 76.4 percent urban respondents, and 23.6 percent rural respondents. It found that only 1.1 percent of respondents who engaged in some form of self-protection obtained a gun for this purpose. There was a marked regional variation in responses. Western Canadians were the most likely to engage in some form of self-protection: residents of the Prairie provinces favoured having a gun for self-protection; and residents of British Columbia preferred the martial arts. Atlantic Canada residents were 50 percent less likely to engage in self-protection strategies.

There is some evidence that, today, more Canadians report owning a gun for self-protection than in the past. A 2021 study comparing Canadian and American handgun owners found that half of the 475 Canadian handgun owners considered self-defence to be an important reason for gun ownership. Given the small size of the sample and the fact that it was limited to handgun owners, however, the results of this study are inconclusive.

Access to firearms has a different importance for Indigenous communities because firearms are integral to the exercise of treaty rights. Indigenous communities have also experienced over-enforcement of the criminal law with respect to the possession and use of firearms, and they may also be more likely to be victimized by gun-related violent crime. During our roundtable, Dr. McMillan acknowledged the complexities of this question. In 1985, in the *Simon* case referred to above, the

Supreme Court of Canada recognized the right to hunt without infringement as a treaty right. For that reason, the right to be able to access the tools to carry out those hunts is important. Dr. McMillan described the cultural and communitarian aspects of firearms ownership and use:

In my experience in Mi'kmaw communities, guns are shared, sometimes they're borrowed, they're shared for the purposes of hunting, very much so, and ... – it's just part of what's done ... I think there might be some underlying, at times, depending on who's – who is possessing weapons, resistance to state regulation on that, but there is the necessity of being able to carry out treaty rights and to be able to provide for families is really very important, of course, and to provide for communities, and for social and ceremonial foods are critically important, and being able to access those at any time are critically important.

And the gun violence within First Nations communities is terrifying for those communities as well, and so there is the sense of appropriate control within the communities, but having communities to be able to come together to influence and come to some sort of sense of consent if it's possible about the way guns should be managed in communities, particularly, it has to be paramount; the treaty right has to be paramount.

So in my opinion, it's important to consider how the exercise of those treaty rights doesn't get lost in some regulatory framework that undermines those rights in any way.⁵⁶

Impact of Greater Access

Greater access to firearms in rural areas has been associated with higher rates of firearms-related accidents and suicide. Canadians in rural communities are more concerned about these issues than their urban counterparts. We examine the impact of greater rural access to firearms on the rates of homicide, particularly intimate partner homicide, in Chapter 2.

Firearm injury epidemiology is understudied both in Canada and globally, with the exception of the United States. Epidemiology is the branch of medicine that deals with the incidence, distribution, and possible control of diseases and other factors

relating to health. As a result, many reports rely on US data. Recent Canadian research concluded that firearm injuries are a preventable public health problem among youth in Ontario. The researchers reviewed the impact of four categories of weapons: handguns, rifles, non-powdered weapons (e.g., BB guns and air guns), and other types. The study found: “Across all weapon types, those in the lowest income quintile had the highest injury rates. Handgun and unspecified firearm-type injuries occurred most in major urban areas with rifle and non-powdered firearm injury rates highest among those living in rural areas.”⁵⁷ An income quintile is a measure of neighbourhood socioeconomic status that divides the population into five groups, with approximately 20 percent of the population in each group. In this study, the lowest quintile refers to a level of material deprivation as measured on various indexes of neighbourhood income and other levels of marginalization. In other words, it refers to the 20 percent of the population that has the lowest relative measure of material security.

The Canadian Association of Emergency Physicians (CAEP) has stated that firearms access is “a major risk factor for death from suicide, partner violence, and homicide across the life cycle, and access to unsecured firearms increases youth risk of unintentional death.”⁵⁸ In October 2018, CAEP presented a brief to the House of Commons Standing Committee on Public Safety and National Security during its study of rural crime in Canada. The brief draws attention to the following statistics about suicide and firearms in Canada:

- In 2004, 743 Canadians were killed by the use of firearms (2.4 per 100,000 people). Despite the general media focus on urban crime, 80 percent of these firearms-related deaths were caused by suicide.
- Suicide is the second most common cause of death in Canada for people aged 10 to 34 years, and the ninth leading cause of death overall.
- Firearm deaths accounted for 28 percent of suicides (26.2% men, 6.6% women).
- Rates of suicide among young Canadian men are more pronounced in rural areas. As community size decreases, male suicide rates increase.
- The percentage of suicides involving a firearm varies considerably across regions and is associated with the availability of firearms, among other things.

CAEP research shows that rural citizens and Indigenous people are significantly and disproportionately at risk for firearms-related injury and death. The

association contrasts this fact with the tendency to associate firearms risk with urban gang violence (though that too is a concerning problem).

US studies have shown that firearm suicide rates are highest in the intermountain and rural states, both for adults and for youth. CAEP research also reveals a strong and consistent correlation between home firearm access and the risk of death by suicide. One US study comparing changes in suicide rates with firearm ownership over a 22-year period revealed that for every 10 percent decline in gun ownership, firearm suicide rates dropped by 4.2 percent, and overall suicide rates decreased by 2.5 percent.⁵⁹

CAEP does not say that there is a causal relationship between access to firearms and suicide. The association recognizes that other factors play a role: “Living in rural communities may create geographical, psychological and sociocultural barriers to treatment for people at risk of suicide.” The association emphasizes the disproportionate rate of suicide among Indigenous people in Canada. Its research shows:

- Suicide rates are higher in Indigenous rural communities, where the use of firearms is overrepresented.
- Suicide and self-inflicted injuries are the leading cause of death for First Nations youth and adults up to 44 years of age.
- Suicide affects the youth in Indigenous communities more than any other demographic. Suicide occurs roughly five to six times more often among Indigenous youth than among non-Indigenous youth in Canada.
- The suicide rate for First Nations youth (age 15 to 24) is 126 per 100,000, compared with 24 per 100,000 for non-Indigenous youth.
- Suicide rates for Inuit youth are among the highest in the world, at 11 times the national average.

CAEP also points out that reducing access to firearms can reduce these risks: “Overall, firearm-related suicides have decreased by 43% since the introduction of stricter gun laws in 1991 and by 23% since the introduction of the *Firearms Act* in 1995.”

The negative impact of greater access to firearms in rural communities demonstrates the importance of public health prevention and intervention measures as part of Canadian strategies on firearms. Increased safety measures should

be taken to support lawful possession and use of firearms while mitigating unintended harms, including firearms injuries and suicide.

Rural Canadians experience barriers to lawful and safe access to firearms. These barriers include limited access to federal firearms safety courses in rural and remote regions, and limitations on access to safe and secure storage.

During our roundtable on rural communities, policing, and crime, Dr. Foster informed us that, in the course of her recent research, rural business owners in Nova Scotia had raised the topic of firearms with her even though she was interviewing them about business-related topics.

So I'll note that none of my research actually looks at firearms, but in the course of doing research about things like rural business succession, it comes up. So last month, I was doing interviews around the province with rural businesses, and within the span of three days it came up twice. I didn't bring it up, but people wanted to talk about firearms legislation and regulation, and I think the reason why it came up was that we were talking about regulations, again, that seemed to come from somewhere else and from people that don't understand rural life. So it's the – firearms, you know, views about them seem to be in the same package with views about what you should be able to build with what materials, or where and how you should be able to slaughter an animal. It's just one of these regulatory things that seems to come from cities and people who don't know that there are legitimate reasons to own rifles, and that farmers especially or people with a lot of land believe that they need them to protect against other animals. So it comes up, even though I'm not looking for it.⁶⁰

These examples underscore the importance of engaging with rural perspectives on issues related to the regulation of access to firearms.

CHAPTER 2

Crime in Rural Communities

CHAPTER 2 Crime in Rural Communities

Introduction

Chapter 2 examines the nature of rural crime from a number of perspectives. The first section provides an overview of studies of types of rural crime and the rate and volume of crime in rural communities. We also set out Canadian and Nova Scotian statistics comparing rural and urban crime and about firearms-related crime. In the second section, we briefly look at policing challenges in rural communities with a focus on two issues: lack of trust and confidence in police services, and self-defence in the rural context as it relates to perceptions of slow police response times. Rural policing issues are canvassed in greater detail in Volume 5, Policing. A final section considers the high rate of gender-based violence in rural communities, with a focus on intimate partner violence, and aspects of rurality that reinforce this pattern of crime.

The Nature of Rural Crime

Types of Crime

The nature of rural crime is elusive. In her expert report, Dr. Anna Souhami, head of Criminology at the School of Law, University of Edinburgh, summarizes research on rural crime and finds that it is “distinctive in its diversity” and varies significantly across different rural areas. She explains that “the diversity of cultural,

economic, historical, and demographic contexts of rural communities generates wide disparity in patterns and types of crime.” At the same time, rural communities “experience issues common to all populated areas, such as anti-social behaviour, neighbourhood disputes, property crimes, drug and alcohol abuse, and violence, including intimate partner violence and family violence.” Even forms of crime “typically considered to be urban, such as gangs, also occur in rural areas.”¹

She found that rural areas “experience some distinctive forms of crime, such as those relating to livestock and wildlife, farm and marine crime, and environmental crime. In many countries, the greater availability and ownership of guns in rural communities “may affect forms of offending.”² Issues relating to use and ownership of space, such as trespass, may be particularly important in some rural areas.

Rate and Volume of Crime

Dr. Souhami’s report discloses that crime tends to occur at a lower frequency in rural areas but this does not mean that crime rates are always lower in rural areas. Importantly, research in Australia, the United States, and Canada has found that rates for violent crimes can be higher in rural areas than urban areas. She concludes:

Yet while the rates and actual incidence of rural crime may in some areas equal or exceed that of urban districts, the comparatively small population in rural areas means that crime is relatively low in volume. This is particularly the case for more unusual serious crimes.³

Studies show that economically stable rural areas may experience low rates of crime but “relatively high levels of social deprivation in many remote and rural areas are associated with high levels of social problems, including crime.”⁴ In particular, structural and economic factors have been found to be “paramount in shaping the problems experienced in rural areas in Canada and the United States.”⁵ These factors include: lack of healthcare and other services in rural areas, and geographic isolation, both of which restrict access to needed supports including drug and alcohol treatment. Research in Canadian Indigenous communities has found “that the volume and seriousness of crime increases along with geographic isolation, while community wellbeing (an indicator of education, employment, income, and housing) decreases.”⁶

Dr. Souhami's report also found that some research suggests there may be a significant under-reporting of crime in rural areas. She notes that "research in rural areas of Canada and the United States has found a high degree of tolerance of crime in some communities, especially toward forms of interpersonal violence."⁷ Other studies have shown that difficulties in rural access to the police and other services may also act as barriers to reporting.

The impact of crimes on rural dwellers may differ from city-dwellers. Dr. Souhami states that "crime rates do not reflect the impact that crime may have in a rural community, where criminality may be particularly threatening to the idealised image of rurality as a cohesive, safe environment."⁸ "[S]erious crimes in particular may have a profound and lasting effect on residents' perceptions of safety and the self-image of the community."⁹

Canadian Statistics

In her expert report, Dr. Karen Foster concludes that "Canadian statistics point to some definite rural-urban differences at the aggregate level." These findings include:

- Rural residents are actually more likely to experience crime when rates are compared to urban on a per capita basis.
- Certain kinds of crimes are more common in rural areas: the rates of physical assaults, firearms offences, sexual assaults, and sexual violations against children, for example, are higher in rural areas in Canada.
- Police services in mostly rural areas served 16% of the population in 2017 but reported 23% of violent crimes, 17% of property crimes, 27% of Criminal Code traffic offences, and 23% of other Criminal Code violations.
- From 2009 to 2017, rural police services reported a total of 1,078 homicides, for an average annual rate of 2.02 homicides per 100,000 population. In urban areas, 4,068 homicides were reported during the same period, for a rate of 1.55 homicides per 100,000 population.
- In 2017, the rate of impaired driving was about twice as high in rural areas as in urban areas.¹⁰

As is often the case, this national aggregated view masks important provincial variation. Dr. Foster points out: “When the statistics are broken down by province, it becomes clear that rural crime rates are only higher than urban in Newfoundland and Labrador, Manitoba, Saskatchewan and Alberta.”¹¹ In fact, Statistics Canada’s report on rural crime explains: “[T]he higher crime rate in rural areas was driven by a small number of police services that reported very high crime rates. In fact, most police services serving a predominantly rural population recorded relatively low rates of crime.”¹²

The rates of specific types of crime in rural communities also vary widely depending on the province. Comparisons among rural communities show significant variation, whereas urban crime rates are less variable.

In their expert report, Dr. Chris Murphy and Mr. Cal Corley discuss the high rate of rural property crime. A 2019 Statistics Canada report found that property crime:

- constitutes nearly 50 percent of all recorded crime in rural areas;
- was 6 percent higher in rural areas; and
- is increasing at a faster rate than urban property crime.

Dr. Murphy and Mr. Corley suggest that changes in the nature of rural communities offer an explanation for this trend:

Property crime has become more prevalent as the value of rural property has escalated. Increasingly expensive farming, fishing, forestry, and recreational vehicles and equipment and the growth of expensive recreational homes and property, combined with limited guardianship, create opportunities and incentives for property theft. This has become an increasingly serious problem for rural communities and rural police, making community-based crime prevention programs an increasingly important part of rural policing.¹³

Nova Scotia

In Nova Scotia, the rural crime rate is just slightly higher than the urban one. Dr. Foster points out this is “mainly the result of a high number of frauds” but “the rates of other kinds of crime are still high enough to put to rest the notion that rural is inherently peaceful and safe.”¹⁴

Firearm-Related Crime

According to Statistics Canada, rates of firearm-related violent crime are generally higher in rural areas than in urban centres in most provinces. However, in 2020, rural areas in Prince Edward Island, Nova Scotia, and Ontario had lower rates of firearm-related crime than their respective urban areas.

Between 2019 and 2020, Statistics Canada noted significant increases in rates of firearm-related violent crime in rural areas: southern rural British Columbia reported a 34 percent increase, northern rural Ontario reported a 32 percent increase, rural Alberta reported a 31.5 percent average increase, the Northwest Territories reported a 23 percent increase, and Nova Scotia reported a 22 percent increase.

Policing Challenges

Public Trust and Confidence

Statistics Canada survey data has shown that rural residents tend to have a more favourable view of the police in terms of their trust and confidence and performance. During the roundtable on rural communities, policing, and crime, Dr. Rick Ruddell, chair in police studies at the University of Regina, explained those are national averages that mask a lot of variance within the nation. Under closer scrutiny, the data reveal “incredible differences between the provinces and how rural people in different provinces feel towards the police. We also see differences within those provinces.”¹⁵

Over the past two years, the general trend has been toward a decrease in public trust and confidence in police. This has been attributed to increasing complexity in the job of policing and higher public expectations. According to Dr. Ruddell’s studies, George Floyd’s death at the hands of a police officer in Minneapolis, Minnesota, in 2020 led to a significant decrease in public confidence in every large Canadian police force, and those changes have been maintained for two years. He noted it was unclear whether this new level of trust was stable.

The Canadian House of Commons has recognized that crime in rural areas is of growing concern to rural residents across the country. On May 30, 2018, the Standing Committee on Public Safety and National Security was instructed by the House of Commons to undertake a study of crime in rural areas in Canada and to report its findings to the House. The committee heard from 19 witnesses over the course of five meetings in June and October 2018 and received seven briefs. Five of these witnesses explained to the committee “how rural residents are sometimes left on their own because of long police response times.”¹⁶ It was suggested that this is “the core of the crime problem in rural areas, which is causing an erosion of public confidence.”¹⁷ The committee issued a brief report strongly encouraging “provinces and territories to increase investments in policing and innovative solutions, including emergency response and dispatch centres.”¹⁸ The committee concluded “that effective crime reduction measures should have at least four components: adequate police resources, partnerships with the community, robust victim support and a justice system that inspires public confidence.”¹⁹

Self-Defence in the Rural Context

Rural policing challenges have taken on a new dimension in public discourse in connection with claims of armed self-defence or self-protection. Arguments made in Canadian courts that the slowness of police response times in rural areas justifies the use of firearms in a confrontation between rural property owners and alleged trespassers are at the centre of this development.

Canadian law is clear that protection of property is not a legitimate reason for owning a restricted firearm. Similarly, there is an extremely narrow exception regarding the possession of such weapons for self-defence. We set out a brief account of the facts in the cases of *R v Khill*, 2021 SCC 37, and *R v Stanley*, 2018 SCC. Within the context of our report, the significance of these cases has less to do with the legal reasoning and more to do with cultural narratives about rural community safety and well-being.

R v Khill

Peter Khill shot and killed Jonathan Styres who was breaking into Mr. Khill's pick-up truck in the early morning hours of February 4, 2016. The truck was parked in the driveway of Mr. Khill's home, which is located "in a rural area on the outskirts of Hamilton, Ontario."²⁰ Mr. Khill was charged with second degree murder and acquitted following a jury trial. The Ontario Court of Appeal overturned the acquittal and ordered a new trial. Mr. Khill's subsequent appeal to the Supreme Court of Canada was dismissed.

Mr. Khill's evidence was that living in a rural area, he did not expect the police to arrive quickly. However, the facts in the case show that the police arrived at Mr. Khill's property only five minutes after his fiancé placed a 911 call. In fact, both parties agreed that the police were not very far away. Counsel for Mr. Khill stated, "[t]he Appellant lived in a rural area, but it only took about 5 minutes for the police to arrive once 911 was called, and there were business establishments about two kilometers away from the Appellant's residence."²¹ It was Mr. Khill's perception about police response times, rather than actual delays, that shaped his actions.

R v Stanley

In February 2018, a jury acquitted Gerald Stanley, a white farmer, of the murder and manslaughter of Colten Boushie, a 22-year-old Cree man from the Red Pheasant First Nation.²² Mr. Stanley's gun discharged, killing Mr. Boushie, after Mr. Boushie and four other people came onto Mr. Stanley's property. Mr. Stanley's farm was located in the municipality of Glenside, Saskatchewan. The two closest RCMP detachments were driving distances of 68 kilometres and 44 kilometres, respectively. The nearest RCMP detachment was about a 30-to-40-minute drive from the property. The first RCMP member arrived at the scene about 45 minutes after Mr. Stanley's son called 911.

The Crown did not appeal the jury's acquittal of Mr. Stanley. Thus, there are no judicial reasons in this case to draw upon. However, academic commentary sheds light on the role that ideas about rural life (including rural crime, slow police response times, and the associated need for private gun ownership) may have played in the trial. Professor Kent Roach, Faculty of Law, University of Toronto, explains how a sense of rural-urban disconnect may have been present:

Differences between rural and urban Canada also came into play in the Stanley / Boushie Case. There are rural grievances that urban Canada does not understand rural realities including longer police response times and higher gun ownership.²³

Professor Roach documents how counsel for Mr. Stanley invoked the issue of slow police response times in his closing address to the jury:

[Counsel for Mr. Stanley] skillfully appealed to any concerns the jury may have had about rural crime by telling them that because he lives in the city, “I’ve got the luxury of calling 911 and reasonably expecting the cops are going to be there in five minutes, ten minutes.” In contrast, “the Stanleys were on their own.”²⁴

The Civilian Review and Complaint Commission of the RCMP (CRCC) examined the RCMP’s investigation in this case. The CRCC report also acknowledged that emergency responders in rural areas face different challenges which may be poorly understood by those “unfamiliar with rural living.” The CRCC’s Interim Report states:

[43] Responding to emergencies in rural areas poses unique challenges. First, obtaining the location of the incident, and subsequently finding it creates unique difficulties that are often overlooked by those unfamiliar with rural living. Next, determining the appropriate detachment to respond to the emergency given the location can be challenging. Finally, distances between emergency service bases, including RCMP detachments, can be much larger.

[44] Given the distance between the Biggar and Battlefords detachments and the Stanley property, the Commission finds that the RCMP members dispatched to the Stanley property responded in a timely fashion.²⁵

In considering the police response time in the *Stanley* case, the CRCC added the following additional information regarding navigation difficulties in rural areas:

Urban centres tend to be well-mapped and often have access to tools such as GPS mapping and directions, which is not always the case in rural parts of the province. Additionally, in rural areas, street addresses are

generally absent, as the majority of roads are unnamed; therefore, land locations or legal land descriptions are commonly used. In many cases, these land locations need to be supplemented by descriptive directions, and are often dependent on the direction or route the emergency responders are taking.²⁶

In an article about these two cases Professor Roach articulates a central question which engages Canadian society: “[t]he Stanley and Khill cases raise the question of whether we want to live in a society where people are condoned for reaching for their guns before calling 911.”²⁷ We return to the adequacy of police services in rural and remote areas and to the importance of valuing rural policing as a distinctive set of skills, in Part C of Volume 5, Policing.

Following the Stanley case, the Government of Saskatchewan enacted the *Trespass to Property Amendment Act, 2019*. These amendments made changes to trespass-related legislation in Saskatchewan to place the onus on the individuals seeking access to private property to obtain the consent of the landowner or occupier prior to entry. The provincial government has committed to addressing rural crime by strengthening enforcement-related provisions through non-criminal approaches such as increased penalties for repeat trespassing offences. These amendments have been strongly opposed by Indigenous nations in Saskatchewan, “who assert both that they are an unconstitutional restriction on their Treaty rights and that they will lead to more violent confrontations.”²⁸

In their article about the Stanley case, which also considers Saskatchewan’s new trespassing legislation, Alexandra Flynn and Estair Van Wagner consider the role of “fear, racist stereotypes, and assumptions about who does or does not belong in rural Saskatchewan.”²⁹ The authors examine the way “the defendant’s legal story was underscored by narratives of trespass” and in particular by the idea that “[f]or farm people, your yard is your castle.”³⁰ They focus on the fact “the Stanley trial and the resulting precedent has particular consequence for Indigenous peoples.”³¹ Ms. Flynn and Ms. Wagner’s conclusions include this point, which is particularly relevant to our discussion about rural crime, police response times, and the expansion of the idea of armed self-defence:

Stanley’s invocation of trespass, the castle doctrine, and the notion of a “self-defence circumstance” informed the Crown and the Court’s concession that his use of the firearm was lawful. As a result, neither defence counsel nor the jury were asked to grapple with how the reasonableness

of his violent actions were grounded in racial bias and a fear of Indigenous youths. The symbolism of defence of property far outweighed its formal legal application in this case. The reasonableness of resorting to violence in defence of property was presumed and was separated from the tragic consequences. In the specific social context of rural Saskatchewan, Stanley's invocations of trespass alongside the Indigeneity of Boushie and his friends, should have signalled to the trial judge that he should have included additional safeguards in his jury charge. He should have given express instructions countering prejudice beyond the generic jury instruction about impartiality. He should also have clarified the irrelevance of much of Stanley's narrative to the determination of whether the third shot was, in fact, an accident. The death of Colten Boushie was a tragedy. The Stanley trial was also a tragedy, because crucial issues remain unexamined and important questions remain unanswered. We will never know whether jury instructions that explicitly alerted the jury to the issue of racial bias in situations of trespass, and in the context of Indigeneity, would have made a difference. Judges and juries must carefully consider the use of force to defend property. They must not rely on presumptions and fear-driven biases about who belongs, and who matters, on the lands we call Canada.³²

During our roundtable on rural communities, policing and crime, Dr. Signa Daum Shanks, associate professor of law, University of Ottawa, and member of the Indigenous Bar Association, spoke about the difficult but important conversations that emanate from these two cases. She said: "I learned that how we ache about an event matters, and I learned that that ache in witnessing an event impacts how we will trust relationships that try to take care of the effects of those events."³³

Dr. Daum Shanks expressed her personal struggle in coming to terms with these decisions and how they affected her personal sense of trust and safety. She recognized that the issue of self-protection has "many sides to it, how people might feel about self-protection; how people might feel about how others enter that space; how, as an individual, I understand whether I can control who enters my space in way that I'd expect."³⁴ She also spoke about the sessions held in the Saskatchewan rural community after the decision in the *Stanley* case and the wide-ranging conversation about property, trespass, self-help, and the role of the police in that community. She remarked: "the RCMP did a lot of learning themselves" as a result.³⁵

Dr. Daum Shanks also spoke about how she regularly thinks about the Khill decision and particularly about the concept of self-defence:

And why I regularly think about that decision, has many reasons, but it's one of the ones that acts as a check on me about the urgency of realizing what concepts all of us need to know about more before we're good neighbours, before we marry or then subsequently divorce someone, before we hire someone, before we go to a blocko to have some fun. And there have been so many moments where that lack of explaining-based concepts has had such tragic events later on. And whether it is community members not realizing that they're talking about an idea that is part of an idea that is part of civil law and they're talking about it in criminal ways, or it's about lawyering that I would take great exception to, and that happened in the Stanley case, that I think about my own family members who don't have training in law and have been so unnecessarily upset with an event because they didn't know what they didn't know.³⁶

We are inspired by Dr. Daum Shanks' reflective approach. It is exactly these types of conversations about the role and expectations of both community members and the police that are required to help safeguard rural community safety and well-being.

Gender-Based Violence

We examined the connection between gender-based violence and mass casualty incidents in Volume 3, Violence, and made findings and recommendations concerning the prevention of these forms of violence. In this section, we focus on what we have learned about rural women's experiences of gender-based violence, focusing on intimate partner violence. **Rural women experience the highest overall rates of intimate partner violence in Canada. Women living in rural communities also face additional barriers to reporting gender-based violence and to developing paths to safety.** We examine these barriers from two perspectives: sociological accounts of isolation and social cohesion, and cultural and practical barriers.

Rural Intimate Partner Violence

Women in rural areas experience the highest overall rates of intimate partner violence in Canada. Rates of police-reported intimate partner violence experienced by rural women in Canada are 75 percent higher than for urban women.

In 2016, Indigenous women made up about 3 percent of the Canadian female population but represented nearly one-third of all women living in remote and very remote areas of Canada. Indigenous women and girls are not only more likely to be a victim or survivor of crime compared with non-Indigenous women and girls, they are also at much higher risk of experiencing specific acts of violence, including spousal violence. According to research conducted by the Canadian Domestic Homicide Prevention Initiative, Indigenous women are also more likely to be victims of intimate partner homicides with rates eight times higher than non-Indigenous women in Canada. Authors of the report indicated that colonization, poor socio-economic status, systemic and interpersonal racism, and intergenerational violence all contribute to these significantly higher rates.

Firearms also used more frequently in rural intimate partner violence by comparison with the experience in urban areas. A 2022 Statistics Canada study found:

- Overall, one in four (25%) female victims of firearm-related violent crime was victimized by a current or former spouse or other intimate partner. In contrast, 2.2% of male victims of firearm-related violent crime in 2020 were similarly victims of intimate partner violence. Instead, among victims, a higher proportion of males were victimized by a stranger, friend or casual acquaintance (83% versus 64% of females).
- For women, firearm-related intimate partner violence was most frequent in rural areas.
- In 2020, there were 8.1 female victims of firearm-related intimate partner violence per 100,000 female population in the rural South, and 31 per 100,000 in the rural North (compared to 4.1 in urban areas).
- Intimate partner violence accounted for nearly one-third (32%) of female victims of firearm-related crime in the rural South and 38% in the rural North. This was also the pattern in previous years.
- Although intimate partner violence for male victims was also higher in rural areas, rates were low compared to females (1.4 per 100,000 males in the rural South, 2.8 in the rural North and 0.9 in urban areas).

- About half (48%) of firearm-related intimate partner violence in 2020 involved physical assault (34% major assaults levels 2 or 3), 17% were firearm-specific violent offences, and another 15% were uttering threats. In contrast, 47% of firearm-related violent crimes committed by a stranger were incidents of robbery.³⁷

Earlier studies provide additional context for this recent Statistics Canada report and illustrate the pattern of violence against rural women over time.

In Canada, more than half of female homicides are perpetrated by partners. Significant variations exist between intimate partner firearm homicides and other firearm homicides, both in the types of firearms used and the risk factors. Between 1995 and 2004, spouses using firearms were responsible for 31 percent of intimate partner homicides against women. Rifles and shotguns were used in 62 percent, handguns in 28 percent, and sawed-off rifles or shotguns in 10 percent of these spousal homicides. Several studies have shown that keeping a gun in the home is a risk factor for spousal homicide. In addition, statistics for 2020 record that about half of firearm-related intimate partner violence cases involved physical assaults, 17 percent were firearm-specific violent offences, and another 15 percent were uttering threats.

The Canadian Femicide Observatory for Justice and Accountability reported that 38 percent of women and girls killed in 2019 lived in rural, remote, and northern regions or small towns, although less than 20 percent of the population of Canada lives in these regions.

The Learning Network is at the Centre for Research and Education on Violence Against Women and Children in the Faculty of Education at Western University. In May 2021, the Learning Network published a report, “Gender-Based Violence in Rural, Remote & Northern Communities.” This report concludes with a section on the impact of “the normalization of firearm ownership” in these communities:

- Between 2010 and 2015, approximately 1 in 3 domestic homicides in rural, remote and northern communities were committed using a firearm.
- Between 2017 and 2020, the proportion of Ontario femicides committed using a firearm was substantially higher in small and rural population centres (29%) than in large and medium population centres (12%).
- In addition to lethal uses, perpetrators may use guns to threaten a partner or family member directly or indirectly as a form of coercive control.³⁸

In 2008, an extensive University of New Brunswick study on rural family violence found that 66 percent of women with firearms in their home said “knowing firearms were present made them more fearful for their safety” and 70 percent said “the presence of firearms affected their decision” whether to tell others or escape abuse. The study also found these “fears were elevated when the firearms were not licensed or stored properly.”³⁹ One conclusion reached was that “the presence of firearms in abusive homes can easily become instruments of intimidation and control.”⁴⁰

Isolation and Social Cohesion as Barriers

Chapter 1 outlined the ways in which isolation and social cohesion are core aspects of rurality. In her expert report, Dr. Foster points out that rural community safety literature concludes that isolation has the potential to be protective and/or endangering. Isolation can make crime detection more difficult and it can affect the reporting of crime. Canadian and Australian studies show that isolation makes it more difficult for women to report gender-based violence. One study refers to this as the “tyranny of distance.”⁴¹

Social cohesion can also make it more difficult for women to report gender-based violence. One study based on interviews with rural domestic violence service providers found that “the impact of personal shame and embarrassment was a constant theme” as was “the “stigma” of domestic violence in small, tight-knit communities deterred women from reporting abuse.” The study concurred with previous research that “in small towns with high levels of mutual recognition and active local gossip networks, shame and embarrassment can act as major deterrents to reporting violent crimes.”⁴²

Dr. Foster’s report concludes: “[M]uch of the research on rural crime that deals explicitly with gender is focused on domestic violence. And all of it, taken together, “demonstrates that rural women are at higher risk of experiencing intimate male intimate violence than those in more densely populated areas. The key risk factors identified include [...] isolation, male peer support, [and the] “ol’ boys network,” but our knowledge about private violence in the lives of rural women is incomplete.”⁴³

Cultural and Practical Barriers

Women face a range of barriers to reporting gender-based violence attributable to the criminal justice system and the way it intersects with other legal regimes. These affect rural women in ways that are both similar to and different from the experience of urban women. It is also important to recognize the cultural and practical barriers outside the legal system that create further obstacles to women seeking safety through reporting to the police.

In her testimony, Dr. Deborah Doherty, a former executive director of Public Legal Education and Information Service of New Brunswick, now retired, explained the role of rural cultural norms and values and their impact on reports by women and others who experience or witness gender-based and family violence. She recognized that it was important not to stereotype⁴⁴ rural life or rural women but that her research established that “value systems are much more coherent and stronger in rural communities, partly because people do know one another and they adhere to similar, if not same, value system.”⁴⁵ More specifically, Dr. Doherty’s research found the rural “value system can be quite patriarchal so that the role of women in the family in particular where we were focusing can be that women are subservient, women’s job is to create harmony in the household, to have meals ready and, you know, take care of children. And so there was a very set traditional social value consensus.”⁴⁶ This consensus supports a “don’t ask, don’t tell” approach where women see their role, in part, as “to keep the peace” and have an impact on women’s willingness and ability to seek help.

Dr. Doherty recounted the perverse effect this can have. She used the example of women who were abused for many years and then seek to leave a relationship only to be told that in the context of a custody litigation they should not tell the judge about the abuse because it would reflect negatively on the court’s view of their parenting:

So it’s like the very things I did to be a good wife, a good mother, a good rural woman, now they’re saying if you mention it in court, nobody’s going to believe that you did – you know, that you don’t have mental health problems, that – because he keeps saying I’m crazy or, you know.⁴⁷

Dr. Doherty also spelled out the ways in which rural social values can contribute to women blaming themselves for their situation:

So yes, those social values would certainly impact on help seeking, on, you know, the way one would present themselves on their feeling of self-worth because if things go down – go wrong and you're not keeping harmony in the house, then you believe it's your fault.

I mean, you're self blame. You don't even have to wait for your community to blame you. You're self blaming, "Oh, my god, I can't do what other women because they tell me all men act like that on a Friday night. Like why is it such a problem for you?"

So those social norms and values and the types of – well, I mean, it can be to minimize or normalize behaviour that is very harmful and then blame and shame a victim who doesn't live up to the norms.⁴⁸

These social dynamics have also been shown to affect how friends and neighbours respond to intimate partner violence:

There was a provincial study commissioned by the New Brunswick government on domestic violence and one of the questions – I mean, they were asking where people lived in a rural, urban setting and so on. And I guess the question was, would – if you heard your neighbour being beaten and screaming, would you call the police. And it's very counter-intuitive. I would have thought that, you know, in the rural area where very close, you know, and would do anything for my neighbours, I'd call the police. But it was just the opposite.

The – in rural areas, they were less likely to involve the police. They're not going to call the police. And in an apartment in an urban area that it would be much more likely to call the – the police.

And during – after this report had come out and one of the focus groups, I was asking, "Why do you think that is that people would call in an urban area but not rural?"- And they said, "It's because who knows who's living next door to you in an apartment. I don't know, and they're screaming and stuff. I would call the police."

"But no, on my buddy down the road who, you know, I fish with, I hunt with, no, I'm not going to call the police and tell them his wife's being beaten up and screaming."⁴⁹

Women face a number of practical barriers to reporting to the police and many front-line organizations, advocacy services, and legal organizations (such as legal aid and public legal education) can assist them to overcome these hurdles. These services are less accessible in rural communities.

During the roundtable on intimate partner violence, gender-based violence, and family violence, Pamela Cross, a feminist lawyer and legal director at Luke's Place Support and Resource Centre in Durham Region, Ontario, noted that women survivors can face practical barriers to reporting. She spoke about some of the hurdles faced by women living in smaller communities, including rural ones. These include: fewer services and support, lack of access to legal counsel, and lack of public transportation. She shared some recent insights she had gained about the barriers to reporting created by lack of privacy in smaller communities:

The intersectionality of the relationships of people in small communities. So I'm in a relationship where I'm being abused by my partner. My kids play soccer. My partner's brother is the coach of the soccer team. I want to go into the shelter, but his cousin works there. The police officer who's going to respond if I dial 911 goes to our church. Of course that can happen in urban settings, but the odds are a lot lower that it will happen. So once more, I feel like I can't get out because anywhere I want to turn, those people know something about me already.⁵⁰

Ms. Cross also explained how living in a smaller community can mean that a woman is more isolated, which can make it harder for her to report or take other measures to get to safety:

So on the one hand, there's kind of that lack of privacy but there's also isolation. With no close neighbours to turn to or to notice when a problem arises, a woman who's being abused by her partner is at greater risk of suffering serious injuries. She can't get to help quickly if she needs it. She can't just drop in for a quick visit with a neighbour so she doesn't feel so isolated; can't stop into the library for a chat. And so women feel increasingly lonely, isolated, and they feel despair. As one woman told us, "You just feel like you're lost in the middle of nowhere. They can get away with more and they can control what you do and where you go if you're stuck there."⁵¹

Across Canada, rural women experience a disproportionately high rate of intimate partner violence and face a range of barriers to safety. Not coincidentally, the number of rural women killed by their partners or former partners, is also out of proportion when compared to the experience of urban women. In Volume 3, *Violence*, we made several recommendations for prevention and intervention strategies designed to address gender-based, intimate partner, and family violence and in each case recognized the need to tailor these strategies to specific communities of women. Without question, concerted and sustained efforts are required to support rural women's safety.

CHAPTER 3

Rural Communities and Well-Being

CHAPTER 3 Rural Communities and Well-Being

Introduction

The Commission examined issues related to rural communities and well-being in order to better understand the causes, context, and circumstances of the mass casualty and to assist us in developing recommendations that take into account rural realities. In this chapter, we set out our findings based on our research and policy program, with a focus on what we heard during our roundtables on rurality. These findings are organized under four themes: limitations on access to services, occupational health and safety, poverty, and marginalization.

During our roundtable on rural communities and well-being, Dr. Lesley Frank of the Department of Sociology at Acadia University provided us with a helpful framework for understanding how rurality is made up of a variety of factors that structure our “social locations.” She explained that “our social locations in life are a combination of our resources, our ways, our gender, our abilities, and we all have different social locations that shape our experiences of living.” Dr. Frank provided examples of how social location assists us to understand how various factors, including differences in access to public infrastructure, come together to contribute to or detract from well-being:

[T]hat might be anything from weak – or rural internet that doesn’t work and you cannot, for example, take part in a prenatal education program, which have moved online, or needing to travel to services, health services that really should be considered essential services, like having a baby.

... and so in this way, geography becomes part of our social location and there’s also structural inequalities that each one of us experiences in different ways. So not homogenous experiences.¹

Limitations on Access to Services

Internet Access and Cell Coverage

The issue of lack of internet access and cell coverage is a major safety concern in rural Nova Scotia. We heard about these inadequacies and how they inhibited the ability of individuals to learn about the dangers on April 18 and 19, 2020. In Volume 2, *What Happened*, we found that communications among community members were the primary channel for information sharing, partially due to inadequacies in the RCMP public communications strategy. Rural community residents who did not have internet access or effective cell coverage found it harder to access information from both police and informal sources on various forms of social media. While effective sharing of information is a particularly acute need during a critical incident, it is also an important aspect of community safety every day.

During our roundtable on rural communities, policing and crime, Dr. Rosemary Ricciardelli, professor of sociology in the School of Maritime Studies and Research Chair in Safety, Security, and Wellness at Memorial University's Fisheries and Marine Institute, explained that inadequate access to internet and cell coverage in rural areas also has an impact on police officers. She studied the experience of RCMP members in several rural detachments and found:

[T]hey're driving, their lifeline is their radio, but in half the rural areas they have no internet access and no communication. So they're completely on their own, and they don't have their lifeline, which is a severe challenge as well in these rural areas.²

The Government of Nova Scotia has committed to “deliver reliable, high-speed Internet access to 99.99% of homes and businesses across the province.” Projects are underway and funded through the Build Nova Scotia program, and it is anticipated this goal will be achieved by the end of 2023. The government states: “We believe Nova Scotia will be among the first provinces in Canada to reach this level of coverage.”³ In May 2019, 75 percent of homes and businesses had access to high-speed internet, and this rate increased to 92 percent by the summer of 2022.

Volunteer Fire Departments

As discussed in Chapter 1, the research of Dr. Karen Foster, associate professor in Dalhousie University's Department of Sociology and Social Anthropology, indicates that many rural residents and rural communities fill the gap in access to public services through volunteer work. The Canadian Rural Revitalization Foundation reports that Nova Scotia's provincial volunteer rate is higher than the national average by 7.7 percent, and collectively, in 2013, the province contributed a higher annual average amount of volunteer hours than any province in Canada. More than 80 percent of firefighting services in Canada are delivered by volunteers, and in Nova Scotia, the proportion is closer to 90 percent.

During our roundtable on rurality and community well-being, we heard from Robin Campbell, a former volunteer firefighter with Wolfville and Greenwich Fire Departments and a PhD candidate at Dalhousie University whose research is focused on the mental health of volunteer firefighters in rural Nova Scotia. She described the unique role of the volunteer fire service in rural Nova Scotia:

So with volunteer firefighters and the volunteer fire service, it really is, when we look at a rural community, is a central piece to the community in the way of it's a known spot, it's a known place that we can go for help and service in that way. And with that, that firefighters, while they provide the emergency service for whatever that might look like, it is also a substantial community service that they're doing as well.

So we see our firefighters very involved in community events, fundraising for our communities, generally in our rural communities, we see the community halls are at the fire departments, and so the fire fighters are running those various services.

So firefighters wear many different hats in their rural communities to be able to provide that service to the community, and come from all walks of life, genders, ages. We see firefighters as young as 14 years old in our communities, up to I've seen fire fighters who are in their 80s doing the radio operation and helping with those community events.

So it really is this more than an emergency service in the community. It's a really central community asset and the people that are there and wearing those various different hats and providing those services.⁴

Ms. Campbell explained that funding for the volunteer fire service varies across the province. In general, funding is made up of levies through a “fire tax” and funds raised through the firefighters and community members. With respect to fundraising, she said, “especially the more rural that you go, we see that more and more, and that’s how those firefighters have to fund the equipment, the trucks, the equipment for themselves, pay for the fire department, pay for everything that goes into running an actual hall.”⁵ Rentals of the fire hall for community events is one of the methods used to raise funds. From time to time, the Government of Nova Scotia has established funding through grants to assist emergency services organizations, including volunteer fire departments. In 2022, two separate rounds of funding were announced, in March and October of that year.

Ms. Campbell also spoke about the significant challenge in rural communities to recruit and retain volunteer firefighters. She recognized that other volunteer sectors are facing similar challenges, partially as a result of the aging population in Nova Scotia. Through her research, Ms. Campbell identified a number of obstacles encountered by young people in considering whether to volunteer for firefighting work, including:

- large time commitment of 20 to 25 hours per week (training, responding to incidents, fundraising, committee work);
- difficulty in balancing the demands with a day job or income source (lack of employer support, potential loss of income, responsibility as a business owner or farmer);
- difficulty in balancing the demands with family responsibilities (childcare, other forms of caregiving); and
- the long distances many rural dwellers are already commuting to urban centres, leaving less time for volunteer work.⁶

Ms. Campbell emphasized the problem of “dual first responders” in rural communities: “Many [volunteer firefighters] are paramedics, nurses in their community, so the challenges of constantly responding to emergencies all the time in both aspects of your life can be also very challenging, and shiftwork, what comes with that.” She also spoke about how being a volunteer firefighter in a small community can have a dual edge:

And then with our close-knit communities and rural communities is the factor of everybody knows everybody, and we all do that, it can be very

challenging for firefighters responding to incidents where you know the people and you know the people involved. It can create more stress than necessarily if you don't know and don't have a connection in that way. But on the other hand, that can actually be very comforting to those that are the victims in those incidents, in that, "Oh my gosh, I know this person is coming. I know them." It's that comfort level.⁷

Healthcare and Home Care

During this roundtable, we also learned about another dimension of rural well-being: healthcare and home care. Dr. Marilyn MacDonald, professor at Dalhousie University's School of Nursing and director of the JBI Centre of Excellence, spoke about how the inadequate access to healthcare in rural communities is putting strain on unpaid caregivers. She explained how in rural communities caregivers, whether paid provider, neighbour, or family member, "go above and beyond" to ensure quality care. She also spoke about some of the complexities of care in this context given that "the people that are delivering home care, they know the client and the family on a personal level" or if they "don't know them well, [they] know of them and things about their situations."

Dr. MacDonald emphasized how precarious a situation with this many moving parts can be:

[I]t's not one way that things are that they happen, every individual situation has its strengths and vulnerabilities, and figuring those out and getting a match where needed is – it's so invisible the work that it takes to make those matches and to support those situations, but without it, and in situations where the other thing that I just can't say enough about is though the caregivers – and I referred to them earlier, the unpaid caregivers, what they do is unbelievable, but they're always at risk of becoming the client or the patient themselves because they can only give to a certain extent and then if there aren't services and supports for them as well. Some communities now, when a client is assessed, not only do they assess the client, but the caregiver in that situation, to get a sense of how well they are and how well they are likely to remain, because if that – if they fall apart, then the whole situation collapses.⁸

Community-Based Limitations

Rural dwellers can also experience barriers to accessing services as a result of community-based dynamics. For example, lack of privacy in rural communities can also have a negative impact. Madonna Doucette, a grassroots community organizer, rural queer educator, and director of the Youth Project in Cape Breton, pointed out that because “everyone knows everyone” in small communities, people can be concerned about potential lack of respect for their privacy and confidentiality. She also underlined the ways in which newcomers to a rural community have encountered service providers who “don’t understand the diversity and differences of the individuals walking through their door.” This can result from a “lack of understanding of their culture, or their family situation” that result in “biases that are just sort of structurally built in to the services that are being offered.” She provided an illustration of these dynamics in regard to gender identity:

Certainly there must be something also said with the compounding injury of being constantly misgendered, or being constantly assumed as being hetero. And oftentimes there’s sort of a laid-back form of discrimination that’s disguised as just joking that can slowly crush a person’s ability to stand up for themselves. And understanding how to be a good ally in these communities is often a hard thing to accomplish as well because even standing up for someone’s rights can put a target on your back or make people question your identity. And so a lot of times, people will just distance themselves from that other and they’re left to figure it out by themselves, or more likely, go without.⁹

Occupational Health and Safety

People whose place of work is also their community can face additional health and safety concerns in the rural context. They are often faced with expectations of going beyond the duties of their professional role due to the high degree of unmet need.

Dr. MacDonald spoke about the apprehension many home care workers face when they enter a residence to deliver services. Unlike in an institutional setting, there

are no standards for the structure or amenities in a client's home. A professional assisting an individual in that home is in some ways "a guest." In addition, home care workers in rural settings usually travel by car alone over expanses of time and distance and through different seasons. This facet of the work also contributes to higher occupational risks. Given the nature of the care provided and the fact that often there is no contingency plan in their absence, home care workers will travel to provide care services despite dangerous road conditions. Dr. MacDonald explained that care workers "first and foremost think about the person who is getting care, expecting care, and needing certain things" and "they will move mountains to get there, and they will take chances on roads that are, you know, – well, maybe not ploughed or not salted, et cetera, et cetera if it's wintertime."¹⁰

We need look no further for an example than continuing care assistant Kristen Beaton of the Victorian Order of Nurses, who on April 19, 2020 – at the height of a global pandemic – was travelling the roads and visiting homes in rural Nova Scotia to attend to her patients' needs.

Poverty

During the roundtable on rurality and community well-being, several experts touched on the growing inequalities of access to social services and infrastructure as between rural and urban communities. The social determinants of health extend well beyond access to health services in rural communities to include economic stability, education, community connections, housing, food and community infrastructure. These determinants impact community well-being and are tied to social policy. Dr. Foster explained how limited access to services contributed to rural poverty. She concluded that "inclusive social and economic development is critical to creating safer communities."¹¹

The Canadian Centre for Policy Alternatives' *2020 Report Card on Child and Family Poverty in Nova Scotia* found that the Sydney-Victoria riding has a child poverty rate of 36.5 percent, and six additional rural ridings – Cape Breton-Canso, Cumberland-Colchester, Central Nova, Halifax, Central Nova and West Nova – have rates that are represented in the highest national rates of child poverty rates nationally. One of the co-authors of that study, Dr. Lesley Frank, professor of

sociology at Acadia University and Canada Research Chair in Food, Health, and Social Justice, participated in our roundtable. We asked Dr. Frank what drives child poverty in Nova Scotia and what can be done to address the problem. She said:

The conditions for poverty, what creates it, are not neutral, their systemic pathways to it and their systemic entrapments. So from what we know from the data, and there's different data sources, some are annual and some are every four years with the census; right? So unfortunately, we only know disaggregated data about, you know, who is poor when we have the census data, so we can dig deeper. And we know that based on census data, the poverty is racialized, it's gendered, and it's rooted in colonial relations in this province and across Canada, and poverty rates vary considerably within Nova Scotia.¹²

The *2020 Report Card on Child and Family Poverty in Nova Scotia* brings together tax filer data and postal codes to map out concentrations of child poverty. Dr. Frank explained that while child poverty exists in both urban and rural areas, the main finding is that the highest child poverty rates are in communities that are racialized. A related factor is access to public services. Dr. Frank delineated how these two factors intersect, resulting in high levels of rural child poverty:

So, you know, there's a bit of a, I would say, misconception that it's cheaper to live rurally. Perhaps housing might be cheaper, but it might be poorer quality housing. The cost of food is higher in rural areas, despite the fact that, you know, local food is produced there. Incomes are lower. There's less access to childcare. And so the consequences of child poverty are different in rural areas. And then if you layer on top of the intersecting inequalities that are the drivers, and one of the main ones, which actually didn't – and I'd really like to highlight is gender inequality. You know, more than 50 percent of children living in lone parent families, which are primarily female led, are living under the low-income line of which there's the low-income measure after tax. I mean, and that's not just about family structure. That's about who's leading those – the families, and who's doing that labour, and taking up care of children. So it's gendered, it's racialized, it's in both rural and urban areas, and it is very much deeply rooted in colonial relations.¹³

Food insecurity is a consequence of poverty. Dr. Frank's research focuses on food security, particularly for infants and their mothers. She spoke about what drives food insecurity in rural communities in Nova Scotia:

The drivers of food insecurity are income based. That's how we measure food insecurity in Canada. It is an outcome of financial constraint. So it's not the same as poverty but it's linked to poverty. And in many ways, food insecurity is a much stronger marker of material deprivation than income, because by the time you can't put food on the table for a family, it means you've exhausted all other possibilities. You've borrowed all the money you could borrow. You've used your credit cards if you have them. You've gone to the food bank. So what food insecurity as an indicator picks up is this very strong demonstration of material deprivation.¹⁴

Dr. Frank also spoke about the limits of current approaches to address the challenge of food insecurity:

[W]e often think that we've got it licked by a food charity system. Like, Canada has not developed any policies directly related to addressing food insecurity. We've left it to community organizations, voluntarily run often, with an aging population doing the work. And currently, with the cost of food, those community organizations are run ragged trying to support people accessing food, and that's what I'm hearing from my family resource friends across the province right now. But interestingly, only about 20 percent of the food insecure actually access food charity. So it's not a good indicator of the problem. It's – the problem's much beyond and we can't use food bank statistics to really capture it.

What families are more likely to do, families and individuals and, you know, single individuals are really impacted by this because they have less access to government transfers, but typically, the first you could call it coping mechanism, I guess, would be to borrow money, or get food from friends and family, or to stay with family members for a while because you – you're worried about you're running out of food before the end of the month.

Typically, you know, if – when we pick up statistics about child food – childhood food insecurity, we know that that family is severely food insecure. So we measure food insecurity in degrees, sort of marginal,

moderate and severe, and once you – people say they cut the size of their child’s meals and make the children skip meals, we know that they’re severely food insecure because parents will protect children and take the brunt of food insecurity and not feed themselves, typically, as a first line of defence. Borrowing money, going to stay with relatives, using credit cards, using other sources of money. And actually, like, sharing food amongst each other, if you have resources to do so, and going, more recently, online to find food, particularly for infants, through Kijiji, and Facebook Marketplace, and other social media platforms where people share, trade, sell, and seek and make pleas of desperation.¹⁵

Ms. Doucette spoke about other dimensions of food insecurity and personal strategies undertaken when public services are inadequate.

First of all, as frontline service providers in rural communities, regardless of what our mandate is, we’re always dealing with empty bellies, and so that’s one of those invisible budget lines. You know, my mandate is to make the province a safer, healthier, happier place for 2SLGBTQ kids, but I’m also feeding them when they come to access our services because they’re hungry. You know? So that’s one of those things that I feel like when you look at all the organisations trying to plug the holes out there, that food budget line is much higher than people realise, and it seems quite – it’s very basic common sense that you can’t service one need when a person is standing there hungry, you have to feed the belly.

I want to say that sex for survival is much more common in rural communities than people probably realise. There are people that have power, and they use that power to get what they want, and what they want is sometimes a body. And so there’s a lot of people that are dependent on their very survival, and the only thing that they have to trade for their food or shelter is their bodies. And so sex work is, again, one of those invisible things that we don’t consider in rural communities. We think sex work is something that’s exchanged on a street corner, but it can be someone walking across a field to do their duty to get some food for their family.¹⁶

Ms. Doucette also spoke about the poor quality of food available at food banks, which she described as “shameful” and the ways in which “intergenerational poverty involves the loss of skills, including how to prepare whole foods.” She

remarked on this Catch-22 and noted there is “a systemic breakdown as to how to deliver high nutritional quality food to people because there is no easy handout to solve, there has to be supports involved in equipping these people to provide for themselves better.”¹⁷

Dr. Frank described the strong indications that food insecurity is getting worse in rural Nova Scotia. Initially, the view among community partners was that the increase in demand for assistance was a result of the COVID-19 pandemic restrictions. Demand, however, continues to rise and this increase is partially attributable to inflated food costs. She explained:

So a sector that, you know, was doing all kinds of varied types of supports previously, such as parent support groups, playgroups for children and, you know, camps for kids in the summer, they’ve really had to shift and are using, you know, a lot of their time and energy and resources to be providing food for people via the 2-1-1 provincial, you know, number where you call for advice on meeting your needs. And it’s not just families with children anymore. So they’re serving beyond their mandate, original mandates, to provide food for seniors, single people living alone, and it’s shifted the nature, somewhat, of their work, likely meaning that they’re able to do less of all the things that they have been providing before.¹⁸

Dr. Frank spoke about the Nova Scotia Family Resource Centres and the important role they play in assisting families to navigate the complex network of services designed to assist families in need.¹⁹

Marginalization

Systemic and structural inequalities shape people’s experiences across Canada, in both urban and rural areas. The dynamics of systemic inequities can sometimes play out differently in communities of various sizes. In the last section, for example, we learned about the ways systemic racism contributes to childhood poverty in communities of all sizes but that additional factors can reinforce it or make it more challenging to redress in the rural context.

In her expert report, Dr. Foster recognizes that rural Nova Scotia is “the ancestral and current home of several First Nations and Indigenous peoples, who are marginalized in everyday life and particularly in the justice system, in similar but distinct ways compared to African Nova Scotians.”²⁰ She also reports that in recent times, “tensions have flared over Indigenous peoples’ exercise of ‘moderate livelihood’ fishing rights in rural Nova Scotia, with non-Indigenous fishers allegedly setting fire to the storehouses of Indigenous fishers.” She also confirms “there is ample historical and contemporary evidence that racism affects community safety in rural Nova Scotia.”²¹

During our roundtable on rurality and community well-being, experts shared their knowledge about other ways processes of marginalization shape the lived experiences of rural dwellers.

Ms. Doucette spoke about the experience of 2SLGBTQI+ (Two-Spirit, lesbian, gay, bisexual, transgender, queer, intersex, and additional sexually and gender diverse) people in communities in rural Nova Scotia. From her experience as a queer rural educator and community-based advocate and service provider, she has learned that there is still some catching up to do on community understanding that “in this day and age, it’s okay to be gay and it’s okay to self-identify how you want.” People who have come out of the closet have told her they feel “like the only queer in the village. And so there’s still a lot of shame and a lot of internalized homophobia and transphobia that these people are dealing with as they make that journey to their authentic self.” She reported this can result in poor coping skills that show up in the form of addictions and high-risk behaviour.²²

Ms. Doucette delineated some of the practical effects of under-inclusive service delivery:

- support services that are heteronormative and ill-equipped to deal with this diverse community (e.g., intake forms that do not accommodate all gender identities);
- senior home care or healthcare that is unwelcoming and results in people going back “into the closet”; and
- the minimization of 2SLGBTQI+ abusive relationships by police forces or other authorities in the location because “it’s just seen as perhaps a fight between two girls and not truly an intimate partner violence situation where there’s an abuse of power.”²³

Ms. Doucette urged us to consider some of the factors shaping the experience of transgender persons in rural communities:

So just to wrap your head around the idea of a fourth or fifth generation resourced based family, so like farmers or fishermen, finding out that they have a trans son or a trans daughter, is really hard for them to understand, because that doesn't happen to "my" people. That's not a country problem. That's something those crazy city people get into.

And so the fact that they don't identify that within their own family and within their own community, those 2SLGBTQ identities absolutely exist makes it even harder for people to self-identify. And then what often happens is that it's another reason why people leave the rural community. So we talk about the brain drain from rural to urban, but I also think that there's a real drain of queer folk who are escaping to live their authentic identities but to the detriment of the communities that they're leaving behind, because we could use their creativity, we could use their business acumen, we could use their skills and services, but we lose them because we're not willing to recognize and respect their identities. So it's sort of a vicious cycle that we need to figure out how to put a brick in front of and stop.²⁴

Ms. Doucette spoke also about the workplace discrimination and harassment faced by 2SLGBTQI+ individuals in rural Nova Scotia. She contextualized her comments by noting that "a lot of rural economies are resource based, so there's this high level of assumed masculinity." She said:

So in these industries where it's often man-led, farming, fishing, things like that, they are – and also, like, sort of construction jobs, these jobs are often prioritized as being more valuable in rural communities than care work is done, so the jobs are systemically sexist in the rate of pay that are – that exist out there.

Because there is so much poverty in rural communities, there's the sense that you should just be lucky that you have a job, and that you must

absorb the abuse or else risk unemployment, because there's not always options out there.

So a lot of members of my community are coached to stay in the closet, either by management or by their own family and friends, with this understanding that being in the closet actually makes you safer.

That, I believe, is incorrect. I believe that when you treat your identity with shame and secrecy, you're giving power to the community at large to use that truth against you, and that if you reveal yourself, you're no longer at risk of being shamed.²⁵

The result is that members of the 2SLGBTQI+ community do not have the same opportunities for success as other people. In Ms. Doucette's words, they are "always trying to navigate a path forward that puts [them] at least risk."²⁶

Urban Bias and the Right to Be Rural

This chapter has focused on what is lacking in rural communities, but it is not intended to ignore or supplant the wonderful and affirming aspects of rurality. We endorse Dr. Frank's statement that there are "lots of positive and wonderful dimensions of what it means to live rurally, the beauty, the quiet, community roots, knowing your neighbours, and the support you can sometimes get."²⁷ Indeed, we emphasized these aspects in Chapter 1.

The April 2020 mass casualty has underscored the important connection between safety and community well-being; social exclusion, inequality, and poverty assisted the perpetrator to continue his patterns of violent, intimidating, and coercive behaviour for many years. A public health approach to violence prevention necessitates learning about and addressing root causes, many of which have structural and systemic dimensions.

In her expert report, Dr. Foster underscores the role of urban bias in the development of government policy that overlooks the distinctive strengths, needs, and constraints of rural communities. In a roundtable, she described the operation of urban bias in this way:

I think that there are blind spots around the needs of rural communities and around the diversity of rural communities, and there's also just a lack of attention to rural in general. We recently did some research just looking for where rural policy lives across Canada and there's just not much of it that's actually explicitly targeted to rural communities. They get mentioned in policies that are more generic, but it's clear that they're not represented and there's not a whole lot of targeted rural policy.²⁸

Dr. Foster's research demonstrates that urban bias is exaggerated when services are centralized and when the distance between the centre and rural community is large.²⁹ Ultimately, this urban bias or inattention to the diverse needs of rural communities contributes to the underdevelopment of rural communities, including through inadequate public infrastructure and service delivery.

Dr. Frank builds on this concept of urban bias and concludes that it has resulted in "normalized rural neglect" in the provision of essential services:

And both rural people and urban people, we've normalized that neglect. "You moved out there. You made a decision to live in the boonies, and so therefore you don't have a right to essential services."

But I often heard mothers say if they had a doctor, if there was a service available where they lived in their town. We have it better than some other folks that live even more rurally, and they're – it's like we – they use the word "luck" a lot. "We're lucky." "I'm lucky." I'm not – you know, "Others are not as lucky."

But this concept of luck is – needs to be unpacked a bit. Is it – you know, we shouldn't – I mean, these are rights. We have rights to service that are part of our citizenship. And having a baby and having, you know, care provided to you to do that and have reproducing citizens in rural communities for the vibrancy of the continuation of those communities, we've eroded that. We're sending everybody out some – you know, to the city for essential services.

And so I mean I just think that we've neglected rural services and then we've normalized it and blamed people for living there.³⁰

As we have seen, this “normalized rural neglect” also leaves many individual workers needing to fill growing gaps in essential public services, often at the risk of their own health.

Dr. Foster also considers it important to move away from seeing rural living as a “choice.” Along with co-author Jennifer Jarman, she posits a citizenship-based claim as “the right to be rural.”³¹ This claim can be used as a framework to better understand rural challenges and to advocate against urban bias and toward decision-making processes that include rural communities. In Volume 4, Community, and Volume 5, Policing we highlight what we have learned about rural contexts in our discussion of a range of issues within our mandate, including post-event support, community safety and well-being plans, and rural policing. Rural community safety and well-being will depend on place-based approaches that are attuned to local needs, and these require having rural voices in conversations and rural communities at the table so that local expertise can inform decision-making processes.

LESSONS LEARNED

Rural community well-being is constrained by limited access to services, poverty, and under-inclusion, and in some cases, this negatively affects the occupational health and safety of rural service providers.

Urban bias in policy-making and service delivery contributes to inadequate public infrastructure and services in rural communities.

Recommendation C.1

STRENGTHENING RURAL WELL-BEING THROUGH INCLUSION

The Commission recommends that

- (a) Provincial and territorial governments should take steps to address urban bias in decision-making by fostering meaningful inclusion of rural communities in all areas affecting them.
- (b) The federal government should support the inclusion of rural communities in decision-making on issues within their jurisdiction.

Part B:

Community-Centred Critical Incident Responses

Introduction

Introduction

The Role of Communities in Critical Incidents

Emergencies, disasters, and critical incidents all involve danger of major proportions and could result in serious harm to persons or substantial damage to property. Mass casualty incidents are one category of critical incident. As discussed in Volume 3, Violence, we define mass casualty incidents as “[a]n intentional act of violence during which one or more perpetrator(s) physically injure(s) and/or kill(s) four or more victims, whether or not known to the perpetrator, during a discrete period of time.” (Recommendation V.1)

A perpetrator’s violent threats or actions initiate the critical incident, and it is frequently only at the conclusion of the incident that it is possible to discern whether there have been mass casualties. In these situations, the aim of a public safety system’s critical incident preparedness is to respond quickly and effectively to a perpetrator’s actions so as to minimize injuries and loss of life. Warning members of the community, through public alerting and other communications, is a central feature of critical incident response. **Public systems must also be prepared to respond to the outcome of mass casualty incidents by having information and support systems in place to meet the needs of individuals, families, and communities affected by the incident. These needs arise during the incident and continue for some time afterward.** Critical incident responses involve a wide range of actors and institutions. They engage both public safety system agencies and other public services, including broader health services (beyond emergency response) and other forms of social and community support.

The role of community is not passive; community members play a part in emergency management. In their expert report on communications interoperability and the Alert Ready System, Chris Davis (president and security and emergency management lead, Lansdowne Consulting Group), and Cheryl McNeil and Peter Gamble (also with Lansdowne) affirm that: **“Everyone, from the highest levels of government (federal, provincial/territorial) to local communities and even individuals, carries some aspect of responsibility for managing emergencies.”**¹

Our mandate requires us to examine post-event support following the April 2020 mass casualty and to make recommendations for responding to future critical incidents. However, the planning and services for emergencies arising from intentional criminal acts are in some ways analogous to those required in response to other large-scale emergencies and disasters. While we recognize this overlap, our focus is on the response to this specific emergency and its aftermath, and to make recommendations for community-centred responses during and after any future mass casualty incidents. In particular, our mandate directs us to inquire into and make findings on “the steps taken to inform, support and engage victims, families and affected citizens.”² We were further mandated to inquire into and make findings on two connected matters as they relate to the April 2020 mass casualty:

- communications with the public during and after the event, including the appropriate use of the public alerting system established under the Alert Ready program; and
- information and support provided to the families of victims, affected citizens, police personnel, and the community.

In Volume 2, *What Happened*, we provide our initial main findings about public alerting and other communications on April 18 and 19, 2020, on public communications during the incident’s aftermath, and on the provision of information and support services to those most affected in the period immediately following the mass casualty. We summarize these findings below and integrate them into the further analysis and discussion contained in this part of our Report.

In this Report, we build on these findings from two angles. First, in this Part, we begin by examining these issues from the community perspective; and second, in Volume 5, *Policing*, we re-examine them from the perspective of the role of policing, and in particular of the RCMP. In both places, we examine issues of public communications, information, and support during and after April 2020 mass casualty through the broader lens of the causes, context, and circumstances of the incident

and with a focus on identifying lessons learned. In this volume, recommendations take communities as their starting point, whereas in Volume 5, police critical incident response frames the recommendations. The recommendations are designed to fit together to ultimately ensure a cohesive, effective, and integrated approach to critical incident response. While the focus is on response to an incident, we also integrate a preventative approach. **Two paramount and interrelated lessons learned are: (1) that preparedness is an essential aspect of effective critical incident response, and (2) that effective critical incident response can prevent further harm.**

Community members were an essential part of the initial response to the April 2020 mass casualty, and the impact of that incident continues to significantly affect a wide circle of individuals, families, emergency responders, and communities. More generally, communities and their members are active agents in all phases of critical incident response. We conclude that developing a community-centred approach to critical incident response should be the focus moving forward. This requires putting communities at the centre and encompasses community-engaged processes at all stages: prevention and mitigation, preparedness, response, and recovery. In order to effectively fulfill these roles, communities should be involved in planning and preparations, and community members will require education and training before a critical incident. In order to protect lives and promote safety, communities and their members will require warnings and other information during an incident. Communities and their members also require information, supports, and resources after an incident to assist them on their path to restoring health and well-being, including the re-establishment of a sense of safety. Supporting communities and their members to full recovery assists in the prevention of and mitigation of long-term negative outcomes that could contribute to future critical incidents.

Summary of Main Findings

In Volume 2, What Happened, we found that community members were an essential part of the critical incident response on April 18 and 19, 2020, but this role was not adequately acknowledged or supported by the RCMP and other agencies. In

particular, community members had indispensable information to offer, yet these resources were either not considered or not maximized in the RCMP response.

Beginning on the evening of April 18 and continuing throughout the incident, the RCMP's public communications were inadequate. More specifically, the critical incident response was hindered by the failure to coordinate with key emergency management services and to consider the use of Alert Ready to warn and provide updates to the public. These systemic inadequacies deprived community members of the opportunity to evaluate risks to their safety and to take measures to better protect themselves. In particular, because information about the replica RCMP cruiser was not shared in a timely way, these inadequacies deprived essential workers and their employers of the opportunity to evaluate risks to worker safety and take measures to better protect themselves.

In contrast, community residents took active steps to share information about the mass casualty and to seek to ensure the safety of themselves and others. In Volume 2, we include many examples of these steps. In addition, through the Commission's public consultations, we heard that on April 18 and 19, people locally and from away were learning about and sharing information about the incident with those in the most affected communities, including with family members and friends. Indeed, community members were crowd sourcing and sharing information even before the RCMP initiated its public messaging through social media.

The critical incident response was also inadequate with respect to communications with concerned family members and the families of those injured or deceased during and immediately after the mass casualty. These failings were bidirectional: Systems were inadequate to receive and respond to requests for information from family members or to receive information from them; and there was no organized process for the RCMP to share information, including notification processes for confirmed deaths. This added to the Operational Communications Centre's workload at a very busy time in the critical incident response.

Following the mass casualty, the services offered by the RCMP and Nova Scotia Victim Services were insufficient in meeting the needs of those families and communities most affected by the mass casualty. In the absence of a coordinated and planned approach, ad hoc attempts to scale up services were insufficient. Throughout this Part, we continue to examine the needs for support services by those most affected, members of the communities most affected, and by emergency responders.

In Volume 5, Policing, we examine all aspects of the Nova Scotia critical incident response. The focus there is on the RCMP actions, policies, practices, and training, but in the broader provincial and national context. In general terms, we have found there was inadequate planning for a critical incident response in Nova Scotia, and, specifically, that the RCMP's critical incident policies, planning, and training were inadequate. In Volume 5, we conclude that this deficit must be rectified and that planning must involve all public safety agencies and communities.

Overview of Part B

In Chapter 4, we consolidate what we have learned about post-incident support into a framework for community-centred responses to mass casualty incidents. The first section of the chapter establishes the parameters for understanding impact by exploring who is affected by a mass casualty and what are the impacts on health. The second section examines three approaches to understanding post-incident needs and concludes with a brief exposition on the impact of unmet needs. The third section proposes a set of principles to guide community-centred critical incident responses, and the fourth identifies several promising practices. The conclusion draws together these elements into a framework of guiding principles and recommends the establishment of a National Resource Hub for Mass Casualty Responses.

In Chapter 5, we examine the issues of public warning systems and other communications with the public during and after critical incidents. We consider the Alert Ready system with a view to determining whether it provides the robust emergency communications and public alerting capabilities needed to ensure a community-centred response to mass casualty incidents and other threats to public safety. A foundation for this discussion is established through an assessment of Alert Ready that explains key concepts and terms; provides an historical overview of emergency alerting and the development and operation of the Alert Ready system; and explores alternative approaches to public alerting. We also set out what we have learned about community needs and experiences during the April 2020 mass casualty, and more generally about the differential impact of alerting. On the basis of this foundation of background information and community perspectives, we assess Alert Ready and develop a set of public alerting system design

principles to guide reform. A concluding section contains our recommendations in this area.

In the following Chapters 6, 7, and 8, we review the needs of three groups of affected persons. In Chapter 6, we probe how community-centred critical incident responses can meet the information needs of affected persons during and after a mass casualty. We build on our findings about the information needs of those most affected by the April 2020 mass casualty and take a broader look at the victim services approach employed by the RCMP. We examine proposals to revitalize this approach and then consider more transformative avenues tailored to the scale of these incidents. We describe some promising practices in this regard. We conclude by setting out the lessons learned, as informed by the framework of guiding principles established in Chapter 4, and make a recommendation designed to ensure the capacity to meet the needs of survivors and affected persons following a mass casualty.

In Chapter 7, we use a similar structure to examine how best to meet the support service needs of emergency responders following a mass casualty. In Chapter 8, we do the same with respect to meeting the needs of affected individuals, families, and communities.

In Chapter 9, we consider community-based responses to the April 2020 mass casualty. We heard from many community members of Colchester, Cumberland, and Hants counties that they do not want to be defined by the April 2020 mass casualty and about the steps they were taking to move forward and foster resilience. At the same time, there is extensive community concern about the breadth and depth of unmet need for support within the most affected communities. We conclude there has been a “healing deficit” that amounts to a public health emergency, and we make recommendations for urgent action to promote recovery and support resilience.

CHAPTER 4

Framework for Community-Centred Responses

CHAPTER 4 Framework for Community-Centred Responses

Mass casualty incidents provide unique challenges in terms of how best to inform and support not only those most directly affected, but also the affected community or communities. In her expert report on supporting survivors and communities after mass shootings, Dr. Jaclyn Schildkraut, associate professor of criminal justice at the State University of New York Oswego, concluded that despite the growing number of mass shootings and other mass casualties, “there is no recognized set of best practices to guide this process.”¹ In some ways, those directly affected by a mass casualty are in a similar position to other victims of violent crime, particularly homicide. However, the magnitude of these incidents changes not only the scale of the services required but its dimensions, because of the broader impact these incidents have on the community.

During our small group session with individuals who provided services related to the April 2020 mass casualty, Bruce Varner, director of the Mattatall-Varner Funeral Home in Truro, conveyed the effect of this incident’s scale and amplified dimensions when he responded to a question about the challenges of offering services after the mass casualty:

I think the compounded grief of the families and the community, the province, and the country, understanding each family’s unique needs, and making sure that each individual person was recognized, and their story was told, and they weren’t lost in the blanket of this casualty. Yes, each individual was one of the victims, but each individual was their own unique person. And it was our goal to make each family feel as though they were the only family that we were dealing with, and not to include them in a blanket, because that just didn’t fit. Everybody’s story had to be told.²

Terminology

The Commission avoids using the term “victim” because it can imply weakness or powerlessness and be associated with stigma and blame. Where the context allows, we use the phrase “those most affected” or the word “survivor.” Many organizations providing services to, and advocating for, those most affected by a mass casualty continue to use the word “victim.” In this Part, we follow the terminology used by the organization, program, speaker, and author. We have attempted to follow this respectful line while working toward writing in a clear manner.

In this chapter, we consolidate what we have learned about post-incident support into a framework for community-centred responses to critical incidents and, more particularly, mass casualty incidents. **Our objective for this framework is that it will foster a better understanding of community needs during and following these events and assist in the identification and refinement of promising practices.**

The first section establishes the parameters for understanding impact by exploring who is affected by a mass casualty and what are the impacts on health. The second section examines three approaches to understanding post-incident needs: an expert report on the mass casualty incident in Utøya, Norway, which provides an evidence-based approach; typologies prepared by two Canadian victim advocacy organizations; and an expert report based on interviews and study of US survivors of mass shootings and related research. This section concludes with a brief exposition on the impact of unmet needs.

The third section proposes a set of principles to guide community-centred critical incident responses:

- involvement of those affected;
- preparation and preparedness;
- recovery and resilience;
- a trauma-informed and victim-centred approach;
- proactive, coordinated, and long-term assistance; and
- follow-up and evaluation.

The fourth section identifies four promising practices: shared experience and sense of community; safe and supported space for expressing grief; hubs and centres; and assistance with media.

The conclusion draws together these elements into a framework to structure our examination, in subsequent chapters, of the needs of those directly and indirectly affected by the April 2020 mass casualty and the information and support provided to meet these needs.

Understanding Impact

This section aims to provide a robust account of who is affected by mass casualty incidents and the nature of this impact.

Who Is Affected by a Mass Casualty?

Circles of Impact

In her expert report, Dr. Schildkraut explains “there is no single way in which the term ‘survivor’ is conceptualized in the context of mass casualty incidents.” Rather than concentrating on the term “survivor”, she proposes that the focus should be on the impact of these events on a range of individuals who can be viewed in “groups” or “layers” of survivors. The two main groups are “directly affected” and “indirectly affected.” She uses an earthquake metaphor to explain impact:

At the epicenter are the people who were physically injured in the attack and the immediate families of those who were killed; much in the way of resources and services typically are prioritized around these individuals. Moving outward from the epicenter are those individuals who were present at the scene of the event but were not physically injured, although some may have been more directly exposed to stressful stimuli (e.g., seeing the perpetrator(s) or victims, hearing gunshots) than others. This layer also may include individuals in the immediate vicinity of the site (e.g., neighboring residences or businesses), as well as first responders

(police officers, firefighters, and emergency medical technicians) and hospital personnel who treated persons injured in the event. These first two layers represent those who are considered to be directly impacted by the event.³

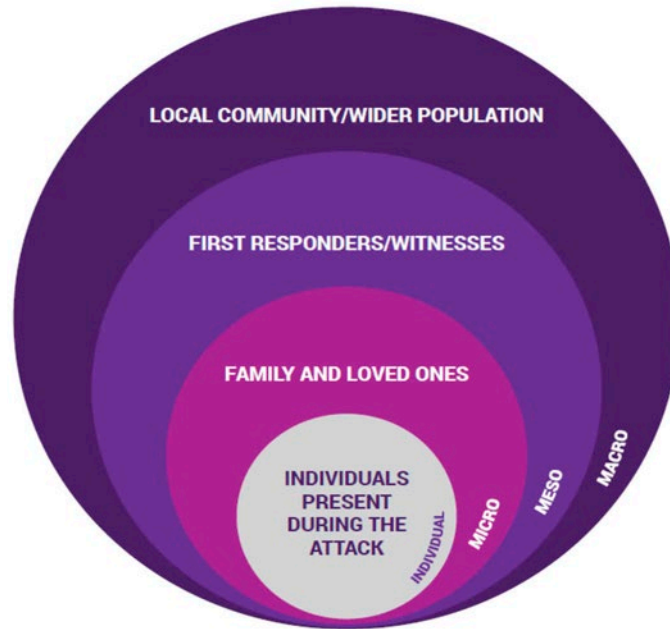
Beyond these initial layers of impact are those who were not present but have a direct connection to the site of the mass casualty. This group can include those who know someone who was directly affected (such as immediate and extended family or friends of those at the epicentre) or those who witnessed aspects of the event, such as seeing a heavy first responder presence (lights, sirens, helicopters). Dr. Schildkraut explains that as the impact continues to spread outward “it can engulf the broader community where the event took place”:

Even more broadly, there may be others who are impacted, including prosecutors, medical examiners, funeral directors, support service providers (e.g., victims’ advocates, crisis counselors, and others who are sometimes referred to as “second responders”), community partners (including faith-based leaders), former residents of the community who feel a sense of loss, and survivors of previous tragedies who may be retraumatized by the event’s occurrence. In sum, the impact of mass casualty events is both immeasurable and widespread, and no two individuals will move through the trauma recovery process in the same way.⁴

The Canadian Association of Chiefs of Police National Working Group Supporting Victims of Terrorism and Mass Violence (CACP NWG) utilizes a similar approach to understanding the layers of direct and indirect impact. The association’s “circle of impact” lens encompasses individuals present during the attack (survivors), family and loved ones, first responders and witnesses, and the local community and wider population. Their submission recognizes that incidents of mass violence affect everyone in this circle, “all of whom are faced with the challenge of coping in the aftermath.”⁵

Like the Commission’s ripple metaphor (which acknowledges that the immediate impact experienced by those most affected expanded ever outward), these layers or groups of persons and communities affected by a mass casualty are visualized in a “circles of impact” diagram, shown below.

Mass Casualty Incidents: Circles of Impact



Source: Participant coalition, Canadian Association of Chiefs of Police National Working Group Supporting Victims of Terrorism and Mass Violence and Canadian Resource Centre for Victims of Crime, Final Submissions, October 7, 2022. At p 22.

During our roundtable on the needs of families and communities after mass casualty incidents, Levent Altan, executive director of Victim Support Europe, responded to the question of who is affected by further elaborating on these circles of impact:

So traditionally we tend to talk about victims or survivors in quite a technical and legalistic sense, which leads us down quite a narrow definition of who a victim is and maybe, for example, we define a victim of crime as someone who has suffered harm as a consequence of a crime.

But when we're thinking about how we have to respond and prepare for any kind of mass casualty event, we have to think in a much wider turn, really.

And part of what we try to get across to governments is if you want to effectively respond to terrorism or other kinds of deliberate mass casualty events, if you want to respond effectively and minimize the

objectives behind that kind of attack, then you need to properly address all of the harms that it causes, and therefore you need to understand all of the different individuals and communities that are affected.

And your definition may change depending on the purpose, but the starting point is to know everyone that's affected. And we look at this from a sort of concentric circle, as we call them, circles of impact, and we start off with those really who were present at the scene, may have been physically or psychologically impacted in some kind of way. The technical term to refer to it is direct victims. And that's already quite difficult, to determine who might be that kind of a direct victim. It's not an easy task.

For example, after the Nice attacks over in France [2016], that you had a truck that drove through very crowded streets just by Nice Beach, and it – and there, there were many people who were very close to the scene or to the path, and the governments had to try to work out who might be those direct victims. The reason you need to do that, by the way, is because you do have to understand who may have legal rights within criminal proceedings, who may be benefitting, or, for example, [owed] compensation from the state or from the offender. So you have to have some kind of, well, good understanding who – of who those victims may be.

Then you have these concentric circles moving outwards, those who may have seen or been near to the attack, those who responded, first responders, professional or civilian. Many of the people who are first on the scene were not personally impacted in a physical way, but they would have gone directly to the scene to help those who have been injured. They will be affected in all sorts of ways. There will be – moving out from that, the first responders as I say, but also, you've got the family and friends, and then you have wider communities, and that may be shop owners. It may be the schools where the children came from. It's – you can never predict, let's put it this way, you can never predict which of the communities and individuals are affected. What you have to understand is that you're looking for those impacts, and understanding how those impacts happen, and going as wide as possible. That's the starting point. And the purpose behind that is to then determine what is the kind of response or assistance that you need to provide and the framework that you need to provide to address that.⁶

During the roundtable discussion, Dr. Schildkraut explained the potential tension in addressing the needs of both directly and indirectly affected individuals and communities:

And I think one of the challenges is, is that rightfully so, oftentimes the resources are concentrated on those who are most affected, the families who have lost loved ones, those who were present at the scene, and first responders. In our country [United States], those are typically labelled as crime victims. And what ends up happening is there tends to sometimes be a lack of acknowledgement of others in the community who are affected.

For instance, the people who may live in residences around the scene where it occurred, who may have heard or seen things, or people who knew others but weren't necessarily directly impacted. There's not enough acknowledgement oftentimes of the indirect impact. And I think to the point that Lev [Altan] raised, it's so incredibly important to give individuals the space to voice their needs, because oftentimes, even when resources are offered, they are offered in a way that's not consistent with the needs, which to Grete [Dyb]'s point, can perpetuate some of the psychological harms that people are experiencing. And so one of the, for lack of a better word, simplest things that we could do is create spaces for all affected individuals to have their voices heard and their needs met. And I think when that isn't being done, that's where some of that tension can breed because people may feel as though they have been affected but their voices aren't being heard, that they may be feeling silenced, or that their needs are not being met, and that not only produces additional trauma, but it produces friction, and it can further divide a community at a time where the community needs to come together.⁷

Mary Fetchet – a clinical social worker and president and executive director of Voices Center for Resilience, an organization she founded following the death of her 24-year-old son during the 9/11 mass casualty in New York City – explained that in her experience it is important to think of all those affected and also to understand that there may be unique and specific needs within each circle of impact. She described what they learned in the early days of providing support after 9/11:

But back then, we divided – we recognized the difference in the needs of victim’s families. So we had groups for parents that lost loved ones, because they couldn’t talk in front of their children. And then we had groups for siblings. We had groups for even firefighter mothers because they have a very different culture. I think there was a lot of turmoil because they – the firefighters and the police that had died – were recognized as heroes when many of the families felt that their loved ones too were probably helping people out of the building. So there were a lot of these tensions as people have talked about. And then we couldn’t have witnesses, who saw things that no one should ever see in their lifetime, talk in front of the families, so we had groups for witnesses. We had groups for survivors. We had groups for responders. So we really defined it very specifically.⁸

Differential Impact

In her expert report, Dr. Schildkraut emphasizes the importance of taking into account the differential impact of mass casualty incidents on individuals and groups who are historically and contemporaneously marginalized or stigmatized. She provides the specific example of a 2005 mass shooting at a high school in an Indigenous community in Red Lake, Minnesota, and how that community chose to “close its borders and turn inwards to manage the tragedy.” The impact on community members was deepened and prolonged by a number of interrelated factors: a high level of existing poverty and lack of access to financial supports available in other communities; existing high levels of mental health and addiction challenges; cultural difference related to mental health; and lack of basic resources like transportation to get to service appointments. The result, according to Dr. Schildkraut, is that “even more than 20 years later, individuals who were impacted by the shooting still struggle with their trauma, with continued addiction and suicides plaguing the community.”⁹

The targeted nature of some mass shootings can also affect the post-event experiences of community members. Dr. Schildkraut’s report explains how gender identity must be considered in assessing the impact of the 2016 mass shooting at Pulse nightclub in Orlando, Florida:

Research has found that not only were members of the LGBTQ+ community concerned about the safety of themselves and their peers, but they felt less protected in places once considered safe havens (gay and lesbian bars). Moreover, these differences in experiences and responses can be more pronounced among certain subgroups or when there is an intersection of marginalization, such as for LGBTQ+ persons of colour, as was the case after Pulse. This can amplify emotions as LGBTQ+ individuals may internalize violence differently (and in different ways based on other facets of their identity), which can adversely affect their coping processes.¹⁰

In addition, Dr. Schildkraut points out that targeted attacks against marginalized individuals and communities may have even broader repercussions: “Other individuals from such groups outside of the affected area may identify with the victims, leading to potentially adverse reactions on a broader scale.”¹¹

In their expert report on the experience of survivors in the aftermath of the 2011 terrorist attack on Utøya Island, Norway, Dr. Grete Dyb and Dr. Kristin Alve Glad, with research assistance from Ingebjørg Lingaas, and Synne Øien Stensland, also address the issue of differential impact (see text box below for additional information about this report). The report concludes that particular attention should be paid to victims of minority backgrounds and young survivors because some members of these groups experience more profound long-lasting effects. Victim advocacy Participants cited the report’s research findings about young victims. Their submissions noted that youth can “prove particularly vulnerable to a vicious snowball effect as trauma following a mass casualty event can impact academic and social development and, thereafter, future educational and employment prospects.”¹² This study posited that the deepened impact on minority group victims was likely attributable to barriers to accessing culturally appropriate services.

The Utøya Report and the Aftermath Study

(“Survivors and the Aftermath of the Terrorist Attack on Utøya Island, Norway,” Dr. Grete Dyb, Dr. Kristin Alve Glad, Ingebjørg Lingaas, Dr. Synne Øien Stensland, Norwegian Centre of Violence and Traumatic Stress Studies)

On July 22, 2011, a right-wing extremist detonated a car bomb outside the government quarter in Oslo, Norway, killing nine people, injuring many, and

causing immense material damage. He then moved to Utøya Island, 30 kilometres north of Oslo, where the Norwegian Labor Party was holding its annual youth summer camp. In total, 564 people were gathered on the island, mostly youths and young adults. For about one hour and twenty minutes, the perpetrator shot, killed, and wounded those he came across. Sixty-seven people died on Utøya Island, and 34 were hospitalized with extremely severe or life-threatening physical injuries from gunshots. One of the injured persons died after admission to hospital, for a total of 68 fatalities. Many more sustained injuries that did not require hospitalization.

A report titled “Survivors and the Aftermath of the Terrorist Attack on Utøya Island, Norway” (the Utøya Report) was prepared by members of the Norwegian Centre of Violence and Traumatic Stress Studies: Dr. Grete Dyb and Dr. Kristin Alve Glad with research assistance from Ingebjørg Lingaas and Dr. Synne Øien Stensland. It describes the national outreach program implemented in response to the attack to meet the healthcare needs of affected citizens and the results of the comprehensive longitudinal interview study designed and carried out by the Norwegian Centre. The focus of this study is on individuals directly exposed to the attack and their families.

In August 2011, within a month of the mass casualty, the Norwegian Centre for Violence and Traumatic Stress Studies initiated a comprehensive longitudinal study of the impact of the 2011 Norway mass casualty, referred to as “the Aftermath Study.” Dr. Dyb, the lead author of the Commission’s expert report, was the lead investigator for this study. The expert report sets out its aim and purpose:

The main aim of the Utøya Study is to provide increased knowledge about how people exposed to terrorism react in the immediate aftermath and to identify important predictors for their short- and long-term needs. This is imperative for preparedness planning and for the development and provision of efficient, evidence-based services after a mass casualty.¹³

Participants in the study were contacted at four junctures following the mass casualty: 4–5 months, 14–15 months, 30–32 months, and 8 years. In total, 398 (79 percent) of the survivors and 541 caregivers participated in one or more of the four data collections. The mean age of the survivors was 19.2 years at the time of the attack.

Post-event support must integrate an understanding of the potential differential impact on diverse groups to ensure that additional challenges are addressed in a culturally appropriate way and to ensure there is space for “group characteristics to help guide healing and recovery.”¹⁴ Language and cultural barriers should be minimized.

MAIN FINDING

Mass casualty incidents have a circle of impact that extends beyond those whose lives were taken and those who are injured. This broader circle encompasses families and friends of the deceased and injured survivors; others present during the incident, including emergency responders and other service providers; local communities; and the wider population.

The nature and extent of the impact will vary within this circle, and a differential impact has been shown to exist for individuals and groups who have specific needs as a result of personal characteristics and experience or are members of historically and contemporaneously marginalized or stigmatized groups.

What Are the Health Impacts?

Both directly and indirectly affected individuals can experience a range of negative health consequences as a result of a mass casualty. Most obviously, persons who are injured can experience short-, medium-, and long-term consequences for their physical health. Many people will experience grief and bereavement following the incident. These experiences are human and natural and should not be seen as health problems. Unexpressed or unresolved grief, however, can have an impact on mental health. Mass casualty incidents frequently give rise directly to mental health conditions including anxiety, depression, and traumatic loss that can result in post-traumatic stress events and disorder. These health impacts can cumulate and have cascading effects. For example, untreated or inadequately treated mental health conditions can have knock-on effects such as sleep problems, physical health problems such as headaches and back pain, and can impair daily functioning.

In this section, we provide information about the nature and dynamics of this range of negative health impacts that frequently result from mass casualty incidents.

Grief and Bereavement

Bereavement is the fact or condition of the death of a loved one, and mourning is the process of feeling or expressing grief following the death of a loved one, or the period during which this occurs. Grief is a common response to bereavement. The American Psychological Association's Dictionary of Psychology defines grief as "the anguish experienced after significant loss, usually the death of a beloved person."¹⁵ The definition explains that grief can manifest in different ways:

Grief often includes physiological distress, separation anxiety, confusion, yearning, obsessive dwelling on the past, and apprehension about the future. Intense grief can become life-threatening through disruption of the immune system, self-neglect, and suicidal thoughts. Grief may also take the form of regret for something lost, remorse for something done, or sorrow for a mishap to oneself.¹⁶

Traumatic loss can give rise to more complicated forms of grief. This may be especially likely when death results from mass casualties and terrorist attacks, given the brutal nature of these events and the high levels of mortality. The Utøya Report describes the difference between grief and complicated grief:

Whereas grief is a normal response to the loss of someone close, traumatic loss (e.g., by a terrorist attack) can lead to severe and persistent psychological reactions, including symptoms of complicated grief. The hallmark of complicated grief is "persistent, intense yearning, longing and sadness, usually accompanied by insistent thoughts or images of the deceased and a sense of disbelief or inability to accept the painful reality of the person's death."¹⁷

During our roundtable on the needs of families and communities after mass casualty incidents, Dr. Megan McElheran, chief executive officer and chief clinical psychologist, Wayfound Mental Health Group in Calgary, a community-based mental

health practice, emphasized that grief cannot be understood in one-dimensional terms:

[G]rief happens and people experience grief in different ways and at different times. I think it's important to know or acknowledge that in this kind of an experience there are **multiple different kinds of grief**. So there is, you know, perhaps the direct grief of losing a loved one, there is also the grief that is – that is part of being in a community where this occurred and what this now means for a community to have to find ways to recover together. And that I underscore, the coming together and the finding ways to truly build bonds off of trust and a deep desire to seek to understand the experience of community is essential. But we have to understand that there is all of these different layers and types and experiences and ways that grief shows up that is going to be very different at different moments in time, that is going to be very different from person to person.

You know, I often reflect on, as someone who works with those who have gone through trauma and who are trying to reclaim their lives, the world of the psyche and the soul and the heart doesn't keep time the way that the physical world does. In many respects, in the world of the psyche there is no time, and so we need to allow community members and family members to not put pressure on themselves because a certain amount of time has passed or certain things have unfolded. In fact, grief is increasingly a process of learning to live with what has been lost and learning to live with what has changed, and finding ways to continue to honour and grow and make meaning out of experience, but that cannot happen on a timeline.¹⁸

Speaking from personal and professional experience, Ms. Fetchet echoed this perspective:

I think the thing that I heard that was most insightful early on is to recognize that everybody goes through grief differently, and they go through it in their own time, and that you have to recognize not just for yourself, but recognize for your family and friends that, you know, you go through it differently. And I think there's challenges with that. But if you take that into consideration and accept that, and to try to understand where – who are the best people to provide that support that you need, because the

support is very different based on how you're going through it. So I just go back to, I think, having – you know, pulling this event together today, to be able to give us some insight into that journey and hearing from people that have either experienced or worked with people that have, is a really good first step.¹⁹

As part of this roundtable dialogue, Serena Lewis – a registered social worker and former Nova Scotia Health Authority Northern Zone grief coordinator – spoke about the importance of understanding and providing support to grieving processes:

I think it's critical that we delineate the fact that grief and bereavement is incredibly normal, it is necessary, it's part of a process that we've been going through for various reasons probably across our entire lifespan, but I don't think we have had great accessibility in North America to the language. So I have really witnessed a lot of struggle around death and grief literacy, and we've kind of lumped it all into mental health, which I think again proves a bit of an issue around how and what the support and education look like.²⁰

She further clarified the importance of death and grief literacy:

So we have to be able to think and talk about death in all of the various ways that it occurs in our lives ... because I think when I understand what's happening to me, I understand that trauma is a very natural reaction and it's – given the exposure that we have been through, I think it's important that we can pull this apart to say how do we work with trauma in a proactive way so that people understand. And I believe that education is power, and when I can understand what's happening within my system, within my family, within my community, within my province, then I have a different kind of way to respond in my own healing process, but in understanding other people's as well.

So when we can talk about trauma and grief, and the fact that grief affects us holistically in every aspect of us, you know, we're cognitively impacted and we're talking about this, right, how it's affecting our body, mind and psyche, we're talking about the physicality's of our losses ...

So we're grieving so many aspects of this, and being able to have really well-facilitated discussions on what does this mean? How are we finding peace through this? Or are we? How are we emotionally working it through? And how, socially, when so much has been disrupted in this grieving process, how are we going to recognize the need ... I've often said to people, is it grief? Is it depression? Is it fear? Is it anxiety? And does trauma necessarily have to become PTSD?

So again, I realize in all of the education that I've provided in my work experience, that when we can be proactive, that affects the reactivity of this.²¹

Dr. McElheran agreed that it is important not to "pathologize that which is actually very normal or very natural or expected when this type of an experience happens."²² Based on her research and clinical experience, she explained the capacity for human recovery and resilience:

When I look at the literature and the research and my clinical experience about how people recover from traumatic events and how they are able to come to a place where they reclaim a thriving in their lives, there's a couple of things that are fairly common place, or that commonly happened for people.

When a tragedy, when a trauma of this nature of this scale happens, the natural reaction is to feel horrified, and devastated, and terrified. And the natural reaction is for that to disrupt and destabilize things. And that doesn't just go away overnight.

But actually, as a human species, we have an incredible capacity to recover and to heal and we actually see that apart from, you know, certain conditions, which I'll speak to in a second, many people are going to go through trauma in their lives, but most people are not going to go on to have a persistent post-trauma reaction, because we seem to have natural or adaptive ways to recover from trauma after it happens, if the right ingredients and the right conditions can be put into place.²³

Conversely, she pointed to factors that mitigate against this dynamic:

When people – you know, a comment that I think is very true for organizations and communities where an act of violence or a mass tragedy

happens, when people start to get into a way of thinking or a way of being where they – I think of it sort of as trauma relativism. “I don’t deserve to feel this way because it didn’t directly happen to me,” or, “It’s worse for other people,” or “I should be stronger than this. I need to be the strong one for my family. Therefore, I can’t let myself feel this.” When we start to do that to ourselves, whether at the level of individual, in family system, in a community, what that does, potentially, is it interrupts that natural process of recovery.

And oftentimes that is where we start to see things get stuck. And so those symptoms that Grete [Dyb] was talking about, those are the kinds of things that can persist. The symptoms themselves are perfectly natural reactions. What we’re talking about is what happens when those sort of become stuck and become, you know, become avoided or disconnected from, again, because individuals, or families, or communities conclude that they shouldn’t allow themselves, or shouldn’t have these things.²⁴

Dr. McElheran listed some strategies that can facilitate recovery and resiliency. The starting point is that people should give themselves “permission” to experience the mass casualty incident, “regardless of how near, or close, or far, or distanced” they might be from the event itself. If, instead, an individual tries to convince themselves that they “shouldn’t feel a certain way,” or that other people have greater needs and therefore they should not be reaching out or asking for help, this can interrupt the healing process, potentially leading to persistent problems. She acknowledged the impulse to avoid addressing grief:

So, you know, when we are in pain, a very natural thing to do is to want to pull away from it. And, you know, when we think about our emotional pain, oftentimes that means we want to pull away from those who are around us. And the call to action and the most significant strategy is to find ways to take the pressure off of having all of the solutions or the answers to the problems that are being faced, and to just take daily risks of trying to be open, trying to be willing to self-disclose, even to a slightly small degree, how we’re doing; right? To be willing to ask questions of each other without fearing that if I ask the wrong question, I’m somehow going to make this worse for the person, and therefore I won’t ask anything at all; right?

So the strategy – the number one strategy is we have to maintain a focus on engagement and connection, and leaning into, not pulling away. And I think that shows up in any number of different ways; right? That shows up, first and foremost, with how we are with ourselves. And so I would invite everyone who has been impacted by this experience to acknowledge that any amount of feeling, or thought, or pain that is accompanying this experience simply needs to be met as being part of your experience and that that requires validation, and that from there, if we can be doing that with ourselves, we might be more inclined to do that to our friends or our family members, and then that might actually create norms within the community about how a community is going to heal together.²⁵

Psychological Distress and Mental Health

In her expert report, Dr. Schildkraut examines research on the high rates of psychological distress resulting from the widespread impact of mass shootings. Psychological distress or trauma from these incidents can result in a range of mental health outcomes, sometimes called “post-trauma stress injuries.” During our roundtable on the needs of emergency responders, Dr. Julie MacMillan-Devlin – former research and program evaluation officer and manager of the Operational Stress Injury Clinic in Fredericton, New Brunswick, and manager of psychological services with the Ontario Provincial Police – explained that post-traumatic stress injuries is a group of injuries, not a diagnostic term. She clarified that post-traumatic stress disorder (PTSD) is a diagnosed condition and is one type of post-traumatic stress injury. Other mental health conditions that come under this classification are depression and anxiety adjustment disorder. Dr. Schildkraut uses the term post-traumatic stress “symptoms” (PTSS) rather than “injuries.” We provide more information about PTSD below.

In addition to PTSD, Dr. Schildkraut’s report lists these mental health outcomes related to mass shootings:

- major depression, also called a major depressive disorder: a mood disorder characterized by persistent sadness and other symptoms of a major depressive episode but without accompanying episodes of mania

or hypomania or mixed episodes of depressive and manic or hypomanic symptoms;

- anxiety: an emotion characterized by apprehension and somatic symptoms of tension in which an individual anticipates impending danger, catastrophe, or misfortune. The body often mobilizes itself to meet the perceived threat;
- acute stress disorder: a disabling psychological condition that can occur immediately after exposure to a traumatic stressor. Symptoms such as intrusive thoughts, hyperarousal, and avoidance of situations that recall the traumatic event are the same as those of post-traumatic stress disorder but do not last longer than four weeks;
- mood disorders: psychiatric conditions in which the principal feature is a prolonged, pervasive emotional disturbance, such as a depressive disorder, bipolar disorder, or substance-induced mood disorder; and
- alcohol-related conditions: substance use disorders.²⁶

Dr. Schildkraut concludes that prevalence rates for these disorders vary across the research. In the United States, mass shooting survivors are “very likely to experience PTSS, affecting upwards of 95 percent of individuals evaluated,” but the most chronic and severe dysfunction, PTSD, is “not as common among mass shooting survivors as has been assumed.” Other research findings are that many survivors also struggle with grief, worry, and dissociation. These events can also “affect individuals’ fear of victimization, perceived risk of harm, and emotional and behavioral well-being.”²⁷

Cumulative, Vicarious, and Collective Trauma

During our roundtable on the needs of first responders after mass casualty incidents, experts clarified that trauma can take numerous forms and delineated three in particular. Dr. Alexandra Heber, associate professor, Department of Psychiatry and Behavioural Neurosciences at McMaster University in Hamilton, Ontario, described cumulative trauma as being the experience of a number of distressing and traumatizing events over a person’s lifetime or during their career. These experiences can compound and eventually result in PTSD.²⁸ Vicarious traumatization is “the impact on a therapist of repeated emotionally intimate contact with trauma

survivors.”²⁹ In addition to having an effect on therapists, trauma can have other kinds of secondary impact on individuals who have not been traumatized directly.

Dr. McElheran emphasized that “it is not uncommon for multiple types of exposures to traumatic events to be happening at the same time.” She noted this is particularly true for an emergency responder but can also be true of other community members: “[D]irect exposures, vicarious exposures, oftentimes a single emergency responder can be experiencing things that are happening directly to them, they’re exposed to things that are happening to their colleagues and their communities.” She points out this “potentially complicates the picture,” particular when these impacts are considered over extended periods of time.³⁰

Mary Fetchet expressed the view that it is also important to recognize that “when you have a community that’s impacted, it’s collective trauma”; “you’re a community right now that’s grieving as a community.” She expanded on this collective impact, noting that things can be complicated further when there are factors such as:

other tragedies, or any disagreement that’s going on within the community contributes to a community’s ability to recover. So, you know, the recent shooting that you had is just a reminder of what you all went through at the time that you’re trying to recover.³¹

The American Psychological Association’s main conception of secondary traumatization is intergenerational trauma, which they define as “a phenomenon in which the descendants of a person who has experienced a terrifying event show adverse emotional and behavioral reactions to the event that are similar to those of the person himself or herself.”³² This phenomenon has mainly been studied with respect to historical traumas, such as the Holocaust, and historical and continuing traumas such as the legacy of residential schools experienced by Indigenous people in Canada.

Range of Trauma Responses

Dr. Schildkraut’s report explains that traumatic experiences can manifest in a range of different responses. In her interviews, mass shooting survivors reported these kinds of responses:

- **Intrusions (seeing, smelling, hearing, tasting, or feeling something that causes the individual to relive the event), flashbacks, or nightmares.**

For example, survivors have expressed to this author having sensitivity to sounds that resemble gunshots, such as fireworks or cars backfiring, or sounds that remind them of the response to the shooting (e.g., emergency sirens, helicopters). These reactions may be triggered by either internal or external cues at any point.

- **Trouble falling asleep or staying asleep.**
- **Hypervigilance or other forms of arousal** that can manifest through startle responses, irritability, new or exaggerated fears, or difficulty concentrating on a task or retaining information.
- **Adopting avoidant strategies to try to cope** with their trauma, both emotionally (shutting down, refusing to talk about their experience) or behaviorally (e.g., staying away from the scene of the event).
- **“Survivor guilt,”** whereby they blame themselves for what occurred or how they did or did not respond to the event. They may question why they survived the shooting when others did not. In some instances, individuals struggling with survivor guilt may feel as though they do not deserve to live, which could lead to them taking measures to end their own lives.³³

Variable Nature of Trauma Responses

In her expert report, Dr. Schildkraut presents research about the interaction between trauma experiences and other factors affecting mental health. She found some evidence that sociodemographic factors can affect mental health outcomes. These include but are not limited to gender, race and ethnicity, age, marital status, education, family history of mental illness, and socioeconomic disadvantage (e.g., income levels and employment status). In particular, research has found that “women often exhibit greater post-traumatic growth than men.”³⁴ Main factors that have been correlated with an increased risk of post-traumatic symptoms and difficulty coping include previous psychological distress or trauma exposure. One of her central findings is: “Social resources (e.g., social support, solidarity) have been found to be inversely correlated with post-incident mental health outcomes, such that fewer social resources lead to a higher likelihood of adverse reactions in survivors.”³⁵

We underscore this finding because providing additional social resources is a factor that can be addressed in community-centred responses to mass casualties. Dr. Schildkraut concludes that “even a single mass shooting event can affect survivors differently based on a variety of factors, such that no two individuals respond the same.”³⁶

Dr. Schildkraut also underscores the need to recognize that the trauma-related impacts of events like mass shootings are “dynamic rather than static.” In general, research has shown that those affected by a mass casualty are more likely to report such trauma symptoms for several weeks to one month after the event. In general, as time passes and individuals become more removed from the incident, the elevated levels of symptoms can decline. Dr. Schildkraut emphasizes, however, that not all survivors follow this pattern of early onset and corresponding decline. She found that “for some individuals, trauma reactions may be delayed; the person also may choose not to acknowledge their presence or be able to make the connection between their feelings and the event.” For example, she recounted the story of a student survivor of the April 1999 shooting at Columbine High School in Littleton, Colorado, who had told her “that although he entered counseling almost immediately after the event, it was not until eight years later that he disclosed the impact to his therapist, allowing for the connection to be made and underlying issues to be resolved.”³⁷

Post-Traumatic Stress Disorder

Post-traumatic stress disorder (PTSD) is “a disorder that may result when an individual lives through or witnesses an event in which he or she believes that there is a threat to life or physical integrity and safety and experiences fear, terror, or helplessness.”³⁸

During our roundtable on needs of first responders after mass casualty incidents, Dr. Heber described the factors that lead to a diagnosis of PTSD, which is a “very severe mental health condition that follows exposure to events that involve severe threat to one’s life or bodily integrity or to the life or bodily integrity of someone close to you, or something that you’ve witnessed.”³⁹ As discussed in the last section, many people experience trauma symptoms after severe traumatic events, but these symptoms generally fade within weeks. A PTSD diagnosis may be given when an individual experiences “significant distress or severe impairment in

functioning” affecting their ability to work or carry on the normal activities of daily living lasting longer than a month.⁴⁰ Before this diagnosis is given, other potential medical causes will be ruled out.

Dr. Heber depicted one of the classic PTSD symptoms of involuntary intrusions: “Often clients describe them as movie-like memories that come involuntarily into their head, are very, very vivid, and they can’t stop them.” These intrusions are so vivid that “the person actually experiences that they’re back in the situation.” Nightmares are another frequent symptom, and when Dr. Heber worked in the military “it was not uncommon to see people with PTSD who would describe how they had had almost nightly nightmares for a decade.”⁴¹ Many people with PTSD respond by isolating themselves in order to avoid places where they might be triggered.

The Utøya Report notes that the most studied mental disorder that can develop after exposure to a traumatic event such as a mass casualty is post-traumatic stress disorder. This report cites the American Psychiatric Association definition, noting the characteristic symptoms of PTSD include:

1. re-experiencing the traumatic event as if it is happening again, including intrusive thoughts and images of the traumatic event, nightmares, and flashbacks;
2. avoiding stimuli associated with the trauma, including places or thoughts reminding of the traumatic event;
3. increased arousal or reactivity, which often results in sleep disturbances, poor concentration, an exaggerated startle response, and irritability; and
4. negative changes in thoughts and feelings, including thoughts about the self (e.g., “I’m weak”) or the world (e.g., “Nowhere is safe”).⁴²

Studies have shown that many people are at risk of experiencing severe psychological reactions in the aftermath of events such as terrorist attacks and mass casualty incidents and that, “for a substantial proportion, these reactions last for many years post-trauma.”⁴³ Despite the fact that this is a common experience, there is large individual variation in severe post-trauma reactions in patterns that are similar to those discussed above with respect to a range of mental health outcomes.

Additional research over the past three decades investigated why people respond differently to trauma and tried to identify factors that determine this response. The Utøya Report summarizes these research findings in three main categories of factors operating in combination:

- **personal characteristics** (e.g., female sex, ethnic minority status, low socio-economic status, and history of psychiatric illness);
- **particularities of exposure to the traumatic event** (e.g., exposure intensity, bereavement, injury, perceived life threat), and
- **post-trauma factors** (e.g., level of social support).⁴⁴

Other factors that have been demonstrated to have some influence are exposure to trauma reminders (i.e., cues that resemble the traumatic event and elicit distressing reactions) and the considerable media attention directed toward the survivors, which can be experienced as an extra strain.

Dr. Schildkraut's report identifies one study finding that the prevalence of PTSD among exposed children following an elementary school shooting was 91 percent, whereas other studies of adults have reported prevalence levels between 5 and 64 percent.

Trauma and Physical Health

In addition to psychological effects, trauma can have an effect on physical health. The Norwegian Aftermath Study found that physical symptoms should be assessed in addition to psychological ones, as physical symptoms like headaches, pain and other functional impairments can be a sign of post-traumatic difficulties maintaining a healthy lifestyle.⁴⁵ Physical complaints can also correlate to PTSD. The Aftermath Study also found the emotional and physical side-effects of intense trauma experiences can be long-lasting.

During our roundtable on the needs of families and communities after mass casualty incidents, Dr. Terry Mitchell, clinical and community psychologist in PEI and professor emeritus, Wilfrid Laurier University, explained the mind-body trauma connection that is the process of "somatization":

So soma, it means body.

So somatization means that the grief, the pain, the emotional, the cognitive dissonance is stored in the body, manifested in the body. And so somatization is – it can be – can contribute, as you'll see in the Swissair

studies, it can contribute as a risk factor to certain illnesses. And in the trauma literature, we know that respiratory diseases, cardiovascular diseases, gastrointestinal and immunological diseases, as well as neurological and others, are connected, strongly connected to PTSD or correlated to PTSD. But also as a psychologist, I would say that the tremendous amounts of stress and tremendous amounts of repression of the anxiety, the anger, the rage, the internalization as opposed to externalization with appropriate supports and vehicles, the internalization of rage, stress, anxiety can manifest not only in behavioural issues in pain and in dissociation, of separating one's mind from one's experience and one's body, that actually, that dissociative tendencies of repression of the anger, grief, sadness, rage can be manifested in illness. And in – so somatization is the conversion of emotional and physical symptoms.⁴⁶

She described the results of her study on the effects experienced by volunteer first responders and local communities following the Swissair Flight 111 disaster in 1998: “[A] response of the very brave and heroic communities here that helped so many families recover what they could to identify the human remains that were recovered off of the shores of Nova Scotia.” Her research team compared the personal health data of individuals involved in this response prior to the disaster with corresponding data one and two years after the event. Prior to the disaster, the records showed that the incidence of certain diseases was declining. After the disaster they started to increase, and eventually they “started to flatten out.” She described the findings more precisely: “And it was in year two that we saw the biggest – the biggest peak in health, in cardiovascular and gastrointestinal and respiratory, immunological diseases.” One of the significant study findings is that this “somatization” happened on a community-wide basis – even among adolescents and elderly people who “weren’t on the boats. And I want to mention at this point that somatization, it can happen with anyone. The Swissair study resulted in two important conclusions: that ‘the whole community can be affected, not only the first responders’ and that ‘the somatization can manifest very long-term health impacts for whole communities.’”⁴⁷

MAIN FINDINGS

Both directly and indirectly affected individuals can experience a range of negative mental and physical health outcomes following a mass casualty incident. Grief and bereavement are normal, healthy processes, and these processes can be facilitated through increased grief literacy and other forms of formal and informal support. Traumatic loss can lead to complicated grief and a range of post-traumatic stress injuries, including PTSD. Mass casualties can also result in vicarious, secondary, and collective trauma.

Understanding Post-Incident Needs

In this section, we review different approaches to understanding the needs of those affected by mass casualty incidents. This research focuses on the needs of those directly affected. We begin by considering the outcomes sought through the provision of a multi-level implementation structure for a post-incident support response.

Evidence-Based Needs: The Utøya Report and Aftermath Study

The Utøya Report, and more specifically the Aftermath Study that it describes, provides a strong empirical base for understanding the needs experienced by those most affected by mass casualty incidents. As noted above, it describes the national outreach program that was implemented in response to the attack to meet the healthcare needs of affected citizens and the results of the comprehensive longitudinal interview study designed and carried out by the Norwegian Centre. The focus of this study is on individuals directly exposed to the attack and their families. We describe the Norwegian approach and study outcomes in some detail.

The first stage of the support response following the evacuation from the island focused on providing acute support to survivors and their families. Those requiring

urgent, advanced healthcare were transported to hospitals. Municipal health authorities established a temporary emergency centre at a hotel close to Utøya Island where first responders, medical and psychosocial personnel, and volunteers from the community provided care and support for the more than 400 remaining survivors. First responders (healthcare personnel and police) and the crisis teams from the municipality provided psychosocial support according to well-known principles and standards. In particular, responders provide the “five essential elements” of psychological first aid: safety, calming, self and community efficacy, connectedness, and hope. In Norway, psychosocial crisis teams have been trained in psychological first aid following these principles.

Following the acute phase, within days after the mass casualty incident, survivors returned home to 120 different municipalities across all 19 counties in Norway.⁴⁸ The Utøya Report describes that one of the first messages from the national health authority was “that each municipality was expected to have a well-functioning psychosocial team to meet and accommodate the immediate needs of the returning survivors and the bereaved.”⁴⁹

The Utøya Report plan was based on three main principles: early and proactive outreach to all survivors of the mass trauma; continuity achieved through ongoing contact with affected families over time; and provision of more targeted responses for individuals in need of more extensive help. The plan was approved as the governmental strategy on July 28, 2011, just over a week after the mass casualty, and was implemented in the 120 affected municipalities. It built on the existing health services delivery mechanisms. A multi-level implementation structure was established comprising a national “cooperation body” composed of national and regional health authorities, and other stakeholders with local counties responsible for providing the services in accordance with the plan’s guidelines. More information about the plan is set out in the text box.

Norwegian National Support Services Outreach Plan for Utøya Mass Casualty Survivors and Their Families

(Excerpt from *Survivors and the Aftermath of the Terrorist Attack on Utøya Island, Norway* by Dr. Grete Dyb, Dr. Kristin Alve Glad, Ingebjørg Lingaas, and Dr. Synne Øien Stensland, Norwegian Centre of Violence and Traumatic Stress Studies)

The aim of the national outreach program was to ensure that the needs for services of all the directly affected survivors and close family members were identified and met. No specific recommendations were provided for specialized mental health services, as it was expected that psychiatrists and psychologists were sufficiently trained to provide customized treatments.

The outreach program was based on three main principles:

1. Proactive, early outreach:

The crisis teams in the municipalities were required to establish early contact with the survivors and their families, provide acute crisis interventions, and give information about the outreach program within days after the attack.

2. Continuity:

The municipalities each appointed a designated professional as the “contact person” for survivors and their families for at least the first year. The contact person was most often a medical professional (i.e., general practitioner, psychologist, nurse), or a social worker. The contact person was to make direct contact with the affected families, offer a personal meeting, and provide information about available help measures in the municipality and in the specialist healthcare services. The role of the contact person was to ensure a good and regular assessment of the victims’ function levels, their access to social support, and any need for help. The contact person was also responsible for communicating with relevant primary care and mental health services if needed. To aid the contact person in identifying individuals with clinical needs, a simple screening instrument was developed (Norwegian Directorate of Health, 2011). It was recommended that basic screening was to be performed at 5–6 weeks, 3 months, and 6 months after the attack.

3. Targeted interventions for individuals in need:

A referral to specialists was recommended if a survivor or their family expressed a need for treatment, if the clinical evaluations indicated such a need, or if the survivor scored above the clinical cut-off on a screening instrument mapping posttraumatic stress reactions, depression, sleep problems, social support, social isolation, level of functioning, difficulty coping with important transitions (e.g.,

returning to school or work after summer vacation) excessive use of alcohol or drugs, and reluctance to engage in daily activities. The screening instrument (in Norwegian) was developed by NKVTS and reviewed by other researchers and professionals before being provided to all affected municipalities.⁵⁰

As noted above, the Aftermath Study investigated the survivors of the Utøya mass casualty incident, and their caregivers, over eight years. The objective was to increase knowledge about the short- and long-term needs of people exposed to mass violence so as to facilitate preparedness planning and for the development and provision of efficient, evidence-based services after a mass casualty. The Aftermath Study's findings are summarized in the Utøya Report under five themes: the mental health of survivors and their caregivers; traumatic loss; somatic health (physical health); sleep problems; impaired daily functioning; and the impact of media attention, compensation, and the trial of the individual who perpetrated that mass casualty.

One of the main findings of the Aftermath Study is that survivors and their family members were still experienced high levels of PTSD and clinical levels of anxiety and depression eight years after the mass casualty. Survivors reported experiencing distress in reaction to various trauma reminders (sounds, visual experiences, emotions, bodily reactions, touch, smells, and situational reminders). According to the Utøya Report:

[A]uditory reminders, especially loud and sudden noises, were the type of trauma reminder that the survivors reported experiencing most often, as well as the one they found to be the most distressing:

One survivor described it like this: Sounds and bangs are uncomfortable, for example if I'm sitting in the library and I hear a bang in the cafeteria, I become very alert. That's something that I really cannot control. Then the whole day... then I'm down the rest of the day, it affects my schoolwork and stuff like that.⁵¹

The Aftermath Study also found that “the parents of survivors experienced high levels of emotional distress post-terror, including symptoms of posttraumatic stress, anxiety, and depression.”⁵² Eight years after the mass casualty, a substantial minority of caregivers were still reporting high levels of PTSD symptoms. The study

also demonstrates the relationship between complicated grief and higher levels of PTSD symptoms. The conclusion is that “post-traumatic stress symptoms predicted complicated grief reactions, but not vice versa” and supports the hypothesis “that PTSD reactions may disrupt the mourning process and affect the severity of complicated grief symptoms.”⁵³

Sleep problems were also very persistent: eight years after the mass casualty nearly half of the young survivors still reported insomnia. This rate was almost double what is reported in the general population, and according to the Utøya Report indicates “a high level of unmet need among the Utøya survivors.”⁵⁴ The authors express concern at the long-term implications of this ongoing health concern: “The implications of such sleep disruption among young people during a critical time for physical, mental, social, and cognitive development are far-reaching.”⁵⁵

Many survivors of life-threatening events experience physical symptoms such as frequent headaches, pain, palpitations, insomnia, or fatigue. These effects are generally expected to go away on their own over time. Among the Utøya survivors, headaches, fatigue, and lumbar pain were the most frequently reported physical symptoms in the early post-trauma phase. One of the unexpected findings in this study is that “Utøya survivors’ early somatic symptoms predicted later post-traumatic stress reactions.”⁵⁶ Previously, the presumption was that PTSD leads to adverse physical effects; however, this finding supports the opposite conclusion. Importantly, it suggests that “early identification of survivor’s somatic symptoms and provision of adequate related services may improve and increase the efficiency of post-trauma interventions.”⁵⁷

The major impact of a mass casualty on survivors’ mental and physical health can in turn affect their daily functioning, including the ability to study or work, do household chores, to take part in personal interests and activities, and to get along with family and friends. The Aftermath Study found that almost half of survivors found it very difficult to perform their everyday tasks; 25 percent said they were less interested in the things they used to do before the attack; and 10 percent said it had become much more difficult to get along with their family and friends. The Utøya Report comments on the long-term implications of these findings:

These findings demonstrate both how exposure to a terrorist attack can negatively affect young survivors’ academic performance and well-being at school and the potential long lasting impact on careers and life paths. When asked to what extent they were back to normal functioning in

various life areas eight years after the attack, two thirds of the survivors answered that they were back in relation to school, studies, and work and/or in relation to family. About 50% said they were completely back in normal function in their spare time and in relation to friends. The fact that so many reported that they were not back to normal functioning almost a decade post-terror shows how long-lasting such impairment can be.⁵⁸

The Aftermath Study also asked survivors about the impact of media on their health and well-being. The Utøya Report describes their findings:

Of the 261 youths who participated, 192 (73.6%) described an experience with the media's approach, the interview, or the coverage. As many as 90% described negative experiences with the journalists' approach. A recurring theme was that, in approaching the survivors, the journalists had neither shown respect nor been considerate but rather invasive.⁵⁹

The Utøya Report also investigated the impact of that mass casualty on first responders. We discuss these findings in Chapter 7.

The Utøya Report highlights these findings from the Aftermath Study:

- The most salient theme across the interviews with caregivers was a wish for a more active and enduring follow-up, especially for siblings and the family as a whole. For example, one mother stated:

I have missed help from the municipal crisis team beyond a single conversation. We have not received follow-up locally – no one has contacted us as a family after the first week. We had to get help ourselves and feel forgotten by the municipality!

- Many expressed that the outreach disappeared too quickly and that the follow-up had not been proactive enough.
- At four to five months post-terror, 14 percent of the survivors reported unmet need for services. At the third interview wave (approximately 2.5 years post-terror), one in five survivors reported unmet needs for their psychological reactions, and one in seven for attack-related somatic health problems.
- Unmet healthcare needs were associated with higher levels of post-traumatic stress, depression/anxiety, somatic symptoms, and low social support.

- Survivors with non-Norwegian origin reported more unmet needs for attack-related physical health problems and were less satisfied with post-terror healthcare.
- At the fourth interview wave (approximately eight years post-terror), about one in three survivors reported that they needed follow-up from new help services or reinforcement of existing measures.
- The parents of Utøya survivors experienced a wide range of healthcare needs after the attack. In terms of healthcare consumption among the caregivers, the frequency of primary healthcare service consumption increased significantly for the caregivers of the directly affected in the early aftermath of the attack (0–6 months) and remained significantly elevated through the following 30 months.
- The increase in consumption of primary healthcare services, both in the early and delayed aftermath, largely entailed psychological health complaints, particularly depressive symptoms and PTSD, as recorded by primary healthcare providers.⁶⁰

One of the really striking findings of the Aftermath Study is the persistence of the need for financial support, material support, and educational support for survivors of Utøya and their families. During our roundtable on the needs of families and communities after mass casualty incidents, Dr. Dyb elaborated on the findings with respect to long-term educational support. Based on both the Aftermath Study and previous work she had done with Norwegian survivors of the 2004 Thailand tsunami disaster, she observed that Norwegian schools were able to readily accommodate children with disabilities and conditions such as attention deficit problems. The educational system, however, did not have “a clue what to do with children who had been exposed to a disaster.”⁶¹ She summed up the ongoing challenges:

So we still have a long way to go in including educators in understanding what trauma is, what a disaster like a natural disaster or a mass shooting, how that impacts the children over time. And a simple thing like these terror survivors, they couldn't sit in the classroom without being very close to the door. And if – they preferred to have the door open. They preferred to have an escape route, you know, where they knew that they can get out. So that's the kind of thing that's really not easy to understand, maybe, for the other children; the teacher might think it's a little weird,

but for the survivors, it's logic. They need to know that they are safe. And many of them couldn't bear it, you know?

And then it's the concentration; they have, you know, limited concentration span, so time – the time spent that they can be concentrated is limited. Some of them need to get things read for them instead of reading it themselves.

So that can be all kinds of different tools that they can use, that's actually used already for other kids. But instead they become what I call – maybe it's not so nice to say it, but mini-psychologists. So educators are not psychologists; they are not psychiatrists.

They shouldn't be. They should be educators helping them with tools, measures to help them to learn, you know, and of course, empathy and understanding what they are going through but instead, they said, "Well, I feel so sorry for you; can just go home." And what's that? And being at home, being isolated, that's not what we want them. We want them to come to school, be with other children, other adolescents, and then little by little, come back to school to learn. But they mostly need that the educators understand that they have to design a protocol for them that is useful in their situation and imagine how important that is for a child to cope in this situation and being able to learn and not having the experience of yet another loss, the loss of proceed[ing] with their peers to graduate, you know. So there is – there's [an] amazing lot of work to be done.⁶²

MAIN FINDINGS

The Norwegian Aftermath Study provides a strong empirical base for understanding the needs experienced by those most affected by mass casualty incidents. This study clearly demonstrates the persistence of need for financial support, material support, and educational support for survivors of the Utøya mass casualty and their families.

Eight years after the incident, many people from among this group were still experiencing high levels of PTSD, clinical levels of anxiety and depression, physical health challenges, difficulties sleeping, and impaired daily functioning.

Levels of unmet need increased over time, and unresolved trauma experiences resulted in an increase in consumption of primary healthcare services both in the early and delayed aftermath. Survivors of minority background and young survivors were differentially affected, experiencing profound long-lasting effects.

Typologies of Need

Two Canadian victims advocacy organizations, the Canadian Association of Chiefs of Police National Working Group on Supporting Victims of Terrorism, Mass Violence and Mass Casualty (CACP NWG) and the Canadian Resource Centre for Victims of Crime (CRCVC) were Participants at the Commission. Each organization provided us with a typology of the needs of those most affected by a mass casualty incident. These typologies link the needs to types of services designed to meet them.

The CACP NWG, working in consultation with victims, has identified a detailed list of impacts on and needs of the victims of mass casualty incidents. Mr. Susheel Gupta is a senior strategic operations advisor with the Royal Canadian Mounted Police and director of the Air India Flight 182 Victims' Families Association. Mr. Gupta's mother was murdered in the 1985 terrorist attack on Air India Flight 182 when all 329 occupants, most of whom were Canadian, perished over the Atlantic Ocean. During our Phase 3 consultations, he presented this list and reproduced it for the CACP NWG written submission noted in the text box below. This typology incorporates an understanding of the phases of need: immediate and short term, medium to long term, and a healing phase, which is a lasting one.

The CACP NWG takes the position that the "Government of Canada must be well prepared to support Canadians affected by mass victimization incidents, whether the incident occurs in Canada or Canadians are victimized abroad."⁶³ This position is reflected in the typology of impacts and needs.

Mass Casualty Incidents: Victims and Victims' Families Impacts and Needs

(Canadian Association of Chiefs of Police National Working Group Supporting Victims of Terrorism and Mass Violence [CACP NWG])

Immediate IMPACT on Victims & Victims' Families (Short-term)

- Injury or loss of life, loss of loved ones
- State of shock, disbelief, incapacitation, hysteria, break down
- Scrambling for help & support, state of confusion & stressed
- Grief, fear, loss of faith, helplessness, sense of emptiness, depression, anger, frustration, emotional instability
- Exposure to media publicity and lack of privacy

NEEDS of Victims & Victims' Families (Short-term)

- Reliable & timely information & updates
- Rescue, recovery, medical aid
- Emotional counseling & trauma therapy
- Communication with family & friends
- Sensitivity & privacy protection
- Coordinated one-stop help & direction
- On-site assistance from Canadian embassy or Consulate
- Travel and transport assistance
- Socio-cultural support
- Emergency financial assistance-Compensation for medical and mental health costs, lost wages, and funeral expenses
- Legal assistance: legal procedures, documents, insurance claims

IMPACT on Victims & Victims' Families (Medium to Long-term)

- Breakdown of family & its functioning
- Financial loss and insecurity
- Health problems-physical & mental (emotional scar)
- Fighting for justice in courts (civil & criminal)
- Fighting for improved security & legislative reforms

NEEDS of Victims & Victims' Families (Long-term)

- Long-term medical care & emotional rehabilitation
- Personal security
- Socio-cultural support
- Help in networking with other victims & families
- Legal assistance
- Financial assistance and compensation
- Immigration assistance
- Assistance for participation in criminal justice proceedings
- Communication with Government agencies or Investigative agency or Justice Department
 - ◊ Foreign affairs
 - ◊ Canadian embassy or Consulates
- Investigation into any unresolved questions (such as failure of public safety & judicial system)

IMPACT (HEALING PHASE) on Victims & Victims' Families (Long-term)

- Medical & psychological therapy, rehabilitation
- Reconciliation, resuming life routine, managing mood swings
- Rebuilding life: relationships, occupational & financial
- Reorienting life pursuits with new perspective and closure
- Spiritual insights into life

The Canadian Resource Centre for Victims of Crime's typology of victim support services needs is organized around categories of services. The categories are: health services and emergency response, immediate support services and psychological first aid, needs assessment and coordination of the provision of services, information services, legal services, and memorials. The content of these categories is:

- **Health Services/Emergency Response:** The most immediate needs of victims of mass casualty events are often physical – they involve getting to a place of safety and having their physical injuries treated. Despite the urgency of the

situation, first responders should be aware that it can be easy to retraumatize the victims of mass casualty events. Emergency response should be provided with attention paid to the spiritual and cultural needs of the victims, and with the knowledge that physical injuries correlate strongly to later PTSD.

- **Immediate Support Services and Psychological First Aid:** Counselling and psychological assessment should be freely and accessibly provided as quickly as possible following a mass casualty event. Early-intervention counselling can help stabilize those affected, provide support to prevent maladaptive coping, facilitate a better understanding of what is occurring, and determine victims' immediate mental health needs.
- **Needs Assessments and Coordinating the Provision of Services:** Formalized needs assessments can help to identify the type of services a victim requires. The assessment should take into account the unique needs of the victims, including needs relating to age, health, language, and cultural considerations. The coordination of service provision should include, but not necessarily be limited to, transportation and travel, temporary housing assistance, emergency food and clothing, employment considerations, childcare/animal care, et cetera.
- **Information Services:** Victims and their families have ongoing needs for information about what's happening and why. Regular briefings should be provided directly to the victims of mass casualty events and their loved ones. Information should always come from an official source. Information about casualties should be provided to families directly as soon as it is received and before the media receives it. Official sources should also provide information on missing persons and provide a means for families to be reconnected. As victims' contact with the media following mass casualty events can be retraumatizing, coping strategies should be suggested. Finally, officials should encourage the media to adopt a no-notoriety policy concerning the perpetrator.
- **Legal Services:** Navigating the complex web of criminal procedure, victims' rights, and the patchwork of territorial compensation and financial assistance programs can be difficult, especially in the immediate aftermath of trauma. Legal advice should be freely available to victims following a mass casualty event. This advice should explain the criminal investigation and prosecution process, victims' legal rights of participation, as well as any compensation and financial entitlements available to them.

- **Memorials:** Physical memorials of remembrance allow survivors, family members, and members of the public to gather and pay tribute. Memorials should be erected as quickly as practicable following the incident. Victims should be included and consulted in the development of permanent memorials.⁶⁴

The Schildkraut Report

In her expert report, Dr. Schildkraut provides insights into needs based on her interviews with survivors of mass shootings in the United States. Her starting point is: “[G]iven the disparity in how different individuals are impacted by a mass shooting, there inevitably is variability in the types of resources and supports that they need to help them along their posttraumatic journey.” Her analysis begins with physical health needs, which are particularly important in the American context given access issues within the medical system. She affirms that, in most mass casualties, the number of people who sustain physical injuries account for the smallest proportion of affected individuals. A greater proportion sustain injuries that cannot be seen: “These ‘invisible’ injuries create the need for emotional and psychological supports, including psychological first aid, not only in the immediate aftermath of a mass shooting but also for years after.” Supports for emotional and psychological needs may take the form of both formal and informal resources. She points out that “an untold number of people with both direct and indirect victimization may need such support.”⁶⁵

Dr. Schildkraut indicates that formal psychological supports “most commonly take the form of counseling and therapy resources.”⁶⁶ The needs of those affected by a mass casualty incident will shift over time and require different types of psychological support services. She identifies two phases: immediate and short term, and longer term.

Immediate and short-term mental health support can be provided through short-term crisis counselling and psychological first aid. Dr. Schildkraut further describes the purpose of this early support and guidance about service delivery:

- “This involves helping survivors understand what they just experienced and the reactions that follow, providing emotional support and teaching coping strategies to help reduce stress and other

posttraumatic reactions, and connecting them to other individuals and agencies that can provide additional resources and more sustained support.”⁶⁷

- “While broad support, such as teaching stress management and mindfulness techniques, can be provided to impacted individuals throughout the community, triaging and risk assessment may be used to identify those who are in need of immediate attention and connect them with the appropriate services.”⁶⁸
- “Early intervention efforts should focus on promoting a sense of safety, calm, community and self-efficacy, connectedness, and hope.”⁶⁹
- “Having trained counselors available in the immediate period after a mass casualty event can help to mitigate the risks of posttraumatic symptoms later in the recovery process.”⁷⁰
- “[I]t is important to understand that some impacted individuals will reject mental health-related services initially and possibly even for years to come. Even for those individuals who do utilize crisis support, it may not be viewed as helpful, particularly among those most in distress.”⁷¹

In the longer term, many of those affected by mass casualty incidents will require more traditional forms of counselling and psychotherapy to treat the trauma and underlying issues, or more complex treatment. These needs may be greater where individuals did not benefit from the supports in the immediate aftermath, either because they were not offered or were unavailable or because there were delays in seeking treatment. Not everyone will require “significant and ongoing counselling” as they “continue to progress along their trauma journeys.” Dr. Schildkraut’s research had found that some individuals affected by mass casualty events may exhibit post-traumatic growth or report positive changes resulting from their traumatic experiences.

This expert report places a strong emphasis on the potential of informal resources, or social support, in assisting those affected by mass casualty incidents. Social support can be emotional and “instrumental,” including assistance with practical tasks. Dr. Schildkraut posits that, “One of the most important predictors of post-traumatic growth and a reduction of trauma-related mental health concerns is positive social support.” She asserts that positive social support “can help protect against the onset of trauma symptomology, including PTSD” and “can act as a buffer against the deleterious effects of mental health problems that do set in, either

by decreasing the severity of symptoms or minimizing the amount of time it takes the individual to go into remission (meaning that the heightened symptomology is no longer being experienced on a consistent basis).” Conversely, when positive social support is absent, “survivors may be more likely not only to develop adverse trauma-related mental health outcomes but also to experience more chronic bouts of symptoms.”⁷²

Dr. Schildkraut recognizes that “not all social support – even when well-intentioned – is positive.”⁷³ Social support will be viewed as positive when the receiver believes they need support and the help matches the individual’s needs, and may depend on whether the efforts are requested or unsolicited. Research demonstrates that one of the most valuable social supports is “connections with other individuals who have experienced a similar trauma.”⁷⁴

Dr. Schildkraut’s report also recognizes that those directly affected by a mass casualty will often require financial resources to meet their physical and emotional / psychological needs. Financial needs include but are not limited to “burial assistance, lost wages, health services that are not covered by public health services, including counselling and, if the event has displaced them, temporary or permanent housing.” Depending on the scale of the mass casualty event, financial support “may be needed to help restore or rebuild the location where the event occurred.”⁷⁵

Individuals will have varying needs based on the manner or degree to which they were affected. These varying needs are often conceptualized on a scale of primary, secondary, and tertiary victims. Support services should be careful not to make assumptions about whether and how people were affected. While it is understandable for services to focus upon those people physically injured and family members of those killed, care must be taken to ensure support for survivors who may have escaped physical injury but who nonetheless experienced profound trauma.

Regarding financial resources, key considerations in planning how to support survivors and communities impacted by mass casualty events involve deciding who is eligible to receive financial support and how these resources will be distributed.

In her report, Dr. Schildkraut points out these decisions can be made as part of the pre-planning process or immediately after the mass casualty. Assessment methods include: individual applications on a case-by-case basis, set amounts of money based on the level of impact, or designated formulae that account for a variety of factors. She identifies long-term financial needs as a prevalent issue, noting

that many victim support programs “run for a specific period of time, two or three years after the initial impact of the event.”⁷⁶ There can be a misalignment between service and need: by the time survivors are able or willing to access supports, the resources may no longer be available. The end result is that needs can potentially remain partially or wholly unfulfilled. As noted above, Dr. Schildkraut cites the example of one survivor of the Columbine High School mass shooting who told her that it was not until eight years after the shooting that he realized he needed to seek help.⁷⁷ She explains that “[e]ven those survivors who do seek out more immediate assistance still may need resources later.”⁷⁸

Impact of Unmet Needs

The Commission’s expert reports clearly identify the harmful consequences of unmet need in terms of cumulative and cascading health effects that can extend to impaired daily living and disrupt lives over the long term.

In their written submissions, the CRCVC stressed the potential broader consequences of unprocessed trauma and loss and the failure to assist those affected by mass casualty incidents to rebuild their lives. Meeting needs helps to avoid repeat victimization and “help[s] to keep present-day victims from becoming future perpetrators.”⁷⁹ Research has demonstrated that one-time victims are more likely than the general population to become repeat victims.⁸⁰ The CRCVC describes how a “vicious cycle of victimhood” can take hold and, if this cycle is not interrupted, can result in victims becoming perpetrators themselves.

The CRCVC asserts that a specific sub-group of victims, polyvictims, are of particular concern. Polyvictimization is “the exposure to multiple types of violence or victimization such as child abuse/neglect, childhood sexual abuse, bullying or cyberbullying, domestic violence, school violence, community and gang violence, medical trauma, natural disaster, or terrorism.”⁸¹ Polyvictimization correlates strongly “with PTSD and other significant mental health issues, like anger and grievance.”⁸² Post-traumatic responses of unmanaged anger and grievance create more pressure to offend, as opposed to depression and PTSD.

CRCVCV underscores that this “apparent causal chain from victimization to polyvictimization through anger and grievance to criminal action” supports the need to connect victims of crime, particularly those that result from mass casualty incidents, to services that help them healthily process trauma.

Guiding Principles

In this section, we provide an overview of lessons learned about the planning and delivery of services to meet the needs of those affected by mass casualty incidents. **We have shaped these lessons into six guiding principles that will help to ensure a community-centred response to these incidents. They are: involvement of those most affected; preparation and preparedness; recovery and resilience; trauma-informed and victim-centred; proactive, coordinated, and long-term assistance; and follow-up and evaluation.**

Involvement of Those Most Affected

One of the clear conclusions to be drawn from the research on post-event health outcomes is the variability of experiences both among individuals most affected and over time. Dr. Schildkraut underscores this conclusion and the impact it should have on planning and delivering support services. She writes: “Given such variability, it is important to identify the needs of survivors of mass shootings, especially from their perspective, and understand how these can change over time. This information is vital for planning efforts for community leaders, support providers, and others tasked with assisting survivors in working towards recovery and resiliency.”⁸³

During our roundtable discussion, Mary Fetchet also emphasized the importance of having those most affected involved at every level and for them “to have the information, no matter what it is, that’s related to them. And then to engage them in the process.” She described how this worked in the “long and arduous process” of creating the 9/11 memorial in New York City:

So I think that’s another way that families can – that’s another way that families or community can be involved to really have a clear understanding of what happened. And then moving forward, many families become involved in other ways. I mean, they do different things to commemorate their loved ones; you know, to honour their life by supporting other people.⁸⁴

Affected communities also need to be involved in developing and evaluating the post-critical incident response and in research projects designed to learn more

about these needs and the impact of interventions. During the roundtable on the needs of families and communities, Dr. Terry Mitchell underscored this point: “It’s essential. It’s not only important, it’s essential because it is their experience, it is their lives, it is their health that’s at stake, it is their – it’s their grieving, it’s their community, it’s their future.” They have to be involved because we “may create harm when we are relying upon our limited outsider knowledge of the community, its social structure, its environmental, physical layout, the relationships” as well as “who has the leadership, who is trusted, and what are the capacities that are there.”⁸⁵ She elaborated:

A danger of not having communities lead is that communities have strengths. They have strengths before the disaster. They have strengths during, and they have strengths after. They have capacity before, during and after. If we bring in a lot of experts, we then have the risk of not knowing what the heck we’re doing. As you will be told often by community members, as I may be told often by community members, we don’t know what we’re doing, because we don’t know where we are, and we don’t know who we’re with. And how can you be effective if you don’t know where you are, if you don’t know the history, you don’t know who you’re with, and you don’t know their priorities and their processes of how things work. How do you get something done in this community?

How do you get people to come to a meeting? Go try to have a meeting in a northern community, an Indigenous community, or here in Nova Scotia by just putting a poster up or putting a bulletin out and just see how effective that is, because people on the inside of the communities know how to run a meeting, how to get people to come to meeting. And so community members are essential, strategically, pragmatically, but ethically. And if our objective is to benefit, to understand and to benefit, then community leaders and community members need to be at the helm of that ship.⁸⁶

In her study of the Swissair disaster, Dr. Mitchell learned that when service providers coming in from outside an area lack community awareness, they can create harm. Following that disaster, more than 500 members of the military and others came to live in Peggy’s Cove, a community of 200 residents. She explained:

You will see that people came to respond, disaster experts came to respond, but they didn't consult with the community, and they provided services that didn't fit, and people were, like, not trusting. What are all these mental health professionals in here and what do they want from me. And so being further defended against them. And then if they developed some relationships and they did provide some services that may have been of benefit, because they weren't from the community, they didn't live near the community, didn't work with the community, weren't part of their institutions, they then left. And we heard over and over and over again that the support that's required is not one day. It's not one week. It's not one month. Now we know it's not 1 year and it may be more than 10 years. So if we work with community members, we don't want to undermine the capacity that's there. We don't want to replace the expertise that's there, the mental health professionals, the clergy, the response personnel who are there that know and understand and are committed to their community. We want to work with them to augment what they have and let them tell us what they need, and what we need in order to help them, what they need, their priorities, that may – that we will meet fewer stumbling blocks if we work with community members on their terms, in their timelines, in their preferences, in their culture, with the people and the processes that they accept.⁸⁷

In addition to these practical rationales for involving community members in the planning and delivery of service, that involvement may also have a positive therapeutic affect by contributing to a re-assertion of individual and community agency:

Because what happens in traumatic events is that people lose sense of control. Something is happening to them. From a psychological perspective, people who are traumatized don't need more things happening to them, things they feel like taken away, or done to them, or fixing them. They need support on their own terms. And they're the experts on what they need. And they may not be able to articulate that, but if you build a relationship, they will come to articulate what they need and how you might best support them to do it. And if you build capacity within their communities rather than big, deluxe, we'll bring in a whole bunch of resources and then they'll be gone, if you can build resources that are led by the control, the point is communities need more sense of rebuilding control, rebuilding safety, rebuilding a sense of competency and capacity.

So if we fund and support infrastructure and supports within community that directed by, informed by, increase the sense of community control, they're more likely to be a success than anything that we ever try to do.⁸⁸

Preparation and Preparedness

Mass casualty incidents are emergencies that give rise to extensive, immediate, and ongoing information and support needs. Plans for meeting these needs should be developed in advance and steps to ensure preparedness should be taken and updated on a regular basis.

The Orlando Pulse Nightclub Report

Preplanning is the focal point of the 2017 National Policing Institute After-Action Review in response to the June 2016 Pulse nightclub shooting in Orlando, Florida (the Orlando Pulse Nightclub Report). Pulse nightclub is a centre for 2SLGBTQI+ community social life, and more than 300 patrons were in attendance that evening when a lone gunman killed 49 people and injured 53. The Orlando Pulse Nightclub Report provides a comprehensive set of recommendations for post-event victim welfare. These recommendations focus on five main strategies:

- (i) declare a state of emergency early and activate an Emergency Operations Centre;
- (ii) delegate victim services so that police can focus on law enforcement;
- (iii) ensure the safety, comfort, and privacy (especially from media) of families during notification and reunification at the Family Reunification Center;
- (iv) simplify post-event victim information and assistance services at the Family Assistance Center; and
- (v) plan and practise these phases ahead of time with all involved (including, e.g., businesses and airlines).⁸⁹

Many of these strategies had been in place in Orlando before the mass shooting at the Pulse nightclub and worked effectively that night and in the ensuing days. As the Orlando Pulse Nightclub Report notes:

For law enforcement agencies and emergency operations centers, response to critical incidents does not end once the threat is neutralized and injured victims are transported for medical care. Emergency operations require a phased approach, handled by assigned city and community organizations in collaboration with police departments, to address the long-term needs of a community after a crisis. Family and friends of victims have questions about the well-being of loved ones, victims need assistance identifying continued support, and the community needs to know ways in which they can help.

Fortunately for Orlando, training and experience over the years – from active shooter incidents to hurricanes – have prepared all stakeholders and partners to respond to these needs.⁹⁰

The Orlando Pulse Nightclub Report identifies lessons learned and makes additional recommendations based on the after-action review. It provides advice on planning elements of a comprehensive response: Emergency Operation Center, Emergency Information Centre and Hotline, Family Reunification Center, Family Assistance Center, and the Orlando United Assistance Center. It cites the federal Office for Victims of Crime’s “Helping Victims of Mass Violence and Terrorism” toolkit as a helpful resource created “to assist communities in preparing for and responding to victims of mass violence and terrorism in an efficient, effective, and compassionate manner.”⁹¹ Details about this toolkit are set out in the text box.

Office for Victims of Crime Toolkit:
Helping Victims of Mass Violence & Terrorism

Purpose of the Toolkit

The Office for Victims of Crime (OVC) – in coordination with the Federal Bureau of Investigation’s Victim Services Division and the US Department of Justice’s Office of Justice for Victims of Overseas Terrorism – developed this toolkit to

help communities prepare for and respond to victims of mass violence and terrorism in the most timely, effective, and compassionate manner possible.

Lessons learned from past incidents indicate that through advanced planning (which includes the establishment of victim assistance protocols), and by developing and maintaining multidisciplinary partnerships, communities are better prepared to engage a holistic approach to victim assistance to ensure that each victim's needs are met. However, this toolkit also contains materials that will aid communities' responses to victims even if they have not planned for an incident.

Who Should Use the Toolkit?

[The OVC] developed this toolkit primarily for the following professionals, but it can be used by any individual or organization responsible for planning and responding to incidents of mass violence and terrorism.

- State Victims of Crime Act (VOCA) administrators: compensation and assistance.
- Emergency planning managers.
- Law enforcement officials.
- Prosecutors' offices.
- Victim service providers.
- Healthcare providers (including mental health).

How To Use the Toolkit

Use this toolkit to –

- Develop a comprehensive victim assistance plan for responding to incidents of mass violence and terrorism. The toolkit also may apply to natural disasters, human-caused disasters, emergency crises, and high-profile criminal incidents.
- Bring key partners together to review existing emergency plans and to initiate or continue the development of a victim assistance plan for your community.
- Establish victim assistance protocols, which can greatly enhance the effectiveness of your response and recovery efforts. The Partnerships

& Planning Checklist can assist you and your community partners in developing victim assistance protocols in advance of an incident.

- Follow the victim assistance protocols you developed during the partnerships and planning stage. Use the Response and Recovery Checklists in your immediate and long-term response to victims.
- The checklists provided in this toolkit can be tailored to fit the needs of your community.

Victim Assistance Protocols

Protocol	Response Phase	Recovery Phase
Contact List Protocol		
Committee Meeting Protocol	✓	✓
Practice Drills and Exercises Protocol		
Incident Command System Protocol	✓	
Communications Protocol	✓	
Family Assistance Center Protocol	✓	
Victim Identification Protocol	✓	
Notification Protocol	✓	
Planning and Preparedness Grants and Emergency Funding Assistance Protocol		✓
Volunteer Management Protocol	✓	✓
Donation Management Protocol (Funds, Goods, and Services)	✓	✓
Criminal Justice System: Victim Support Protocol		✓
Community Resiliency Protocol		✓

A Plan in Action

The Orlando Pulse Nightclub Report reviews the preplanned strategies and preparedness for a mass shooting and evaluates how well the plan was operationalized during the critical incident response and to what effect. Overall, the community-centred planned critical incident response worked well. The report quotes the assessment made by the executive director of the Orlando Chamber of Commerce: “[Pulse] showed us that we were the community we thought we were.”⁹²

Emergency Operation Center

The Orlando Police Department Communications Center acted as a consolidated Emergency Operations Center. The Emergency Operations Center creates a central location for coordination of support and resources, both during and after the event, and takes pressure off police forces by managing victim and community services. The City of Orlando’s Disaster Operations Center, the Police Emergency Operations Center, and the City Emergency Operations Center consolidated into one Emergency Operations Center that included all relevant stakeholders to support the overall mission of the Orlando Police Department (OPD) and City of Orlando response to the Pulse attack. The Emergency Operations Center was activated in the early morning of June 12, 2016, during the Pulse incident, and continued operating non-stop for 10 days.

During that time, the united Emergency Operations Center’s mission was to provide operational coordination and support for the following:

- OPD command post and on-scene operations during the incident;
- emergency information center and help line;
- dignitary visits, funerals, memorial services, and vigils;
- family reunification center;
- family assistance center;
- Orlando united assistance center; and
- One Orlando Fund.⁹³

The Orlando community had “planned, prepared, coordinated, and practiced their plan to address victims’ needs” before the Pulse event ever took place.⁹⁴

Emergency Information Centre and Hotline

The Orlando Pulse Nightclub Report recommends establishing a hotline for the family and friends of victims and establishing an emergency information center (EIC) within the Emergency Operations Center. There must be infrastructure and trained staff to handle calls before providing the public with the hotline number. The Orlando EIC hotline quickly went from 12 to 23 phones; they answered about 6,800 calls during the incident.

Family Reunification Center

While the Pulse shooting incident started and ended on June 12, the Orlando Family Reunification Center operated from June 12 to 14, 2016, to “provide notification and support to families of victims regarding the status of their loved ones who had been at Pulse that night.”⁹⁵ In the case of the Pulse shooting, the number of family and friends awaiting notification was larger than anticipated, and the Family Reunification Center was moved to a larger venue. The Orlando Police Department public information officers used press conferences, fliers, websites, and Twitter to announce details about the Family Reunification Center, the Family Assistance Centre, and the public hotline for family and friends of the victims.

This process was assisted by victim advocates, the FBI, and the Florida Department of Law Enforcement. Identification was performed by Orange County medical examiners, with assistance from the Florida Emergency Mortuary Operations Response System, a group of 187 volunteers (including autopsy assistants, forensic scientists, and dentists) from across the state who “assist in mass casualty situations when local resources are exhausted.”⁹⁶ The survivors and witnesses of the Pulse nightclub shooting were asked to remain available until the police could interview them. There were a significant number of people to be interviewed, and it was a long wait.

On June 15, once next of kin notifications were complete, the Family Assistance Center was opened “to support the immediate needs of families, friends, and victims.”⁹⁷

The Orlando Pulse Nightclub Report recommends:

- The Family Reunification Center should be identified prior to a critical incident and be located near primary hospitals. It should be a safe,

comfortable, and scalable location with basic amenities, including phone charging stations (supplying phones if needed).

- The next of kin notification process should be timely and notifications should be made in person where possible. Plan ahead to prepare for logistical issues to ensure this process is smooth.
- The Family Reunification Center can also be used as a location for the creation of a comfortable, accelerated witness and survivor interview process. Where there are a significant number of people to be interviewed additional staffing and help from other agencies should be engaged in order to complete the interview processes in a reasonable amount of time. Means should be taken to accommodate witness needs for basic amenities, contact with loved ones, and other supports such as counselors and clergy (and the privacy required for such services).
- Designated zones should be created for media in order to protect the security and privacy of victims, witnesses, friends, and families going to and from the Family Reunification Center.⁹⁸

The Orlando Pulse Nightclub Report concludes that the establishment and operation of the Family Reunification Center “was an important step toward healing for the community and showed important partnerships within the city of Orlando.” While this difficult work was undertaken, the OPD was able to focus on assisting with the investigation, preparing for press conferences, taking on public relations and media work, and receiving information.

Family Assistance Center

The Orlando Pulse Nightclub Report recommends planning ahead to establish a Family Assistance Center that operates as a “one-stop location for victims and their families to access any products and services necessary in the aftermath of the incident.”⁹⁹ The availability of the center can be publicized via press conferences, fliers, and social media. The Family Assistance Center should be secure and have IT logistical / technical capacity. The Family Assistance Center can also serve as a location where government and businesses send representatives. When planning the Family Assistance Center, the report recommends partnering with non-traditional agencies and stakeholders with the jurisdiction, “including IT, public transportation, financial services, airlines and hotels, etc.,” since this helps to expedite the setup process and ensures an array of available resources.¹⁰⁰

Orlando United Assistance Center

The Orlando United Assistance Center (OUAC), through a partnership between the City of Orlando, the Orange County government, and the United Way, opened on June 23, 2016, and was still open at the time of publication of the Orlando Pulse Nightclub Report one year later. The OUAC serves as “a navigation point to assess the needs and provide information, support, and resources to those directly affected by the Pulse incident. It provides long-term family services and mental health and counselling services.

Community Engagement and Relationships

The Orlando Pulse Nightclub Report’s recommendations here centre on the importance of community relationships and police-community engagement as building blocks for the resilience needed to recover and heal after a mass casualty such as the Pulse nightclub shooting. In the years leading up to the tragedy, the OPD had made extensive, consistent efforts to engage with the Orlando community at large, as well as with specific communities, including Hispanic, LGBTQ+, and Muslim communities. These engagements extended beyond calls for help, including regular visits to communities and organized social gatherings.¹⁰¹ The report lauds OPD’s relationship-building as having paved the way for unity rather than division in the aftermath of the crisis, allowing the OPD to better support and protect the affected families and communities. By contrast, the report points out weaknesses in the OPD’s communication with local businesses that were affected by a 10-day investigative perimeter. It recommends having a designated local business liaison within city or law enforcement agencies as a point of contact.

The Orlando Pulse Nightclub Report concludes:

[I]t is important to look at the Orlando Police Department (OPD) and larger public safety response to the Pulse shooting within the context of the strength of the Orlando community and its relationships. While the City of Orlando government did an outstanding job of considering and addressing the needs of Pulse victims, the true character of the city was also shown in the response by the community – individuals and organizations.

In this way, the Pulse tragedy galvanized much of the community's support for one another, their support for the police and the City's support for its community; it galvanized the community's resilience.¹⁰²

European Perspective and Experience

During our roundtable on meeting the needs of individuals and community after mass casualty incidents, Levent Altan – executive director of Victim Support Europe – affirmed the importance of preplanning and preparedness as the backbone of community-centred critical incident response. He remarked:

There is no excuse now to say we didn't expect it, and we didn't know what to do, and we didn't plan for it. I think "we don't perfectly know everything" is a different issue, and there are also some nuances about how you do things, and I think particularly when you talk about psychological responses, it gets complex and you need multiple different tools, really, to be able to address the different situations of each individual. But from a policy perspective, from a legislative perspective, we know a huge amount.¹⁰³

He also provided a strong rationale for planning:

The data shows that not responding appropriately is the most costly thing to do in terms of health impacts, in terms of economic impacts, in terms of fundamental rights, in terms of your community cohesion and residents. So I think it's important to always come back to that, that we know and we have to act and we have to plan.¹⁰⁴

Mr. Altan expressed the view that much "counterterrorism disaster response planning" does not tend to incorporate victim response very well. The challenge is to "combine civil society and the state responses together to have the most effective framework for response."¹⁰⁵

He also identified a number of key features for effective planning practices:

- Local planning in place: "[S]o that you know where would you set it up, how would you operate it, who sits where, where do you get the food and other kinds of emergency materials that you might need, for example."

- Relationships are built: “We heard about trust and the long time it takes to build relationships. That’s fundamental to the effective response. These kinds of scenes are extremely chaotic, you need to know who needs to do what, when they need to do it.”
- Plan for transition to longer-term activities.
- Communications frameworks are in place.
- Training and tools are in place to support the shift toward a victim-centred and community-centred response, including multi-agency and “pressure-tested” training to simulate the conditions of a mass casualty incident.
- System in place “to effectively record who are the victims and who are those impacted at the scene, knowing what kind of information you need to record.”¹⁰⁶

Planning Protocols

In its final submissions, the CACP NWG emphasized the “key to an effective response is preplanning.”¹⁰⁷ Planning should be aimed at building the capacity to respond to “predictable challenges” faced by police services in a mass casualty incident such as: identification of victims, management of victim / family response, communication, resource coordination, and impact on responders and service providers. The CACP NWG has reviewed the “available, collective lessons learned, both internationally and in Canada” and concludes that effective response strategies require public safety agencies have a range of protocols in place. These protocols include:

- Victim Witness Identification – Victims lists
- Death Notification
- Family / Survivor Assistance Centres
- Liaison between victims and investigation team
- Contact lists
- Communication (tech, social, media, web, etc.)
- Volunteer management
- Donation management
- Incident Command

- Emergency transportation and travel
- Financial support (emergency and compensation)
- Cleaning and return of personal effects
- Support services (victims, survivors, responders)
- Coordination, collaboration, and partnerships
- Community resiliency and counter narrative
- Commemoration and memorials
- Access to justice
- Specialized trauma care
- Evaluation of response and support
- Expertise Development
- Peer Support Groups

Recovery and Resilience

In her expert report, Dr. Schildkraut discusses the outcomes sought through the provision of support services and resources to those affected by a mass casualty incident. She outlines two main outcomes: recovery and resilience. Given the traumatic disruption caused by these incidents, the expectation is that it will take some time for those affected to recover. In general, the more extensive the trauma, including the level of exposure and other signs of direct impact, the more time it will take, though individual and community experiences are highly varied. The expected trajectory is for the initial elevated levels of trauma symptoms and distress to likely increase for some time and then gradually begin to decrease. This trajectory is rarely linear or steady; again experiences are highly divergent.

Dr. Schildkraut explains that when viewed “through the lens of recovery,” the anticipated outcome is that “the impacted individual returns to a state of pre-event functioning or something that closely resembles it.”¹⁰⁸ In other words, the outcome is an eventual return to “normal.” She suggests, however, that a resiliency lens is more attuned to the degree of trauma caused by mass casualty incidents. In her view “resiliency is conceptually distinct from recovery and often is a more realistic goal for impacted individuals.”¹⁰⁹ Her report describes resilience as:

[T]he ability of adults in otherwise normal circumstances who are exposed to an isolated and potentially highly disruptive event such as the death of a close relation or a violent or life-threatening situation to maintain relatively stable, healthy levels of psychological and physical functioning, as well as the capacity for generative experiences and positive emotions.¹¹⁰

The resilience lens recognizes that there is no recovery of the *status quo ante* – no return to before the mass casualty incident. Outcomes sought through the provision of information, support, and resources to directly and indirectly affected individuals is a “new normal.” Dr. Schildkraut describes this outcome:

Individuals who have developed resilience after trauma are better able to meet the demands of their everyday lives while managing their stress well. Although they may still experience trauma-related stressors, the impact of these is milder, less prolonged, and typically does not interfere with cognitive functioning as it would for people who have failed to build resiliency.¹¹¹

She emphasizes that most individuals “tend to exhibit resiliency after trauma,”¹¹² but noted they also may either underestimate or not be aware of how resilient they are.

Another way to frame the objectives of post-incident assistance is as supporting an individual’s coping capabilities so as to enable them to recover to the greatest extent possible and to become resilient. Dr. Schildkraut’s report adopts this definition of coping: “[C]onstantly changing cognitive and behavioral efforts to manage specific external and/or internal demands that are appraised as taxing or exceeding the resources of the person.”¹¹³ She explains that individuals who are experiencing trauma-related symptoms must devise different strategies or plans to respond to these challenges and that “how they are able to do so is dependent on a number of factors, including social support and prior traumatic experiences.”¹¹⁴

Her report summarizes the research on coping strategies that may be employed by survivors of mass shootings and identifies four main strategies:

- **Problem-focused coping** involves changing or removing the source of stress by either doing something about the problem, coming up with ways

to resolve the underlying issues, or making sense of it through religion or spirituality.

- **Emotion-focused coping** involves managing negative feelings and stress through social support (e.g., seeking out advice or empathy, venting about frustrations).
- **Avoidance** involves finding ways not to deal with the stressor (e.g., distraction, denial, restraint, or evading the issue by using drugs or alcohol).
- **Acceptance** involves coming to terms with the stressor and working to deal with it.¹¹⁵

Individuals may change their use of these strategies over time. Research has found that the strategy of avoidance is the most closely linked to prolonged trauma symptoms and that employing multiple strategies predicts greater resilience following a trauma.

Depending on the scale of a mass casualty incident, the most affected community or communities may also need support to recover and build resilience. In Chapter 8, we consider the overarching needs of the communities most affected by the April 2020 mass casualty.

MAIN FINDINGS

The objectives of post-mass casualty incident assistance should be to support the coping capabilities of individuals, families, and communities so as to enable them to recover, to the greatest extent possible, and to foster resilience despite traumatic loss.

A Trauma-Informed and Victim-Centred Approach

The CRCVC proposed that arrangements made for support services following mass casualty incidents be guided by trauma-informed and victim-centred principles and approaches. This victim advocacy organization adopts the following definitions of these terms and uses them as the basis for their proposals:¹¹⁶

- “Trauma-informed” means that care providers presume that an individual is more likely than not to have a history of trauma.
- “Victim-centred” means emphasizing the needs and concerns of the victims of a mass casualty event.

We include further information about the Canadian Resource Centre for Victims of Crime’s approach to these two concepts in the text box.

**Victim Support Services Key Concepts:
Trauma-Informed and Victim-Centred**

A trauma-informed care approach seeks to avoid re-traumatizing already traumatized individuals. This approach recognizes the presence of trauma symptoms and acknowledges the devastating, ongoing impact trauma may visit on a person’s life. A trauma-informed approach requires systematic re-education to shift care providers and officials from asking, “what is wrong with this person?” to “what has happened to this person?” This approach intends to provide support services in a way that is accessible and appropriate to those who may have experienced trauma.

Individuals with a pre-existing history of trauma are more likely to suffer long-term negative physical and psychological impacts following a mass casualty event. Such impacts range from PTSD to anxiety and depression, as well as a range of downstream physical health complications.

A **trauma-informed** approach begins with understanding the physical, social, and emotional impact of trauma on an individual, as well as on the professionals who help them. This includes **victim-centred** practices that recognize the prevalence of trauma, the effects of trauma on individuals involved and the appropriate protocols put into practice to respond to trauma.

A **victim-centred** approach emphasizes the needs and concerns of a victim to ensure the compassionate and sensitive delivery of services in a nonjudgmental manner. Service providers seek to minimize re-traumatization by providing accessible services while empowering victims in the process.

Victim support services that are **trauma-informed** and **victim-centred** recognize the signs and symptoms of trauma, respond to trauma’s widespread impact and open potential paths for healing.

When victim support services are **trauma-informed** and **victim-centred**, policies, procedures, practices, and settings can be developed in such a way as to prioritize victims' safety and security, safeguarding against unintentionally re-traumatizing the victims of crime and mass casualty events.¹¹⁷

Proactive, Coordinated, and Long-Term Assistance

The Utøya Report emphasized three principles to guide service planning and delivery: proactive, coordinated, and long-term.

Following the Utøya mass casualty, the Norwegian National Outreach Program approach included proactive, early outreach and specifically ensured that “victims were contacted, assessed, and given information about the outreach program within days of the attack.”¹¹⁸ The program stated that proactive follow-up should last for one year. However, the Aftermath Study findings “clearly show that many survivors struggled for several years post-terror, and the need for help extended well beyond the first year.” The Utøya Report recommends that:

Post-terror outreach should be proactive, long-lasting, and consider the diverse needs and characteristics of the affected individuals, including, for example, minority background status. Furthermore, the outreach should be broad, targeting people in the immediate social networks, schools, and workplaces of survivors.¹¹⁹

The importance of a proactive approach applies to the sharing of information as well as the provision of support. During our roundtable discussions, Mr. Altan stressed:

We keep hearing this point about proactive as well, and that's proactive in terms of offering support, but also proactive in terms of providing information. People in these traumatising, chaotic situations, don't know what they want when they need it. We need to keep offering those things in an appropriate manner at different times and in different ways, and that's a fundamental part of the way that we communicate.¹²⁰

Coordination of services is also paramount. During our roundtable on the needs of individuals and families after a mass casualty, Mary Fetchet advocated for this guiding principle, which she conceptualizes as “streamlined” support services:

I feel very strongly if the resources and the information and the services are provided in a streamline fashion, that – and there’s a handoff, if you don’t have the resource the person needs, you’re going to connect them with somebody that does. And I think this helps mitigate the mental health complications that we’ve seen long-term because of, you know, the hundreds of organizations that were providing support with a lot of overlaps, the gaps that weren’t filled and what was really needed.¹²¹

As discussed earlier in this chapter, in the section on understanding the needs of those affected by mass casualty incidents, one of the signal findings of the Aftermath Study was the persistent, long-lasting nature of post-trauma injuries and the attendant requirement for long-term support. The authors of the Utøya Report emphasize this priority: “We recommend that a core principle for follow-up after future major terrorist attacks should be long-term assistance and aid.”¹²²

Follow-up and Evaluation

Recent research has highlighted the importance of recognizing and planning for the needs of those affected by the mass casualty over the longer term. Dr. Schildkraut emphasizes the value of conducting ongoing needs assessments at specific intervals (e.g., every three to five years) beyond the initial evaluation. These assessments “typically are conducted by administrators at victims’ services agencies in collaboration with community agencies, academic institutions, consultants, or others skilled in such evaluations.”¹²³ The value of these assessments is underscored by the findings of the Aftermath Study, which provide an empirical basis for the development of future services and delivery approaches.

In its submissions, the CRCVC pointed out the interrelated value of providing services over the long term and evaluating this experience:

Long-term, proactive, and coordinated outreach also has the ancillary benefit of providing feedback and data to victim service providers. Complaints expose what is not working. Large-scale analysis can hone and

inform best practices. The long-term effects of extreme trauma remain an understudied science. Victim service provision is an ever-developing field. The information gathered through long-term, proactive, and coordinated outreach can only serve to make it better.¹²⁴

Similarly, the Utøya Report concluded:

To successfully improve readiness and respond adequately to victims' needs after terrorist attacks, disaster guidelines and future outreach programs must integrate the findings of empirical research. In other words, a systematic, needs-based response to terrorist attacks and other disasters requires the integration of real-time research in preparedness planning.¹²⁵

Our final guiding principle is that follow-up and evaluation is an essential aspect of community-centred critical incident response. Steps should be taken to measure and monitor the extent to which services are meeting the needs of those affected by mass casualty incidents, and learning whether they are contributing to the desired outcomes of post-trauma recovery and resilience. Evaluation processes results should be integrated into community-centred response plans and the outcomes of these monitoring processes should be consolidated and assimilated into planning on an ongoing basis.

Promising Practices

In this section, we highlight four promising practices that should be considered in developing the framework for community-centred critical incident responses.

Shared Experience and Sense of Community

Processes and practices that promote shared experience and a sense of community can contribute to healing, recovery, and resiliency. During our roundtable on gender-based violence, Dr. Lori Chambers of Lakehead University noted that:

One of the ways that any of us heal from traumatic experiences is through a shared experience with others. So even studies, for example, of folks who have gone through mass tragedy events is that the connection to other people who can understand what you've experienced is very often what helps you feel more resilient and helps normalise your own reactions.¹²⁶

In her expert report, Dr. Schildkraut discusses the important role of informal resources in supporting those affected by mass casualty incidents. This practice initially developed through the formation of support groups for people who have lost a loved one to homicide ("homicide survivors"). She explains:

One way to promote the development and sustainment of this type of social support is to utilize support groups. Although largely unstudied in the context of mass shootings, research has documented the success of support groups for homicide survivors. These groups allow individuals to bond with others who have a similar experience, to have their feelings validated, and to make sense of their loss.¹²⁷

For homicide survivors, "These 'similar others' are uniquely positioned to provide positive social support because they can validate an impacted individual's emotional responses as 'normal' (relative to the extremity of the situation) having been through a comparable trauma themselves."¹²⁸ They may be able provide practical strategies such as sharing successful techniques for managing trauma, and provide different types of assistance, including advice and encouragement.

In some interviews, survivors of mass shootings identified connection with "similar others" as the most beneficial resource they had during their recovery. One survivor told Dr. Schildkraut, "Just to be around people who have been through the same trauma makes you feel normal for a second. It validates your feelings."¹²⁹ In her report, Dr. Schildkraut suggest that "[N]ot only does this connectedness help to reinforce that the survivor did not go through the event alone, but it also fosters solidarity and cohesion that can help them navigate their trauma" over the long term. In addition, this solidarity can "act as a buffer against the potential negative effects of outsiders, whether it be the media or even family and friends who either intentionally or unintentionally attempt to deny the survivor their experience."¹³⁰

Through her interviews with survivors of mass shootings, Dr. Schildkraut also identifies the concept of community as being vital to understanding the shared

experiences of these survivors. She indicates, however, that this may have both positive and negative effects. In this sense, community is defined not only geographically (referring to a group of people living in the same place) or socially (e.g., a school or religious group) but also as a more abstract sense of fellowship or belonging with others who have a shared experience.

On the positive side, Dr. Schildkraut's research demonstrates:

Survivors have noted that when the community is close-knit prior to a mass tragedy occurring, it can facilitate the recovery process by helping to get things back to "normal" (or, as noted, the "new normal") more quickly. Community partners, including other residents, can work alongside those most affected to not only rebuild the physical location(s) but also provide emotional support. At the same time, if those most affected need some type of resource to facilitate that process but are unable to procure it, there are other forms of support beyond the community that can potentially step in and assist.¹³¹

However, community may also be perceived as having a negative effect on the recovery process when there is strife among members. She goes on to explain:

As noted, even within a geographic community that is impacted by a mass casualty event, individuals will be affected – and at times prioritized both formally and informally – differently, often with the greatest focus on those most affected (families of the deceased and injured survivors). This can foster tension among survivors, who perceive other impacted individuals from the broader community as not understanding their experiences or being treated differently. Such tension can have adverse effects on trauma recovery.¹³²

Furthermore, it is important to recognize that the loss of community, often as the result of leaving the geographic area associated with the original trauma, "also can present challenges for impacted individuals."¹³³

Safe and Supported Spaces for Expressing Grief

Following a mass casualty incident, community members will benefit from safe spaces to express anger, rage, or to otherwise process trauma without being subject to unwanted attention or condemnation by those who do not understand.

During the roundtable on needs of individuals and families, Dr. Terry Mitchell explained the importance of safe and supportive spaces for expressing grief. In the absence of these space, those affected by a mass casualty are like to repress their emotional responses to the trauma. Repression means “trying to keep everything down and not bring things to consciousness or be so traumatized that one is actually dissociating, meaning that one’s conscious awareness is separated from one’s emotional life, and that you’re kind of living outside of yourself.”¹³⁴ Speaking specifically about the April 2020 mass casualty, she warned of the negative consequences

[I]f we don’t support individuals, and in this case communities, like, whole systems, individuals and families, whole communities, even all of Nova Scotia, to acknowledge what’s happened, to be able even to not move on, to not forget, to have a place as individuals and families and communities to have a voice to that pain and to that anger and to that rage ...¹³⁵

Dr. Mitchell stated that the resulting trauma from the mass casualty is “unimaginable,” and the unimaginable is “hard to mitigate and manage on our own.”¹³⁶ She indicated:

That’s why people talk about community and connectedness and being able to revisit this, to have the permission to have voice and community and support to acknowledge the nature, the horror of what happened, that it was unpredictable, that it was unexpected and it was beyond the tolerable range of human experience, that this is an existential crisis not for one individual, not for one family, not for one community, for many communities, for province, for the country in some regard. And ... we can’t ask people just to politely move through their grieving. We need to be able to support people to actually feel what they don’t want to feel, which is tremendously enraged. And not everyone necessarily will process that way. As we’ve mentioned and others have mentioned, that everyone will go through a process differently and different times. But

there is a place for justified anger and for reasonable rage about unreasonable events.¹³⁷

Recognizing the role of expressing anger and rage as one method for processing trauma and grief does not mean accepting that people will maintain this angry state. To the contrary, providing safe and shared spaces for this expression is one way to support the grieving process. Dr. Mitchell emphasized the health benefits that would likely result:

[W]e will have better health outcomes if people are given safe places and structured ways to tell their truth, to tell their pain, and not in polite ways, but in real ways, in embodied ways of what they lost, and how much it hurts, and how it shouldn't have happened. And so there's more about that, but that's about creating spaces, as people have talked about, safe spaces to have voice, to speak truths, to validate their emotions, and the full range of emotion. As Canadians and as humans generally, we're not really great at death and death language, grieving language, and we're not really – myself in particular, not good with conflict and anger, but these are times, important times to be able to reclaim that as human beings and validate justified anger, rage that's reasonable according to an existential crisis. And that I will link to reduce somatization, more people being able to reconnect their thoughts with their emotions, to reconnect and to move towards coming together again, and coming together to do this, and then coming together to integrate the self and integrate families and communities again.¹³⁸

Hubs and Centres

The Orlando Pulse Nightclub Report demonstrates the promise inherent in planning for the rapid establishment of several kinds of service centres as soon as a critical incident begins. In the Orlando example, these centres included the Emergency Operations Center (the base for the public safety agency response), the Family Reunification Center, the Family Assistance Center, and the Orlando United Assistance Center.

In its submissions, the CRCVC also identifies Survivor Resources Centres as proven, practical, and victim-centred means of meeting many of the needs of those affected in a coordinated way. Survivor Resources Centres are centralized locations that can be utilized as a sort of victim services hub. The CRCVC describes them as a central location to:

- Provide a place where victims and their loved ones can gather to receive information and access support from relevant agencies without the need for complex referral systems.
- Act as a “home base” for victims and their loved ones who want to visit the scene(s) where the critical incident took place.
- Enable a necessary and timely two-way flow of accurate information between families and responders:
 - ◊ This information flow can alleviate some of the trauma associated with the aftermath of such events. Difficult processes such as identifying bodies or the transportation of remains can be expedited. Families can assemble for daily briefings about the incident: even if not much information is known, ensuring the most accurate information is being regularly provided can ease the psychological burden of not knowing.¹³⁹

The CRCVC underscored the importance of Survivor Resource Centres being staffed with Victim Navigators: “specialized workers who can provide victims with a formalized needs assessment – to help victims locate necessary services.”¹⁴⁰

While Survivor Resource Centres are clearly a promising practice, they cannot meet all the needs of those affected by a mass casualty. To begin with, not all of those affected will reside near the site. Additional requirements include proactive outreach and follow-up needs assessments in the medium- and longer-term and the provision of services where the assessments demonstrate a continuing need.

Assistance with Media

The Utøya Report and the survivors and community members interviewed by Dr. Schildkraut for her study identified pervasive media attention as an issue of

concern. Dr. Schildkraut reports that one survivor likened this experience to “grieving in a fishbowl.”¹⁴¹ She also explains:

When the media retreat from the impacted community, sometimes as quickly as they arrived, their departure can leave survivors and the community as a whole feeling abandoned. It is not uncommon for survivors to struggle with feeling as though others have moved on and forgotten about their tragedy while they are unable to. Such feelings are not only related to the presence or lack thereof of the media. Attention from the broader public often is high in the immediate aftermath of a mass shooting, with people offering thoughts and prayers as well as resources. After a short period, however, these too diminish. As this attention may be perceived as a form of social support, its absence can have a negative impact on survivors, who may perceive it as another loss that compounds their initial impact and creates an added obstacle for their recovery journey.¹⁴²

Dr. Schildkraut provides information about the Toolkit for Response for Advocates in Colorado on reducing the impact of media. We provide more information about this toolkit in the text box.

Recommendations for Reducing the Impact of the Media on Communities Affected by Mass Casualties

(Adapted in part from the Toolkit for Response for Advocates in Colorado)

During the event and immediate aftermath, work with law enforcement to create media staging points away from the scene or locations where survivors are gathering.

- Assign a Public Information Officer (PIO) to each family or injured survivor.
- Notify family / survivor PIOs and victim advocates of information to be covered at press conferences so they can prepare the impacted individuals they are working with.
- Assign a liaison to field media requests and connect them with persons who have expressed an interest or willingness to provide public interviews.
- Incorporate these same practices for other instances where impacted individuals will be congregated together, such as at funerals, when returning

to the event site, and year mark commemorations, as well as for any legal proceedings stemming from the event.

- Provide resources to impacted individuals about healthy media consumption practices (e.g., limiting the amount of media consumed each day; seeking out verified information from trusted and credible sources).
- Encourage the media to adopt a No Notoriety policy when covering the event in any context, including at annual observance ceremonies. No Notoriety challenges the media to reduce the attention given to a perpetrator in the coverage of a crime, including limiting the use of their name (instead referring to them as “the perpetrator”) and image, avoiding prominent placement of the story, and avoiding publishing their manifestos.¹⁴³

The Orlando Pulse Nightclub Report promotes the value of tabletop emergency planning exercises with all stakeholders that include media strategies and are part of the preparation phase of community-centred critical incident response. This strategy is geared primarily toward effective use of the media as a public communication avenue during and after a mass casualty. Nevertheless, the Orlando Pulse Nightclub Report’s emphasis on planning and the media is an important reminder about this aspect of preparedness for a response. In Volume 5, Policing, of this Final Report, we reinforce the importance of the role of media in preparation for a response to a mass casualty, and identify the opportunity to include them in planning.

Conclusion

Planning and preparations for community-centred critical incident responses should be based on a robust understanding of the potential impact of mass casualty incidents. It is clear these incidents have an extended circle of impact beyond those whose lives are taken and those who are injured. This circle of impact encompasses: families and friends of the deceased and injured survivors; others present during the incident, including emergency responders and other service

providers; local communities; and the wider population. As described in Volume 1, Context and Purpose, this general description of the circle of impact is consistent with what the Commission has learned about the ripple effect of the April 2020 mass casualty. The impact has many dimensions, and the nature and extent of the negative effects vary within these circles and beyond. Studies have shown a differential impact on individuals and groups who have specific needs as a result of their personal characteristics and past experience of trauma, and in addition, as a result of their membership in historically and contemporaneously marginalized or stigmatized groups. Again, this is consistent with our findings in this inquiry.

Another important aspect of the proposed framing of community-centred responses is recognition that both directly and indirectly affected individuals can experience a range of negative mental and physical health outcomes following a mass casualty incident. Grief and bereavement are normal, healthy processes, and these processes can be facilitated through increased grief literacy and other forms of formal and informal support. Traumatic loss can lead to complicated grief and a range of post-traumatic stress injuries, including PTSD. Mass casualties can also result in vicarious, secondary, and collective trauma. The Norwegian Aftermath Study clearly demonstrates the long-term and persistent support needs of survivors of the Utøya mass casualty and their families. These needs include healthcare, financial support, material support, and educational support. We also learned there are important subjective determinants of whether an individual is affected and the extent of the impact. These determinations cannot be made in purely objective terms. For many survivors and affected persons, information and support needs may continue for an extended period. Community-centred critical incident response planning should include systems to address these profound and potentially long-lasting impacts.

The Commission developed a rich foundation of knowledge about post-mass casualty needs and the promising ways to meet these needs. We have synthesized this information into six guiding principles and seek to ensure that planned processes and services integrate:

- respectful treatment of those most affected including through recognition of their unique perspective, experiences, and needs, and their involvement in all stages of planning, implementing, and evaluating the post-critical incident support plan;
- recovery and resilience as the desired outcomes;
- trauma-informed and victim-centred service provision;

- proactive, comprehensive, and coordinated support services that include navigation assistance;
- commitment to providing services in the immediate, short and medium, and long term; and
- ongoing needs assessments, monitoring, and periodic evaluation of programs and services.

We apply this framework over the next four chapters. First, in Chapter 5, we use it as an underpinning for the more specific design principles for public alerting systems and for our discussion of other public communications during and after a mass casualty incident. In Chapters 6, 7, and 8, we apply this framework to three sets of needs that arise during a critical incident and as a result of a mass casualty: information needs of affected persons; support needs of emergency responders; and needs of affected individuals, families, and communities. We do not apply the framework retrospectively to evaluate the critical incident response and follow-up. Its application, rather, is meant to be solely forward-looking, to ascertain what aspects could be improved upon. The framework also assists us to consider the continuing needs from the April 2020 mass casualty incident and how they should be addressed now and in the longer term. We carry out this examination in Chapter 9.

Planning and preparedness are vital to effective critical response, including the ability to alert community members about threats to their safety, to ensure effective communications during and after a critical incident, and to provide information and support services to affected individuals, including first responders, families, and communities. Mass casualty incidents are low-frequency, high-impact events that necessitate both immediate response and long-term, caring support services; this makes it harder for many public safety organizations to develop protocols and services and to train staff. The extraordinary character of these incidents increases the difficulties faced by all actors and agencies within our system for ensuring community safety and well-being in developing protocols and services. Based on our findings, we conclude that a national resource hub is required to facilitate this advance planning and provide assistance to ensure all jurisdictions attain the necessary level of preparation, while minimizing duplication of effort. This national resource hub could also assist in training personnel, and potentially could establish a small national team to be mobilized quickly in response to a mass casualty.

At present, Canada has no national coordinating office for mass casualty incidents. Several witnesses and Participants at the Commission identified a need for

national assistance to address some of the gaps in the systems for post-incident support that were noted following the April 2020 mass casualty. For example, in his testimony, RCMP Supt. Darren Campbell stated: “I believe that at the national level, there is the need to train people on how to provide the service in response to a mass casualty incident ... The frequency of those events would not necessarily dictate that all officers would need to be trained in that area.”¹⁴⁴

In their final submissions, the CACP NWG proposed the creation of a national centre of excellence and expertise for supporting victims of terrorism, mass violence, and mass casualties. Its proposal describes the role: “An office which functions as a center of expertise could assist police services, governments, support agencies, and communities by increasing Canadians preparedness in developing a more consistent standard of victim response across jurisdictions in Canada, while building in flexibility to respond in ways appropriate to the specific community.”¹⁴⁵

During our Phase 3 consultation with Participant victim advocacy organizations, several experts involved in the dialogue spoke in favour of this type of initiative.

According to the CACP NWG, one of the benefits would be the creation of “a pool of subject matter experts who could be consulted to ensure that a victim’s lens is applied in the development of emergency response frameworks throughout Canada.” Another prospective benefit would be the fostering of a stronger victim-centred approach that “would allow victims to feel heard and also promote healing and resiliency” and, as a consequence, reduce the potential for further harm, re-victimization, and post-traumatic stress. The CACP NWG proposed that this type of office could also facilitate cross-border referrals of foreign victims, thereby “helping to mitigate a lack of access to resources due to language barriers, lack of social networks, lack of awareness of the existence and accessibility of resources, or the lack of familiarity of the justice systems.”¹⁴⁶ More important, in the context of our mandate, a national centre could help to build capacity across all levels of government to plan responses to future mass casualty incidents and respond effectively to victim needs in the short, medium, and long term. It could also help to address the gap in services for family members living in jurisdictions other than where the mass casualty takes place, whether their home is in another province or territory or abroad.

International developments also support this proposal. In October 2017, the United States established the National Mass Violence Victimization Resource Center [the US Resource Center]. In January 2020, the European Union (EU) set up the EU

Centre of Expertise for Victims of Terrorism [the EU Centre] as a two-year pilot project; its mandate has been extended.

The US Resource Center was established in partnership with the Office for Victims of Crime within the Office of Justice Programs, U.S. Department of Justice. The center is composed of a multi-disciplinary team of scholars, researchers, victim assistance professionals, partner organizations, technical experts, and relevant local and national organizations in a multifaceted team that collaborates with the Office for Victims of Crime. This center's vision is: "Victims and survivors of mass violence must have access to first rate, evidence-based information and services throughout the entire recovery process provided by victim assistance and other professionals who are compassionate, well-trained, and respectful of victims' needs and wishes."¹⁴⁷

The US Resource Center describes its mission as "[t]o improve community preparedness and the nation's capacity to serve victims recovering from mass violence through research, planning, training, technology, and collaboration."¹⁴⁸ More specifically, the mandate is to serve

as the source for best evidence to achieve a social understanding of mass violence upon which civic leaders, mental health professionals, journalists, policy makers, and victim assistance professionals can rely. Using research to illuminate crime victims' challenges and needs, we evaluate what works and what doesn't work, and use this information to improve victim and mental health services through training and technical assistance.¹⁴⁹

The EU Centre was set up and is run by the European Commission with the support of a consortium of victim support associations led by Victim Support Europe. The EU Centre offers expertise, guidance, and support to national authorities and victim support organizations, helps to ensure that the EU rules on victims of terrorism are correctly applied, and promotes the exchange of best practices and sharing of expertise among practitioners and specialists across borders. The EU Centre produced the *EU Handbook on Victims of Terrorism*, which was published by the European Commission and has been translated and adapted to the situation in each EU member country. The handbook is designed to assist national authorities and victim support organizations in the practical implementation of EU legislation, based on lessons learned from responses to previous terrorist attacks. Training programs have also been developed and offered online "on legal and practical aspects of

how to ensure support and protection for victims of terrorism.” The EU Centre also serves as a hub of expertise to facilitate the sharing of knowledge and has set up a database with information on experts in different fields, including “psycho-trauma experts specifically trained to deal with post-traumatic syndromes characteristic to victims of terrorism,” psychologists, lawyers, victim support organizations, and first responders.

We conclude that a National Resource Hub for Mass Casualty Responses is required in order to effectively and efficiently assist provincial, territorial, Indigenous, and municipal governments to ensure plans and preparations for community-centred responses to mass casualty incidents. The need for this resource hub is further detailed in Chapters 6, 7, and 8 in our examination of the gaps in information and support services provided to affected individuals, including emergency and critical responders, families, and communities, in the aftermath of the April 2020 mass casualty.

LESSONS LEARNED

Mass casualty incidents are high-impact events that occur infrequently, making it difficult for public safety organizations to develop expertise and train personnel to provide trauma-informed and victim-centred services.

Recommendation C.2

NATIONAL RESOURCE HUB FOR MASS CASUALTY RESPONSES

The Commissions recommends that

The federal government should establish, by September 2023, a National Resource Hub for Mass Casualty Responses with a mandate to:

- (a) serve as a centre of expertise for the provision of services to victims and affected persons, including families and friends of victims, during and after a mass casualty;

- (b) draw on national and international experience, research, and promising practices;
- (c) build capacity across all levels of government to plan responses to future mass casualty incidents and respond effectively to victim needs in the short, medium, and long term, including through the development of draft protocols, training modules, handbooks, and other resources, and a database of experts;
- (d) assist in the development of a standard of victim response across jurisdictions in Canada, while building in flexibility to respond in ways appropriate to the specific community; and
- (e) facilitate the provision of assistance to victims, family members, and other affected persons who reside outside the jurisdiction where the mass casualty took place (whether in Canada or in another country) and facilitate assistance to foreign victims and affected persons, including, for example, through cross-border support service referrals.

IMPLEMENTATION POINTS

- The federal government should consult the Canadian Association of Chiefs of Police National Working Group Supporting Victims of Terrorism and Mass Violence; their relevant Indigenous, provincial, and territorial counterparts; the Canadian Resource Centre for Victims of Crime; other victims' rights advocacy organizations; provincial victims' services programs; and the Federal Ombudsman for Victims of Crime.
- The expertise developed by this National Resource Hub for Mass Casualty Responses could extend to other types of emergency and major incident response.
- The National Resource Hub could also assist directly in training personnel, and could potentially establish a small national team to be mobilized quickly in response to a mass casualty.

CHAPTER 5

Public Warning Systems

CHAPTER 5 Public Warning Systems

Introduction

Public warning systems, frequently referred to as emergency alerting, are a communications tool designed to ensure the safety of people at risk of emergencies or disaster events. We use the broader term “warning systems” to include public alerts and other notifications to the public. Their objective is to communicate on an urgent basis with anyone who is at risk, whether local residents, businesses, or visitors to any given area. These warning systems are an important aspect of community-engaged critical incident responses and should be developed, implemented, and evaluated by community members. In addition, community members must understand how a public warning system works and their responsibilities within it. For example, public awareness and education campaigns can help to ensure that individuals know what steps to take when a warning is issued, including who to contact if they require further information.

In this chapter, we examine the development and implementation of effective public warning systems. We focus on evaluating whether Alert Ready can provide the robust public warning capabilities needed to ensure a community-centred response to mass casualty incidents and other threats to public safety.

In Volume 2, *What Happened*, we found that the RCMP public communications using social media on April 18 and 19, 2020, were inadequate and thereby deprived community members of the opportunity to evaluate risks to their safety and to take measures to better protect themselves. These inadequacies included seriously understating the threat presented by the perpetrator on the evening of April 18, the delay in informing the public about the replica RCMP cruiser and police disguise, and insufficient use of the media as a partner during this critical incident.

In Volume 5, Policing, we focus on the RCMP's decisions and actions with respect to public communications during the April 2020 mass casualty, including the systemic failures contributing to the omission of issuing a public alert through the Alert Ready system. We make a number of recommendations about the policies and practices that should be followed by police agencies to ensure adequate public communications during and following a critical incident. We discuss all aspects of public communications and public warning systems from the perspective of their use by police services in Volume 5.

Deciding on the best system for public warning is a decision for the Canadian public – a decision for communities. The use of these systems by police agencies and other public safety agencies involved in emergency management is a separate, though equally important, issue.

Overview of Chapter

Our examination of the public warning systems begins with a review of the current national system and the related background context. We explain key concepts and terms and provide an historical overview of emergency alerting and the development and operation of the Alert Ready system. We also explore alternative approaches to public warning systems, focusing in particular on the Unama'ki Emergency Alert System, a community-based system developed and operated by the five Mi'kmaw communities in Cape Breton. A Mainland Mi'kmaq Alert System has also been established.

We build on this foundation by setting out what we have learned about community needs and experiences during the April 2020 mass casualty, and more generally about the differential impact of alerting. On the basis of this foundation of background information and community perspectives, we assess Alert Ready and develop a set of public alerting system design principles to guide reform. A concluding section contains our recommendations in this area.

Key Concepts and Terms

The expert report on communications interoperability and the Alert Ready system prepared for the Commission by technical experts Chris Davis (president and security and emergency management lead, Lansdowne Consulting Group), and Cheryl McNeil and Peter Gamble (also with Lansdowne) points out that Canada lacks a

comprehensive national framework for emergency management response and, therefore, no standardized response practices, resources, or training across the country. This fragmentation extends to public alerting and other emergency communications. In the United States, by contrast, the federal government has developed and formalized its National Incident Management System (NIMS), “which is supported by robust and standardized tools, templates, and training.”¹ The program is described on the website of the Federal Emergency Management Agency website:

NIMS guides all levels of government, nongovernmental organizations and the private sector to work together to prevent, protect against, mitigate, respond to and recover from incidents. In addition, NIMS provides stakeholders across the whole community with the shared vocabulary, systems and processes to successfully deliver the capabilities described in the National Preparedness System. NIMS also defines operational systems that guide how personnel work together during incidents.²

In their report, Mr. Davis and his colleagues provide a “basic primer on the history and current state of emergency management, emergency communications, communications interoperability, public alerting, and the Alert Ready system in Canada.” The report contains definitions of the key terms “emergency management,” “emergency communications,” and “communications interoperability.” Together these elements provide a framework for public alerting – as set out in the text box.

Emergency Management: Emergency management includes risk management measures and activities related to prevention and mitigation, preparedness, response, and recovery.

In Canada, emergency management adopts an all-hazards approach, addressing both natural and human-induced hazards and disasters.

Provinces, territories, and individual jurisdictions are responsible for developing and maintaining their respective emergency management programs based on regional threats, risks, and priorities, while ensuring they are aligned with the national emergency management.

Emergency Communications: Emergency communications is the exchange of information by emergency responders via data, voice, and video, on demand, in real time, as needed and as authorized, to complete their missions.

Emergency communications also includes the sharing of information with the public through a variety of means.

Effective emergency communications are critical to successful emergency management programs. The effectiveness of emergency communications is influenced by available resources, procedures, technology, and training.

Communications Interoperability: Communications interoperability is the ability of emergency personnel to communicate between jurisdictions, disciplines, and levels of government, using a variety of systems, as needed and as authorized.

The degree of communications interoperability achieved in any jurisdiction is influenced by the integration of governance structures, standard operating procedures (SOPs), technology, training and exercises, and the frequency and consistency of usage.

The same approach should be applied to optimize specific technologies and solutions.

Source: Chris Davis, Cheryl McNeil, and Peter Gamble, “Communications Interoperability and the Alert Ready System,” Table 1: Emergency Management, Emergency Communications, and Communications Interoperability

The Canadian lack of uniformity extends to definitions of emergency, although the variations tend to be small and they all have the same underlying meaning. Mr. Davis and his colleagues explain that it is not uncommon for slight variations in definitions of emergency to exist among various governments, organizations, and even countries. A typical example, provided by these experts, is the City of Toronto’s definition of an emergency as “a situation or impending situation that constitutes a danger of major proportions that could result in serious harm to persons or substantial damage to property that can be caused by forces of nature, disease or other health risks, accidents or an act whether intentional or otherwise.”³ They further explain that “the term ‘disaster’ is often used interchangeably with ‘emergency’ but generally implies a broad scope and widely negative impacts.” For this concept they cite the United Nations characterization of disaster as “a serious disruption of the functioning of a community or society, which involves widespread human, material, economic or environmental impacts that exceed the ability of the affected community or society to cope using its own resources.”⁴

Public Safety Canada maintains the Canadian Disaster Database, which includes information about more than one thousand natural, technological, and conflict events (excluding war) that have happened since 1900 at home or abroad and that have directly affected Canadians. The events tracked by this database meet one or more of the following criteria:

- 10 or more people killed;
- 100 or more people affected / injured / infected / evacuated or homeless;
- an appeal for national / international assistance;
- historical significance; and
- significant damage / interruption of normal processes such that the community affected cannot recover on its own.⁵

Mr. Davis and his colleagues review the list of natural and technological events in the Canadian Disaster Database and conclude that it is “comprehensive and inclusive.” At present, the types of conflict events covered by this database are limited to “arson,” “civil incidents,” “hijacking,” and “terrorist.” The authors underscore that “[n]o category for mass violence or shootings currently exists” within the database.⁶ The “civil incidents” category comprises the subcategories of disturbance / demonstrations and rioting. Terrorist events include the category of “shootings.” The *Criminal Code* defines terrorism as an act committed “in whole or in part for a political, religious or ideological purpose, objective or cause” and “with the intention of intimidating the public, or a segment of the public, with regard to its security, including its economic security, or compelling a person, a government or a domestic or an international organization to do or to refrain from doing any act.”⁷ The authors propose that a review of the Canadian Disaster Database event categories “may be appropriate to ensure that mass shooting incidents are included.”⁸ We agree with this proposal and recommend that the Commission’s definition of mass casualty incidents be adopted.

Recommendation C.3

AMENDING THE CANADIAN DISASTER DATABASE TO INCLUDE MASS CASUALTY INCIDENTS

The Commission recommends that

The Minister of Public Safety Canada amend the categories of events used in the Canadian Disaster Database to include mass casualty incidents as defined in Recommendation V.1: “An intentional act of violence during which one or more perpetrator(s) physically injure(s) and/or kill(s) four or more victims, whether or not known to the perpetrator, during a discrete period of time.”

History of Emergency Alerting in Canada

Canada's public warning system has been designed to address both emergencies and disasters. In their report, Mr. Davis and his colleagues review the development of emergency alerting in Canada. They indicate that, historically, “police services across Canada relied heavily on traditional (radio and television) news media releases and news conferences to share important information with the public.”⁹

The year **2002 marked an important transition when the Amber Alert program, which can be used only by authorized law enforcement agencies, started in Alberta and was subsequently adopted in the rest of Canada. Amber Alerts are messages designed to provide immediate and up-to-date information about a child abduction and have the goal of involving “as many community members as possible in the search for an abducted child – each community member becoming the eyes and the ears of law enforcement.”**¹⁰ The system originated in the United States and stands for America's Missing: Broadcast Emergency Response. In Canada, Amber Alerts are issued through the Alert Ready system and reach Canadians through a number of media (e.g., cellphones, television, and radio).

More recently, public safety and emergency responders have begun to “augment their communications with the public during emergencies with a range of other tools that include social media, webpages, specialized alerting applications, and roadside signage.”¹¹ Around 2010 or 2011, police services began to use social media as a communications tool with the public. The use of social media, and Twitter in particular, is often still viewed as the quickest and easiest means to alert the public. Mr. Davis and his colleagues conclude that while police services are slowly evolving toward using Alert Ready, social media remains a common practice in many jurisdictions. For the police, this practice was reinforced by the findings of the review of the RCMP’s handling of the June 2014 active shooter event in Moncton, NB, written by Ret’d. A/Commr. Alphonse MacNeil, which endorsed social media as a valuable tool for public alerting. The MacNeil Report stated that given the timing of that incident in the early evening, “social media was the quickest and most effective way to reach people in the shortest period of time.”¹² Social media was found to be “extremely valuable when used in conjunction with news releases, news conferences and media availabilities as ways to communicate directly to the public.”¹³ We discuss the MacNeil Report’s independence, its recommendations about public communications, and the RCMP’s response to these recommendations in Volume 5, Policing.

The Alert Ready System

Description

Alert Ready is the brand name of Canada’s National Public Alerting System (NPAS), which launched in 2014 as a federal, provincial, and territorial initiative enabling emergency management organizations across Canada to warn the public about imminent or possible dangers such as floods, tornados, hazardous materials, fires, and other disasters. In 2007, the Canadian Radio-television and Telecommunications Commission (CRTC) released a series of decisions that initiated efforts to establish “this modern all-hazards, all-media NPAS in Canada.”¹⁴ The CRTC continues to be responsible for enforcing the regulations that require mobile service providers, cable and satellite companies, and radio and television broadcasters to distribute emergency alerts.

During our roundtable on public alerting, Tim Trytten, who led the Alberta Emergency Alert Program and played an important role with respect to the National Public Alerting System, highlighted the funding of Pelmorex, a private company, in Canada's unique public warning model:

So, effectively, alerting in Canada in that system is paid [to] Pelmorex, by the cable companies, the broadcasters at a rate of 22 cents per subscriber. That agreement is in place or that licensing requirement is in place till August 31st, 2023, and under which it will be renewed or terminated, depending.¹⁵

He also drew our attention to some of the CRTC's commentary on the arrangement with Pelmorex and its own role:

[P]ursuant to section 9(1)(h) of the Broadcasting Act may not be the most appropriate vehicle for the continued support of the NAAD System following this next licence term for TWN [and MétéoMédia, Pelmorex's parent company]. The communications industry will continue to do its part to support ... NPAS [through the development] ... passing through ... alerts, but the operation of the NAAD System and the development of related policies would be more appropriately situated with and supported [with] organizations more directly responsible for public safety.¹⁶ [The National Alert Aggregation and Dissemination (NAAD) System is a part of the NPAS.]

Mr. Trytten commented that the CRTC "clearly recognized that this was the best available option at the time" but shortened the renewal period for the agreement from seven years to five years. His view is that what the CRTC "chooses to do going forward is another question."¹⁷

Alert Ready was developed by federal, provincial, and territorial emergency management officials – specifically, members of the Senior Officials Responsible for Emergency Management (SOREM), Environment and Climate Change Canada, Pelmorex Corporation, the broadcasting industry, and wireless service providers. In 1989, Pelmorex Media Incorporated was established, and two years later it acquired the Weather Network. In 2010, Pelmorex launched the National Alert Aggregation and Dissemination (NAAD) System. It was required to do so in a 2009 CRTC decision as a condition of receiving exclusive distribution rights on digital

basic services. It receives a wholesale rate per subscriber for both English- and French-language services. In 2014, the CRTC required all Canadian broadcasters to disseminate emergency alerts via the NAAD System. In 2017, the CRTC, following consultations with key stakeholders and the public, also mandated wireless service providers to implement the National Public Alerting System on their Long-Term Evolution (LTE) wireless networks by April 2018. Pelmorex's licence to operate Alert Ready expires in August 2023. In their expert report, Mr. Davis and his colleagues emphasize: "[M]unicipal emergency management organizations and first responder agencies were not part of these development efforts."¹⁸

Pelmorex acts as a national aggregator and distributor of emergency alert messages using the National Alert Aggregation and Dissemination System.

Governance

This expert report also **provides an overview of the governance of emergency management systems including Alert Ready. The Senior Officials Responsible for Emergency Management (SOREM) works to harmonize and improve emergency practices across the country and is responsible for providing "guidance and advice on how to enhance emergency management to federal, provincial and territorial Deputy Ministers and Ministers responsible for emergency management."**¹⁹ Under this umbrella, federal, provincial, and territorial working groups are established to support SOREM's **"agreed-upon decisions and strategic directions."**²⁰ From time to time, these working groups have focused on communications interoperability and public alerting. Mr. Davis and his colleagues indicate that "[a]lthough SOREM plays a significant role in providing advice and guidance on emergency management, each province and territory is responsible for establishing and funding their respective programs."²¹

More specifically, Pelmorex was expected to put an operational governance structure in place to oversee the operation of Alert Ready and did so through the Pelmorex Governance Council on Public Alerting (Pelmorex Governance Council). The Pelmorex Governance Council is an advisory body that consists of

- the system administrator (Pelmorex);
- the alert issuer, including representatives from federal, provincial, and territorial emergency management offices (EMOs) / senior officials

responsible for emergency management, officials from Environment of Climate Change Canada, and municipal EMOs; and

- alert distributors – cable and satellite companies, radio and TV stations, and video-on-demand service providers (and later LTE operators).²²

According to Mr. Davis and his colleagues, the National Alert Aggregation and Dissemination Governance Council focuses on technical issues.

How Alert Ready Functions

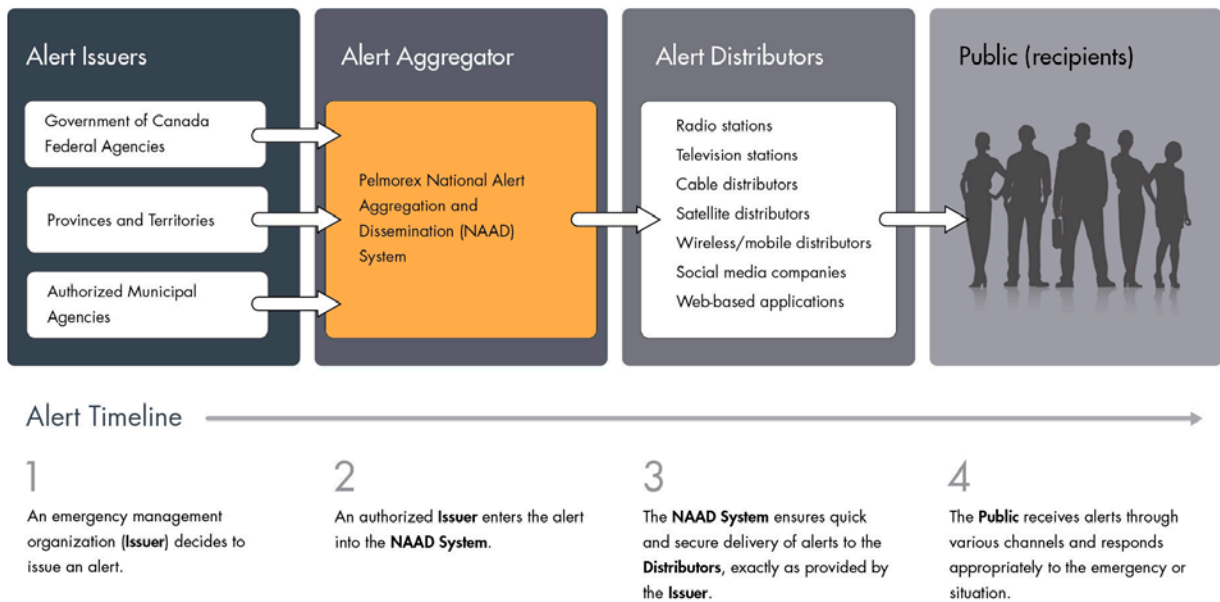
Alert Ready is intended to deliver critical alerts of imminent threats to life in Canada. In 2014, the Senior Officials Responsible for Emergency Management developed a specific list of eight types of alerts and their sub-types that should immediately be broadcast on television, radio, and wireless devices. The eight categories are fire, biological, hazardous, environmental, natural, national security, civil, and administrative alerts (e.g. tests). The “civil” type includes civil emergency, animal danger, Amber Alert, and the 911 Service. The list has not been updated since the launch of Alert Ready. It does not include the specific category of “active shooter” or another category that clearly encompasses a critical incident that could result in mass casualties.

The diagram entitled “The Alert Ready Information Flow Process”²³ illustrates how this system works. An alert is issued only by trained, authorized individuals within Alert Ready partner organizations. Alert issuers have several responsibilities related to formatting the alert message: selecting the type, the language (English and/or French, plus a third option, chosen from Cree, Dene, Inuinnaqtun, and Inuktitut), and the target geographic broadcast area.

The expert report describes the alert information flow process:

Once an alert is issued, it is processed through the National Alert Aggregation and Dissemination System, operated by Pelmorex Corporation. The NAAD confirms that the alert originates from an authorized user and is correctly formatted. The alert then proceeds to the radio, television, cable, and wireless companies that are alert distributors. Based on location information in the alert, the alert distributors control where the alert is broadcast.²⁴

The Alert Ready Information Flow Process



Source: Public Safety Canada webpage, "National Public Alerting System"

Usage

As noted above, the Alert Ready system supports multiple types of alerts under the following categories: fire, biological, hazardous, environmental, natural, national security, civil, and administrative. Mr. Davis and his colleagues point out that Alert Ready has been used predominantly for natural hazard incidents and Amber Alerts. They also note that since the advent of wireless public alerting in Canada in 2018, Alert Ready has publicized annual alert type counts on the AlertReady.ca website. In 2019, its first full year of operation, the majority of alerts issued fell under the natural and Amber Alert categories. **Since the April 2020 mass casualty, there has been an increased use of Alert Ready in Nova Scotia and across Canada, including for incidents that have the potential to become mass casualties.**

Historical developments that have focused on Alert Ready as a public warning system for natural hazards have led to challenges in advising the public of other significant incidents or emergencies. As we discuss further below, these challenges have been compounded by a lack of comprehensive standard operating procedures and limited training and exercising for key stakeholders.

Nova Scotia

Emergency management in Nova Scotia is carried out under the authority of the *Nova Scotia Emergency Management Act* (1990 c 8, s 1 2005, c 48, s 1) which lays out the powers and actions of the provincial government over all matters respecting emergency planning, preparedness, response, mitigation, and recovery. The Act articulates conditions for declaring and terminating states of emergencies, along with the duties of municipalities. The Nova Scotia Emergency Management Office (EMO) has responsibility under the Act.

The Nova Scotia Emergency Management Office is situated within the Department of Municipal Affairs and Housing and has a role similar to that of Public Safety Canada, working with municipalities, other provincial departments, and partners involved in critical infrastructure. It is responsible for emergency planning and for coordinating emergency responses in the province. These functions include:

- providing integrated emergency planning and coordination with municipalities;
- supporting municipal authorities in emergency preparedness and planning;
- administering the emergency 911 service;
- providing public education and awareness about emergencies;
- working with volunteer organizations to support emergency responses; and
- administering disaster financial assistance programs.²⁶

In 2010, the province of Nova Scotia entered into an agreement with Pelmorex. In 2011, Alert Ready was first made available to Nova Scotia via a “voluntary partnership with participating radio stations.” Emergency Management Offices had the ability to issue alerts. These alerts were to be distributed by Pelmorex to the participating radio stations during the initial phase of Alert Ready in Nova Scotia.

On January 4, 2012, RCMP S/Sgt. Mark Furey, then the RCMP’s emergency management program manager, sent a briefing note to an RCMP criminal operations support services officer regarding the public alerting system in Nova Scotia. The note described the public alerting system and recommended that the availability and application of a public alerting system in the province, “[m]anaged properly ... could / would be considered an asset to front line police service providers, in response to emergency situations (i.e. forest fires, floods, meteorological events, etc.).”²⁷ We discuss this briefing note in more detail in Volume 5, Policing.

At a meeting in June 2016, the Emergency Management Office offered to delegate “trusted user status” to the Cape Breton Regional Police Service, the RCMP, and the Halifax Regional Police so these police services would have the ability to issue qualifying alerts independently of the Emergency Management Office. This offer was made because these police services had full-time staffing via their 911 Public Safety Answering Points and “therefore were better positioned to respond to quickly unfolding events (EMO is not staffed 24/7 though we do have a Duty Officer on call).”²⁸ A memorandum discussing this offer states: “Law enforcement having the capacity to issue alerts independently could give police more operational flexibility to deploy the system without having to share operational information with an external body (EMO).”²⁹ The offer was not accepted by any of these police services. The police services confirmed they would continue the existing practice of requesting an alert from the Emergency Management Office if they determined that an alert would assist in their response to an event. We discuss the decision to decline this offer in more detail in Volume 5.

The Nova Scotia Emergency Management Office Standard Operating Procedures and Overarching Policy in place at the time of the mass casualty explained:

Alert Ready should only be used when there is an unexpected and/or rapidly building event that is dangerous and threatens the life and safety of the public. It should also be used when there is no other way to rapidly alert the public of the impending danger, due to the type, size, or location of the event.³⁰

The first time the system was used to issue a “true alert” and not a test message was in April 2020 regarding COVID-19.

Other Approaches to Public Warning

In their expert report, Mr. Davis and his colleagues explain: “[I]n the absence of a comprehensive strategy and approach to public alerting, jurisdictions have the discretion to create their own tools to address public alerting.”³¹ Alert Ready is only one of many solutions available to deliver alerts or notifications to the public. In the sections below, we describe some of the other systems currently used to support public warning systems across Canada.

Alberta's Province-Wide Emergency Warning System

Alberta was the first and remains the only province in Canada to develop its own province-wide emergency warning system – Alberta Emergency Alert. Alberta's system predates the Canada-wide Alert Ready system and now operates alongside it. The province of Alberta “practises a multi-pathways approach to disseminating emergency information and alerts” besides Alert Ready.

The province also hosts its own Alberta Emergency Alert app, which when installed on a smart phone will deliver alert notifications from the province. In their report, Mr. Davis and his colleagues describe the uptake of this app and how it works:

The exact number of Albertans who have downloaded this application is unknown. Alerts may be critical or informative, and users can configure the level of notifications they receive and whether the app overrides do-not-disturb settings on their device. The province also leverages social media such as Twitter and Facebook to deliver information. When an alert is broadcast in Alberta, it is distributed in these ways:

- goes to subscribed mobile devices in affected areas through the Alberta Emergency Alert app
- interrupts radio and TV stations in Alberta
- appears on social media platforms such as
 - ◊ Facebook
 - ◊ Twitter
 - ◊ RSS feeds
- appears on the Alberta Emergency Alert web page
- appears on the Alberta Motor Association road reports web page
- appears on digital highway billboards³²

Subscribers to the Alberta app can choose whether to receive alerts for their location, their location and selected areas, or the entire province. The app uses a different tone for informational alerts compared to emergency alerts. The Alberta website notes, “If a disaster also affected cellular towers in your area, you can still receive an alert if your device is connected to Wi-Fi.”³³

Social Media

Mr. Davis and his colleagues note that most government departments, agencies, and organizations, as well as most public and private organizations, have established Twitter and Facebook accounts to disseminate information to the public. They elaborate that “organizations may have their own emergency alerting system while also participating in Alert Ready. For example, Environment Canada issues notifications through Alert Ready, its own weather app, and its Twitter accounts. As we discuss above, police services frequently use social media to alert the public.

Mass and Emergency Notification Systems

Public and private warning solutions are often referred to as Mass Notification Systems or Emergency Notification Systems. These systems are operated by municipalities, businesses, universities, airports, schools, and special interest groups for a variety of purposes, and they can also be used in emergencies. They can serve both internal and external recipients. The expert report uses the example of municipalities, which may use these systems for staff notifications as well as for residents. In many cases, individuals need to subscribe to information notifications and alerts.

Mass and emergency notification systems can employ multiple contact methods including landline telephones, wireless devices, and email. They can use one or all of the contact methods. Most important, these systems can be configured to facilitate two-way communications so that the recipients indicate receipt of the alert and communicate their own anticipated actions.

Unama’ki Emergency Alert System

The Unama’ki Emergency Alert System is a community-based system developed and operated by the five Mi’kmaq communities in Cape Breton. Jennifer Jesty developed the system and was a member of the Commission’s two roundtables on public communications during emergencies. She is the manager of emergency planning with the Union of Nova Scotia Mi’kmaq, “a tribal council that assists with the needs of all five First Nations communities in Cape Breton.”³⁴ She is also the first Indigenous woman to become a member of the Nova Scotia Firefighters

Association and the only Indigenous female advanced care paramedic in Nova Scotia.

Ms. Jesty provided us with details of the development and operation of the Unama'ki Emergency Alert System, which was initiated in the fall of 2020. It uses the Everbridge platform, a flexible, modular crisis event management technology that includes public warning capabilities. Community members must opt in to the alert system. People who register receive the alerts and choose how they wish to be notified: by text, a phone call to their house, a phone call to their cellphone, or by email. She described the functioning of the system:

The Chief signs in to send out his alert, he simply puts in his user name and password; he types out the message and hits send. Right now we have two separate options available where there's a text-only option where the message only goes to text and email, and then there's an all-paths option; that's the option where we're actually ringing the Elder's house phone, doesn't matter what time day or night.³⁵

Ms. Jesty explained that the major selling point of the Everbridge platform was “the use of cultural appropriateness and language.”³⁶ The chief is able to record his own voice in his own language: “So when the Elder is answering that phone on the other end, they're actually hearing something that they can clearly understand.”³⁷

In the first 18 months of operation, just over three thousand people had subscribed across the five communities. A total of 102 alerts had been sent, “reuniting 35 young people with their families.”³⁸ Ms. Jesty provided an example about an alert that had been sent recently through this community-based system:

There was actually a predator in one of our communities specifically seeking Indigenous girls into the sex trade. The person approached one of our community members, made the offer, asked if there were other girls interested in going with him. The police were contacted immediately and, of course, we were contacted to see if we could send out an alert.

We felt like we had very limited information about the particular information, so we didn't have a whole lot to share, but it really wasn't – that really wasn't important. What was important [was] to make sure that all of our communities were fully aware that this was happening.

And what ended up happening was that [the] individual was ... seen in other communities basically just trolling the streets looking for women who were just walking. Thankfully, we sent out the alert and the alert was given a very generic description of not so much what the person looked like. They had an accent and the colour of the car they were driving. That's pretty much all we had. But the importance of that alert going out and to all five of our communities was that, after that, it sparked even more interest.³⁹

This example underscores the unique role of community-based warnings as contrasted with general alerts. Ms. Jesty also explained how these community-based alerts were spurring new community practices: "What's also happening with the alerts when they go out is people are taking screenshots and immediately putting them on social media, so it keeps reaching further and further."⁴⁰

Ms. Jesty mentioned that "through all the 102 alerts we have sent out across the five communities, never, not once has anyone complained and said, 'Stop sending me messages.' Not once. Why is that? Because the information has been critical and relevant."⁴¹ Following up on this specific example she remarked: "So it seems like every time we send out an alert, it encourages even more people to register for the system."⁴²

Ms. Jesty emphasized how important it is "to our communities to own this," without the involvement of outside agencies:

So in creating the system and deploying it to our communities, each individual community has control over the system. So it was myself and the five chiefs that were able to sit together and come up with the guidelines and protocols of which – of when to send the alerts. We then came up with the wording. And we gathered together to do that.⁴³

One particular issue of concern is control over the personal data provided when a member of the communities registers for the alerts:

We're very aware of data sharing and Indigenous communities have, you know, constantly been studied. There's constant information out there and data collection. And so we were very concerned about where that data was going to go and who was going to have access to that data.⁴⁴

In her role as manager of emergency planning with the Union of Nova Scotia Mi'kmaq, Ms. Jesty is the only person who has access to that data. At the community level, the chiefs send out the alerts, but they do not access the data. This system protects access to the data should the chiefs' passwords be compromised.

During the roundtable discussion, Cheryl McNeil expressed the view that the Everbridge and other comparable platforms are very useful: "It's a great communication tool for a community, as you say, that you have the cultural capability, understanding a very cohesive community."⁴⁵ She noted that this approach would not work as well in communities with a more transient population because they would not have the opportunity to opt in to the system to receive public alerts.

Ms. Jesty is assisting other Indigenous communities to learn from the Unama'ki example. She hosted a virtual emergency management conference for Indigenous communities and gave a presentation about the Unama'ki system to several communities across the country. During the roundtable wrap-up discussion, she said that, in her perfect world, "I would like to take this to every Indigenous community in the entire country."⁴⁶

A Mainland Mi'kmaq Alert System is in the process of establishing a similar system.

Community Needs and Experiences

Through our Commission interviews, proceedings, and community-engagement activities, we learned about the experiences of multiple individuals with the inadequacy of the public warning system and other public communications during the mass casualty. We begin with an overview of what we heard from them, first through the Commission's Share Your Experience survey, followed by a selection of other perspectives gathered through our work. We then step back to take a broader look at community needs for public alerting, with a focus on the diverse needs of specific communities and the differential impact of approaches to warning about critical incidents.

Share Your Experience Survey

To better understand the full community effects of the mass casualty, in early 2022 we invited interested people throughout Nova Scotia, all of Canada, and other countries to take part in the Share Your Experience survey. We asked them to provide input and to participate through the Commission's website, regular stakeholder updates, proceedings, and social media channels. While most people chose to participate via an online survey, those who preferred other ways to share their experience were able to take part via a phone call, email, or a letter through the postal system.

Respondents were then invited to answer these questions (see also Annex A):

- What was your experience during the events of April 18-19, 2020?
- Rate your sense of safety in your community (1) before April 2020, (2) in the weeks following the mass casualty, (3) present day.
- What was your experience in the weeks and months after the events?
- Have these events changed your day-to-day activities and/or behaviours, and how?
- Have these events affected your mental health and/or well-being? If yes, how?
- Are there any examples of your community coming together or of community support efforts after the mass casualty that you would like to share?
- Is there anything else you want the Commission to know about the impact of the events on you or your community?

The Share Your Experience survey closed at the end of March 2022. More than 920 Canadians and interested people from other countries took part. The survey assisted us in building our understanding of the experiences of people in a range of different locations, contexts, and settings, including those living in affected communities and those working as first responders. While responses varied, key themes from the responses included concern over the negative mental health effects arising from the mass casualty, the sense that communities or public spaces were less safe following the mass casualty, and a call for more access to and education about support services for people who have experienced trauma or who require mental health assistance. All survey responses were reviewed by the Commission and helped to inform our work, including in our proceedings and in this Final Report. A summary and analysis are included in Annex B: Reports.

Share Your Experience Survey

In February 2022, the Commission invited members of the public to share their experience of the April 2020 mass casualty.⁴⁷ A large number of respondents mentioned the lack of communication, information, and alerting during the incident. We are mindful that it occurred in the first few weeks of the global COVID-19 pandemic when governments were providing frequent briefings to the public. One respondent wrote they were “[f]labbergasted the public was not widely and loudly warned while the manhunt was ongoing.” Another described the impact on community members: “Everyone was confused and scared. Why was there no public alert? Everyone was searching social media piecing together what was going on.”

Many respondents were critical of the RCMP’s use of Twitter and later Facebook to notify the public of the actual and potential danger over the course of April 18 and 19, 2020. We provide a sample of the comments we received:

- “When we initially heard about the incident unfolding through Twitter we thought it was a joke since there were no official channels mirroring the message at the time.”
- “When I saw the RCMP tweets on the matter, I grossly underestimated the seriousness of it. Given that there was no emergency alert, I thought it was nothing more than an isolated incident.”
- “My understanding of the limited reach of Twitter’s footprint in Canada, had me scratching my head. (On a good day Twitter would have had maybe 4 million active users at that point.) I sat there wondering why they would choose this sole form of communication. The demographics of Twitter user base would not be representative of any rural community in NS. It would have been weighted heavily towards younger aged users, while lacking older generations. Combine these facts with the terrible internet / cell coverage in rural NS, and this notification was set to fail from the start.”
- “The idea to simply post on Twitter the events that were occurring is an act I still find incredibly ridiculous. I am a 22-year-old who is prominent on social media but do not have a Twitter account, and I don’t honestly know anybody that does.”
- “Hearing about a suspected mass shooter via Facebook was scary and inappropriate. I felt very unsupported and distrustful of the RCMP who are supposed to protect and inform.”

Some respondents directly questioned the absence of a full public alert: “Why was Twitter the only way information was shared by the RCMP? Why was the Emergency Notification not used?”

Still others expressed the opinion that lives could have been saved if a more effective means of alerting had been employed:

- “Those poor people who went about their business on the morning of the 19th could still be alive if the RCMP just sent out an amber alert type emergency notification.”
- “Thankfully I do follow the RCMP on Twitter but I can say that from where I grew up that I’m probably 1% of people from those areas of rural NS that do. The use of social media (especially Twitter) to warn the public was NOT a successful way to warn the public. I can’t help but think Joey [Webber] would still be here with his partner and 4 children today if a different method was used to warn the public.”
- “We are still trying to heal from this event. I know in my heart that if an alert had been issued my friends would still be alive.”
- “An emergency alert describing everything they knew about the murderer should have gone out Saturday night. No excuses! Some of those poor souls would be alive today if they had this info, and I’ll stand by this forever.”
- “There should have been an alert sent out! I and many others would not have been out on the roads that day.”
- “I’m angry with the lack of response there was to warn the public. It’s tragic anyone died, but the deaths of the victims of April 19th could’ve been prevented if people had been warned and made aware of the life-threatening, dangerous situation.”

Many respondents reported that the lack of official information added to their stress and anxiety during the mass casualty. As stated in one response: “I found out more from friends and family in the community than I did from any official source.” In particular, several respondents who lived close by commented on the lack of information and not being checked on: “We live across the river from the killer. Three of the victims were our friends. No one ever contacted us or told us of the danger.”

The lack of information made it more difficult for individuals to make informed decisions about whether it was safe to go out, travel, or go to work, and how to

assist elderly parents. One respondent advised that they had been unsuccessful in getting their parents to stay at home in Dartmouth rather than going for a walk. The parents had said “it wasn’t a big deal because they would have released an emergency alert if this was something to be worried about and that it was probably an isolated incident.” Other examples include:

- “We had heard there had been a shooting event in Portapique the previous evening, but the media coverage and statements from the RCMP led both my friends and my family to believe that this was an isolated incident or a domestic dispute. During the day, my husband and I loaded the car in preparation for a hike with our young toddler. If my son had not gotten car sick and [we had not] turned our car around I shudder to think that we may have been on the highway in Enfield during this whole ordeal. The way in which the RCMP led the public to believe this was an everyday event, or an isolated incident is sickening and should be addressed immediately.”
- “We heard that there was a shooter on Saturday evening, but thought it was someone who barricaded themselves in their home, we didn’t have any idea what was going on. On Sunday morning my husband and I went to Walmart to get some groceries, he waited in the car and I went in (only one person per household). Our plan was to wipe the groceries with Lysol wipes while putting them in our bags in the car, due to the pandemic and fear. But in the middle of grocery shopping, which was already an anxious experience due to the pandemic, an announcement came over the speakers at Walmart saying emergency lockdown was going to happen, so I was able to quickly checkout with the few items I had, ran across the parking lot in total fear and we wiped the groceries quickly and put them in the car and got on the highway on the way home. We saw the emergency vehicles on the highway going in the opposite direction on the highway, and were receiving frantic texts and calls from our son.”

The lack of adequate official information also contributed to the experience that some individuals were warned while others were not, creating a sense of unfairness: that the amount of information you had “depended on who you knew.”

I went to Amherst early that morning and my sister in Labrador texted asking if we’d heard anything about what was going on in Portapique? How did my sister 1300 Kms away know more than I did? At that point, my friends had already been murdered, but we didn’t know that.

Other Needs and Experiences

We learned of other experiences with the inadequacy of both public warnings and public communications during the mass casualty through Commission interviews, proceedings, and community engagement activities.

During our consultative conference with Nova Scotian Indigenous communities, Luke Markie, a security guard in the Millbrook First Nation community, described how he felt when he learned that the perpetrator had travelled through that community and stopped at its gas bar:

We had people going in and out of that gas bar. We had people driving up and down the street. Nobody knew. So possibly having something in the near future of alerting people sooner, maybe contacting people of authority or people that have higher responsibility in the community first. Like, I understand everybody needs to know as soon as this happens. But if you alert the guy that's out doing it, we're looking for him, he's going to more likely hide. So I think there should be like a trickle down authorities and then base out. And then our community needs to know as soon as possible. That there's somebody of this severe danger roaming our community and stuff like that.⁴⁸

Differential Needs and Impact

We took steps to gather information about how the differential needs of, and within, some communities have an impact on people's ability to receive and act upon a public alert. During our roundtable on public alerting, we explored a range of issues: ensuring that planning and implementation factor in differences in access to cellphones and wireless coverage in remote regions and across Canadian populations, for example; and ensuring that warnings are communicated in both official languages, and in other languages appropriate to the intended audience, and that they are culturally appropriate for their intended audience. We also considered the potential negative consequences using public warning systems on specific communities and the need to ensure that this use does not reinforce patterns of exclusion or marginalization – for example, with respect to racialized communities.

Trishe Colman, the senior safety coordinator for Cumberland County, provides in-person, advocacy, and navigation services to seniors over the age of 55. During our roundtable, she described some of the specific barriers that seniors face in receiving and acting on alerts:

Well, I can't really give numbers, but I can say that a significant portion of the vulnerable clients that I see in their homes struggle with poverty issues. They don't have Smartphones. Many of them don't have cell phones or phones at all, so whatever alert system that operates on that platform isn't going to reach them at all. Cumberland County's a very rural county. A lot of my seniors are isolated. They don't have family. Their neighbours are not close by. A lot of them – well, it could very well be the case that I'm the only person they see other than perhaps a VON nurse, so they really are not connected socially.

They're not on Facebook. They don't use Twitter. They don't use Instagram, any of those kinds of things, so they don't have internet. So even getting a phone or a tablet in their hands doesn't solve all of those issues and, as I said, Cumberland's a very rural county. And I travel all over making my home visits, and I have discovered that even some of the bigger centres – like Pugwash, for instance, is a town – there's no cell coverage there, so even if you have the ability to have a Smartphone, you may not be able to even get service.⁴⁹

The barriers begin even with access to first-generation public alerts through radio and television. Ms. Colman noted:

[W]here I am, we have a local radio station, it doesn't reach the whole county. It reaches Amherst and maybe a half an hour drive from Amherst. A lot of my clients don't have T.V. again, it goes back to – I mean, there was a time where folks had a T.V., when the service was free, but just so many gaps in what's there.⁵⁰

Ms. Colman cast this reality in dire terms: **“But I think seniors, in a lot of senses, just operate outside of the alert system that we’re talking about now.”**⁵¹ She expanded on this conclusion:

I was just struck by the fact that the folks who might need the information the most, depending on the nature of the alert, so the vulnerable who are vulnerable because of isolation, poverty, mental illness, geography, all of those things, lack of infrastructure, the folks that might need the information the most are the least likely to get that information. And so the technology or the content of the alert is, in a lot of ways, irrelevant to the kind of clients that I see on a day-to-day basis because they're not seeing them anyway. So just – I mean, my role was just to speak for those that I think may not otherwise be heard, and that would be the message that I, you know, want to impart is that we need to find a way to include those folks that right now are just outside of what's happening.⁵²

She suggested that, ultimately, the solution lies in wraparound services matched to the individual needs of every senior in the community.

Ms. Colman affirmed that the issues she had described for seniors would certainly apply to a lot of other residents in her county given that it is at the intersection of poverty, rurality, access to infrastructure, and connectedness in other ways. We discussed this intersection in Part A of this volume. She also explained that steps were being taken to “keep our seniors connected as well.”⁵³ During COVID-19, for example, the program worked with the Association of Black Social Workers and with the Health Association of African Canadians, which provided tablets to seniors in the community and then arranged for one of their children or grandchildren to teach them how to use the devices.

Official Languages Commissioner Raymond Thériault recounted recent experiences with public warnings that were not translated into both official languages, contrary to the requirements of the *Official Languages Act*. Prompted initially by concerns about unilingual communications during the COVID pandemic, the Official Languages Commission carried out a survey more broadly about the impact of emergent situations on official languages. The survey found: “Too often what we’re seeing now is in the initial response we have a communication in one language only, and we will later on, through translation or other means, provide that information in the second language.”⁵⁴ More specifically, over the past decade this problem has arisen in “a number of events involving, for example, the RCMP, involving Amber Alerts, involving other kinds of communications with the public during a number of emergent situations.”⁵⁵ Despite the fact that the language rights are protected under the Charter and the *Official Languages Act*, a quasi-constitutional

act dating back 50 years, there is a real resistance to providing bilingual services in emergency situations.

Mr. Théberge explained the importance of these findings:

And I think what's important is, number one, is there's – there's a feeling of if I cannot receive information in my own language, it might lead to a misunderstanding. And I know there is this principle that it's important to get the information out quickly, but it's also important that it be understood, that people can comprehend the mission – the message. So we had many Canadians telling us that it's extremely important to get the messages. But what we also found in dealing with these situations is that the federal institutions – we deal with federal institutions who were responsible for providing the information, that within the institutions they do not have the capacity – at the time, and I would probably say to this day, they do not integrate, for example, bilingual – or sufficient bilingual capacity in those areas with respect to emergency preparedness.⁵⁶

He also emphasized the importance of preparedness: “So it is always too late once an emergency happens to then say, “Well, what do we do now?”⁵⁷

The Official Languages Commission's study identified lack of capacity within the RCMP and other federal institutions as the main reason for the failure to meet bilingualism obligations. One initiative designed to address this concern is a new Act that would include a provision in the preamble stating that the *Official Languages Act* applies in all situations, including emergent situations.

Mr. Théberge also recognized there are a number of Canadians who do not speak one or the other official language. He noted: “[W]hen we send out information that is critically important, either for security or safety reasons, it is extremely important that the people be able to understand what is being communicated. I understand that communications is the key to emergency responses; however, we should not sacrifice one language group at the expense of the other.”⁵⁸ As the Mi'kmaw language is the original language of Nova Scotia, there is an additional rationale for ensuring that public services are made available in that language. As we discuss earlier, one of the advantages of the Unama'ki community-based alerting system is the ability to issue warnings in the Mi'kmaw language. Ms. Jesty underscored the importance of this capability:

The reason why we're communicating them – with them in the first place is, obviously, there's something pretty devastating going on within the community, so there's already going to be a heightened sense of awareness and worry about whatever's happening, so to try to communicate that in a language that's not their first language is just going to present even more of a barrier. So having it – the ability to be able to do that in our system was very important to us.⁵⁹

Roundtable discussions also probed the risks of providing information that contains inaccuracies that reinforce stereotypes, and the potentially negative impact of that information on members of marginalized communities. Moving quickly to issue an alert may contribute to greater community safety, but fast-moving incidents can result in sharing incorrect information – in the sense that it reinforces stereotypes. As we discuss in Volume 5, Policing, there is value in getting an alert out quickly, even if all the information may not yet be known or even if it may contain errors. However, the type of errors we refer to here regarding stereotyping of communities are of a different order and can be addressed in the design stage, as we discuss below. It is important to do so, because these errors can influence critical incident response.

Archy Beals, a resident of North Preston, NS, was invited to share the impact of an emergency alert sent out in April 2022. North Preston is the oldest and largest indigenous Black community in Nova Scotia and Canada. Nearby communities of East Preston, Cherry Brook, and Lake Loon are also historic African Nova Scotian communities. Collectively, they are known as the Preston Township. This alert stated in part: “Two recent shootings occurred in East Preston and North Preston. Two black males were seen running into a wooded area and are believed to be armed.”⁶⁰ The alert directed residents to lock their doors and shelter in place. Sometime later, it became clear that no one had been shot and, in fact, there had been no shots fired at all within the community of North Preston. Two individuals were apprehended and later released without charge. Mr. Beals described the shock of seeing police officers with firearms raised and the impact on his youngest daughter, who became distraught on hearing the alert and being unable to reach her good friend, worrying she was in danger.

Beyond the fact that the public alert incorrectly identified the location of the shootings (they were in East Preston rather than North Preston), this police communication had an extended impact. Mr. Beals delved into this impact, saying that “it created false fear in the community, especially with our seniors and our youth.”⁶¹

He expressed concerns about several aspects of the police communications in this case. First, the police did not retract the alert and explain their mistake. Second, while many alerts do not identify the race of the suspect, this one did. On reflection, he thought that “all of the alerts that I’ve seen involving the African Nova Scotian community did mention they were African Nova Scotian or black.”⁶² This tendency has an ongoing impact:

So you know, that again is – you know, not that that’s misinformation, but why not include the race of everyone that you’re sending out an alert for? You know, why just specify one community? You know, that negative stigma, that stereotype again is perpetuated. In a system that is meant to assist us, it’s further stigmatising us as a community.⁶³

Members of the community of North Preston mobilized after the alert was issued, but to some extent the damage was done. Mr. Beals specified that the community already lacks trust in the RCMP. Unfortunately, the police service “didn’t do anything to repair that”:⁶⁴ “If anything, it just took us further back with the lack of trust. You know, we’re trying to build relationships. Again, the relationships are – you know, the gap is getting wider.”⁶⁵

Assessing Alert Ready

Despite the existence of Alert Ready in Nova Scotia, its use there is restricted. To begin, there are technology limitations such as cell tower coverage and cellphone and internet connectivity in some rural areas. There are also a number of variables to consider when assessing the viability of this communications tool, such as awareness, training, public education, clear policy and procedure, and impact on differentially affected groups.

Changes After April 2020

In their expert report, Mr. Davis and his colleagues indicate that, since April 2020, there have been a number of positive changes and improvements to public

alerting practices and the use of Alert Ready during emergencies. They also note that additional changes and improvements are ongoing or pending and conclude that the April 2020 mass casualty “appears to have been one of the most significant catalysts for a number of recent changes.”⁶⁶ The authors highlight these changes as follows:

- June 2020: Public Safety Canada and several provincial and territorial emergency management organizations began discussions to provide police services with direct access to the alert system.⁶⁷
- October 2020: The RCMP in New Brunswick gained direct access to the National Alert Aggregation Dissemination System to issue policing alerts and Amber Alerts. All municipal police services in New Brunswick will work through the RCMP should an emergency alert be required.⁶⁸
- July 2021: The Nova Scotia RCMP and Halifax Regional Police (HRP) announced that they now have direct access to the Alert Ready system.⁶⁹ The report explains: “Direct access authorizes police to issue alerts without assistance from the EMO (Emergency Management Organization). RCMP and HRP have been trained to use the system and can send an alert for police situations where there is believed to be an imminent threat to the public. The option is now available to other policing services across the province of Nova Scotia, when and if they choose.”⁷⁰
- August 2021: The Canadian Association of Chiefs of Police approved a resolution to review Criminal Intelligence Service Canada (CISC), including prioritizing the National Public Alerting System.⁷¹
- September 2021: The Province of Prince Edward Island announced that the RCMP and all municipal police forces would be able to issue public alerts through Alert Ready.⁷²
- November 2021: The Province of British Columbia reviewed its use of the national Alert Ready system with a view to expanding it beyond tsunami warnings.⁷³

In oral submissions in June 2022, counsel for the the RCMP highlighted that it had taken action: H Division had developed a policy, a national policy had also been established and a working group had been created.⁷⁴ Between April 2020 and June 2022, the RCMP had used Alert Ready 11 times in Nova Scotia and 23 times nationally.⁷⁵ The RCMP also reported that it commissioned a report from KPMG to

learn more about the alerting system and to identify and mitigate potential risks.⁷⁶ We discuss this report in more detail in Volume 5, Policing.

Challenges and Limitations

In their report, Mr. Davis and his colleagues analyze the challenges and limitations of the Alert Ready system (see a summary in the Public Alerting and Alert Ready Challenges table). The report suggests, “[s]ome of these challenges can be seen as opportunities that, if leveraged, could enhance public alerting and the use of Alert Ready during emergencies.”⁷⁷

Public Alerting and Alert Ready Challenges	
Governance	<ul style="list-style-type: none"> • Direct engagement of local emergency services (police, fire, paramedics) with Alert Ready has historically been limited. Prior to the incidents of April 2020 and apart from the issuance of Amber Alerts, police of jurisdiction were not on the list of approved alerting authorities in Nova Scotia or in most other provinces and territories.
Standard Operating Procedures	<ul style="list-style-type: none"> • There does not appear to be a comprehensive strategy for the use of Alert Ready for all-hazard incidents in Nova Scotia. • Some jurisdictions and agencies have well-established operating procedures for Alert Ready, but only for weather-related alerts and Amber Alerts, not for other types of incidents and emergency situations.
Technology	<ul style="list-style-type: none"> • Alert Ready provides authorized and trained federal, provincial, and territorial organizations with the ability to rapidly warn the public of imminent or unfolding, life-threatening events through radio, television and compatible, connected wireless devices. • Despite the availability of Alert Ready, many jurisdictions and emergency services rely on other technologies for public alerting and/or notification, which means some portion of the public may not be reached.

Training and Exercises

- Training on the use of Alert Ready is a provincial / territorial responsibility. The level of training for emergency services and alert authorities on the use of Alert Ready appears to vary among jurisdictions or is lacking.

Usage (frequency and consistency)

- Historically, Alert Ready has been used predominantly for natural hazard incidents and Amber Alerts. In the absence of clear policy and procedures for the use of Alert Ready in all potential scenarios, there appears to be a hesitance or disinclination to use Alert Ready for all significant incidents and emergencies. This hesitancy has led to inconsistencies and challenges in advising all members of the public of other significant incidents or emergencies.

Mr. Davis and his colleagues also analyze the limitations of the Alert Ready system. They point out that although the intention is to send alerts to anyone in Canada based on established alerting criteria, “some limitations can affect whether someone actually receives an alert.”⁷⁸ There are three main limitations:

- Radios and televisions must be powered on to receive the alerts as they are issued in real time. Turning on a radio or television after the alert has been issued means that the device will not receive the alert (unless the alert is reissued by the original issuer or by the radio or television station). Typically, alerts are not reissued unless there is a change, in which case an update is issued.
- Not all mobile devices are compatible with the alert broadcast:
 - ◊ A mobile device must support Long-Term Evolution (LTE), a fourth-generation cellular phone technology, in order to be compatible. Most smart phones fulfil this requirement, but a portion of the population may not have compatible devices. In 2020, 84.4 percent of Canadians owned a smart phone, but there is no data on how many of those phones are compatible with Alert Ready. Cellphone providers have been turning off their older 2G and 3G technology so that they can reuse the frequencies for newer technology like 4G. With the old networks being shut down, the number of cellphones incompatible with Alert Ready will likely steadily decrease as people migrate to newer phones. The exact number of people who do not have a capability to receive alerts remains unknown at this time.

- ◊ Operating software on compatible mobile devices must be updated regularly to ensure continued compatibility.
- ◊ If a mobile device is not connected to a wireless or cellular network at the time of the alert, the alert will not be received. For example, if a phone has local wi-fi but no cellular service, the alert will not be received. If an alert is still active when a mobile device connects to a wireless site, the alert may be received at that time.
- Alert Ready is an alerting and warning tool not designed to support ongoing information updates. Downstream methods such as traditional news conferences, media releases, social media accounts, and responder or emergency management websites support the flow of follow-on information.⁷⁹

Mr. Davis and his colleagues make the following overall assessment of the Alert Ready system: although it has far-reaching capabilities, there are a number of challenges and limitations to its implementation and use. These drawbacks manifested during the April 2020 mass casualty. Their report highlights some of the pathways to improvement and the steps already being taken to this effect. In the end, these experts conclude: “Ultimately, the use of Alert Ready in support of public alerting remains a provincial or territorial responsibility, and its overall effectiveness will be influenced by the integration of governance, standard operating procedures, technology, training and exercises, and usage.”⁸⁰ One of the report’s main conclusions is that, “[a]lthough there are some technical limitations with Alert Ready, current practices and the use of Alert Ready in Nova Scotia is not considered a technology issue.”⁸¹

Public Alerting System Design Principles

We received a great deal of information about public alerting practices through expert reports, witness testimony, roundtable discussions, and Participant and public submissions. In this section, we bring this information together into a series of system design principles and related guidance to assist in further improvements

to the Canadian public alerting system. We identify eight design principles: centring the public, building a system of systems, enhancing governance, formulating a concept of operations, protecting privacy, focusing on preparedness, assuring equality and inclusiveness, and promoting continuous learning.

Centring the Public

The fundamental principle of public alerting is that “the public must be at the middle because they are the recipient of the alert.”⁸² The central purpose of all public alerting systems is to ensure that community members and visitors in an area affected by an emergency are provided with the information they need so they can take the steps available to them to stay safe.

Members of the public should have a role in designing and implementing effective public warning systems. Australia’s emergency management program regularly uses polling to ascertain views about the effectiveness of its public alerting system.

Ms. Jesty underscored the importance of the community being involved during the design, development, and operation of public alerting systems. She remarked:

[I]t really needs to be inclusive and include people, not just the people that are at the higher levels of government or community representation. We need to have community members at that table. They need to – you need to hear directly from them. What are their needs? What are their expectations of when these messages need to be sent and need not to be sent? And so I really believe that one of the things we’re attempting to do is – and we’re guilty of this in our communities as well, but sometimes our communities very much work in silos. And each community is so busy trying to take care of their own needs, it’s very difficult for them to get involved in other communities. So I’m trying to bring everybody together and I assume it’s going to be etched on my headstone, I’m trying to mend the bond. And everything I do is about attempting to mend the bond, whether that’s between Indigenous community and Indigenous community, or Indigenous community and non-Indigenous communities, between elders and youth, whatever it takes to bring everybody to the same table, because ultimately, we’re all trying to accomplish the same goal. And so I think it’s very important that all of the groups that are going to be affected need to be – have representation and a voice.⁸³

Ms. Colman echoed these views in her remarks about how to ensure that the needs of seniors are met in the design of public alerting systems. Inclusion for this group involves more than being heard from. She explained:

I certainly think that seniors need to be heard from, obviously. But also, I think it needs to be considered how much now they would be not able to access the public communication. And so I was listening to what Jennifer [Jesty] said in her community where someone went and knocked on every door.

I think that would be a key component to be sure that all seniors are actually heard from and that their needs are identified. Every senior would have a particular different need. I also think it's really important to know individual communities. So in my county, for instance, the rural areas, each community does stand on its own and would have different needs in terms of how communication happens.

So outside of the alert system, if we are looking at vulnerable seniors who are disconnected, who don't have family, and looking at another way to communicate emergency information, you really need to know what happens in particular pockets around our counties.⁸⁴

Mr. Beals spoke about the need not only for community representatives to be at the table but also for them to assist in framing public alerts. These warnings must be “authentic first voice,” he said, taking “culture, race, gender, all of that” into consideration both in wording and in deciding how they should be communicated.

Centring the public should extend to enhancing the capabilities of public warning systems to enable two-way communications between public service agencies and community members during emergencies and critical incidents. During our roundtable discussion, Mr. Trytten described recent technological and social changes that facilitate a shift from unidirectional to bidirectional communications:

COVID has changed and the pandemic has changed mass communications dramatically. We are now fully in the age of bidirectional communication and government being expected to provide messaging, notifications and messaging to the public writ large. So that – it's not about being there, we are there, that's it. That means that things like end to end alert quality has to improve. The entire process.

I would also say that bidirectional, in other words, we talk, the public listens; the public talk, we listen, is going to be just taken for granted. That won't even be a question. The system of systems interconnection, absolutely. Using all possible means and giving people choices is going to be critical. And then finally, we're talking like this is an end state. This is a process, and it has evolved from people yelling at each other in caves, to sirens, door-knocking, through to mass communications where we can reach somewhere around 94-percent of the population in eight to ten seconds. This is constantly evolving. So whatever we build has to be agile, it has to be ready for the next thing.⁸⁵

A people-centred public alerting system also requires the public at the centre of evaluation measures. Michael Hallowes, the former emergency services commissioner for the state of Victoria and national director of Australia's Emergency Alert Program, formulated this guidepost for community participation during our roundtable: "In an emergency, we measure the success of community warnings and information by the ability of individuals, households, and families to make good and timely decisions to stay safe."⁸⁶ In 2015, a group of experts meeting in Canada had similarly concluded that this same measure should determine "what success looks like."⁸⁷

Building a System of Systems

Our brief overview of Alert Ready and alternative modalities for public alerting demonstrates that Alert Ready is just one of the current approaches employed by public safety agencies, and in particular the police. Currently, these agencies and other organizations use social media, mass and emergency notification systems, and community-based systems such as the Unama'ki Emergency Alert System to warn members of the public.

Ms. McNeil championed a public alerting system that is a "system of systems."⁸⁸ This model is feasible only where there is effective communications interoperability across the public safety system. She proposed a comprehensive review of the national communications interoperability strategy, which in her view is an integral aspect of both public warning systems and emergency communications among various responding organizations. A review of this type would involve looking "at

what's out there” and getting all the stakeholders at the table to see what can be done “holistically and comprehensively” to ensure full interoperability. In her view:

In the long run, I would like to see that state of interoperability, that the right information does get to the right people at the right time when they need it. I think if we were truly interoperable, we could have a system of systems and that Jennifer [Jesty]'s Everbridge product throughout the entire country can integrate beautifully with whatever other systems that we might end up developing.⁸⁹

Paul Mason, executive director of Nova Scotia's Emergency Management Office, also supported this approach as a continued progression of the current public alert system:

And I would say that – and I really liked the comment about system of systems. It's not just about expanded utilisation of, you know, the Alert Ready platform, it's about all these various communications. They present a lot of opportunities, but they're also challenging in events so that you have consistent messaging going out from different players.

You know, events that we work with in the emergency management realm, we need to make sure that if we're messaging, whether it be on Alert Ready or one of our social media or what have, that it's complementing what some of our municipal or CI partners would be saying; right? So it's the Alert Ready platform, but it's communications I guess generally, is how I would define it.⁹⁰

Enhancing Governance

There is a pressing need to redesign and enhance the governance structure for the national public alerting system, including through strengthening associated accountability mechanisms. Governance is also connected to the operation of the system. It is clear, however, that governance comes first, followed by operations and then technology. The development of Alert Ready has reversed this sequence, with technology errantly leading the organizational structure and processes.

During his testimony, Mr. Hallowes drew attention to the unusual circumstance of the private provider of Alert Ready, the Pelmorex Corporation, having overall responsibility for the public alerting system across Canada.⁹¹ He was quick to add that Pelmorex's involvement is not a "bad thing."⁹² He also said the fact that the design of the Alert Ready system "was led by the regulator for radio and television broadcasting in Canada is exceptional."⁹³ Based on his experience in designing and implementing these systems in Australia and the United Kingdom, he commented that normally it would be the organizations charged with the emergency response that would be accountable for the system. He described his experience as the lead of the Australian National Emergency Alert Program:

[W]e were accountable for the use of that system operationally, that it should be led by an emergency management and emergency service organization. And our governance was focussed around accountability and our stakeholder group was led by ourselves, alongside a federal minister, and the federal minister's senior officials, who would be the equivalent of deputy minister.⁹⁴

In his view, it was essential that the public alerting system be led "by a public service that is accountable for the operational usage of the system."⁹⁵ The supplier of the platform to distribute the public alert and the regulator of telecommunications are "obviously a stakeholder but they are advisors."⁹⁶ Mr. Paul Mason also emphasized that "all the parties that would be utilising the system are at the table."⁹⁷

Ms. McNeil also advocated for a shift in governance structure. She explained that while there was acknowledgement "that the vast majority of emergencies start on the ground, they start at the local level," but the municipalities and the responders have been "left out of the mix, they have been left out of the governance."⁹⁸ In her view this historical anomaly should be corrected:

So when it did come to creating this national system, the originators, who would be on the ground, didn't – really didn't have a voice in how – what their needs were, how the system should roll out, what their roles and responsibilities would be within that overarching system.⁹⁹

Pointing to some specific examples of improvement made on the basis of learning on the ground, she emphasized that "first responders, the problem solvers, I think

they have a lot of value to add to the governance and the responsibility of who does what when in this space.”¹⁰⁰

During her testimony, RCMP Supt. Dustine Rodier commented on the fact that, ultimately, “at the end of the day this system is run by a private company” and that it should be the responsibility of public safety agencies from across Canada, including Public Safety Canada, policing services, and other emergency organizations including, for example, the Paramedic Chiefs of Canada. She specifically referenced adopting the Australian model, which would have all stakeholders at the same table and working within a national framework developed by Public Safety Canada. Under this national model, the provinces and territories would continue to be responsible for the operation of the system, but based on national standards.

Mr. Mason also supported a national governance structure that supports continual refinement and continuous improvement. In his view, “I think it’s important that all the parties that would be utilising the system are at the table.”¹⁰¹ Another governance issue discussed during the same roundtable was that the Alert Ready categories of alerts should be reviewed, and part of that process should involve clearly identifying who is the lead in various alert types.¹⁰²

A revitalized governance structure should facilitate the sharing of expertise and experience among the federal, provincial, and territorial representatives. In this way, they will build knowledge and confidence whenever the system is used, particularly for the first time, in a new type of emergency.

Key stakeholders, including Indigenous governments, municipalities, and police agencies, are excluded from the Senior Officials Responsible for Emergency Management.

Formulating a Concept of Operations

The basic design of a public alerting system required the development of a “concept of operations” – a document setting out the high-level requirements and expectations of the system. In his testimony, Mr. Hallowes described the purpose and process behind this document:

[T]hat’s developed by consensus amongst the stakeholders to describe the characteristics of the proposed public alerting system from both the

user and recipient perspectives. Now the content will set out the individual and collective operational and functional requirements based upon recognized use-case scenarios. The concepts of operations are widely used, as I said, by the military, government services, emergency services and emergency management organizations to help document from the very beginning everyone's understanding of how a new or existing technology that needs to be approved will either be employed or adapted to achieve desired outcomes and then an end state. The finished concept of operations document then informs the technical specifications for the technology procurement, and it goes on to provide the basis for what would be your standard operating procedures that set out the rules. But in a federal, provincial territorial type constitution it's normally only guidance, it's very strongly worded guidance to ensure consistency in how the system will be used in times of emergency. It also forms the basis for the training and training manual for future users. So the concept of operations is a hugely important first step in getting it right.¹⁰³

Standard operating procedures and education and training of personnel would be based on this document.

Expedited Decision-Making

One integral aspect of the public warning system is who decides when a warning will be issued and its content. Mr. Hallowes advised that the user interface of the system ought to be such that “everything you need to make the decision is automatically there on your screen” and that the decision be a simple yes or no as to whether to issue the warning. In his view, there should be no separate system, risk assessment form, or “unnecessary bureaucracy” given that time is a critical factor. He described the Australia experience as starting with the National Telephony Warning System Guideline that said, “[I]t would be good if certain conditions were met.”¹⁰⁴ The Australian system quickly developed very clear authorization criteria:

If those conditions are not met, an alert is not sent out. There has to be an imminent or actual threat. Time is of the essence, it's geographically targeted, the message needs to have clear instructions of where the event is and what to do. If you do not have these criteria, then the

alerting system can't be used. The questions are all yes/no and any no's mean an alert is not sent. By prescribing very clear criteria that must be met to send a message, Australia has avoided message fatigue.¹⁰⁵

We discuss the importance of issuing a warning in a timely manner in more detail in Volume 5, Policing.

Centralization and Decentralization

One fundamental operational design principle is whether the public alerting system is centralized or decentralized. In a centralized system, only one organization has the authority to issue an alert, although another organization can request that an alert be issued. In a decentralized system, more than one organization has direct access to issuing the alert.

During the roundtable discussion, Mr. Trytten identified the following strengths of the centralized model: it limits the number of users to a small trained core; messaging can be controlled; and approvals can be generated quickly. He described this model as a more formalized approach in which approved messages are standardized, and thereby control the number of errors. The disadvantage of the centralized model is that it takes time “to get things ready to go.”¹⁰⁶

In contrast, the decentralized model is faster because people on scene can issue the alert. The quality of the information is based, however, on the individual's perception at the moment, which can be problematic because of the greater chance of errors:

And we have to remember that these are low-frequency, high-severity events so that the user does not get a lot of chance to practise unless they consciously do that, and so, all of a sudden, they're in a high-stress situation, it's 00-dark and you have to issue an alert about something serious. And now things like, do you remember your password; do you remember the key sequence, you know. And having issued approximately 150 alerts, there's a lot of terror that goes with that when you have to say something to the entire population as a whole. It's a very significant event to issue an alert, particularly if it goes broadcast immediately and province-wide.¹⁰⁷

Mr. Trytten also described the hybrid model, which “walks the line between the two.”¹⁰⁸ He used the examples of the Alberta and Saskatchewan models where designated organizational users in communities can send an alert, and “that gives the chance for the person on scene to react quickly.”¹⁰⁹

Public safety can also be hybrid – a centralized system with opportunities for some agencies to issue their own alerts. Ms. McNeil described the approach of the Toronto Police Service to public alerts:

[W]e have an entire media department; the service has a 24-hour operations centre. We have utilized social media quite regularly in an operational sense since about 2010/2011. With respect to dialing in or access to alert ready, we would call OPP and – because OPP has taken on that function for the province, Toronto, the Operations Centre would call OPP to get that message out. And that message has been shared through police services throughout Ontario, so they know that option – operational option is there for them currently.¹¹⁰

After April 2020, Nova Scotia also moved to a hybrid system. Mr. Mason explained that “EMO still retains the ability to issue alerts for the types of emergencies that we typically would deal with that could impact the province,” but law enforcement agencies “have opted to take direct access.”¹¹¹

Phased Alerting

Another principal design issue is the requirement for multiple alerts as needed to ensure that the public has the benefit of the best available information about the situation. Several experts pointed out that the tendency is to train people on how to issue an alert, but not on “how to fix an alert or edit the message when the situation changes or the information received was wrong.”¹¹² Mr. Trytten explained:

Every alert has three phases. The original issuance, when the alert is sent out; an update, when / if the situation has changed; and cancellation process / message. Each of these steps is predictable and therefore we can prepare the people at the keyboard or in the operations centre for it. There needs to be good training and practice.¹¹³

Protecting Privacy

The right to privacy is an important principle that must be recognized and protected in the design of public alert systems. Gregory Smolynec, Canada's deputy privacy commissioner, explained during our roundtable that the legal requirement to limit the collection and disclosure of personal information and to relate it to an acceptable purpose is key. As the legal regime enshrining the right to privacy becomes more complex, the need for close co-operation with experts and a pragmatic approach is needed. In his words:

So there are the legal jurisdictional interplays, but there is also the pragmatic. "Do people know who to call? Is the person I'm supposed to call, are they available? Is that, you know, a person who can help inform, like a culturally sensitive alert, actually available at 3:00 a.m. on, you know, a Sunday?" and all that kind of stuff.¹¹⁴

Mr. Hallowes explained that the technology can be used in a way that does not invade personal privacy. "It is able to quite lawfully process the metadata that is automatically generated between every cellphone handset and the network, and that data is then provided as a series of anonymized aggregated totals on screen to the operator. And therefore, there is no invasion of privacy."¹¹⁵ He expanded on this point in his testimony:

COMMISSION COUNSEL: When you mentioned that in Canada there's not a way to look at where people are, not who they are, but just that there is someone there based on location by using their phone, is that because we don't have the technological ability or is it because of privacy considerations?

MR. MICHAEL HALLOWES: First, you have the technology. Second, you haven't interpreted the privacy conditions to realize that it is quite lawful in an emergency for public safety authorities to process data to save human life.

COMMISSION COUNSEL: Because it can be aggregated, as you mentioned.

MR. MICHAEL HALLOWES: Indeed. So it becomes impersonal and it is presented to the operator of the public alerting system as an aggregated anonymous total.¹¹⁶

Focusing on Preparedness

During our roundtable discussion, Ms. McNeil stated that the current system is skewed away from a focus on preparedness: “[O]ur whole system is more focused towards response because that really difficult planning, thinking out detailed part, not many people really like to do it because it’s hard work. People can think it’s boring, but it’s necessary, but it lays out that hard work in advance.”¹¹⁷

Preparedness has two main facets: ensuring readiness to provide a public alert and fostering readiness to receive it. For the first aspect, timely and effective public alerting requires updated standard operating procedures for public safety system agencies responsible for emergency response, along with communications-based training and exercises during the planning phase of emergency management and critical incident responses. For emergency responders, preparedness requires communications-based training and exercises.

Mr. Hallows’s assessment of the current situation in this country is that “Canada does not have a training environment, only a live environment.”¹¹⁸ This lack of training has had implications beyond the April 2020 mass casualty. For example, on January 12, 2020, an emergency alert was issued in error regarding the Nuclear Power Plant in Pickering, Ontario. This error prompted an Ontario government investigation, and a report was issued in October 2021. The review “revealed EMO procedural gaps, lack of training, lack of familiarity with the Alert Ready system and communication failures” as contributing to the error.

For the second aspect of preparedness, public education about the public alerting system is essential. Mr. Mason explained that the Nova Scotia Emergency Management Office had delivered public education, including media campaigns, commercials, and social media, since 2015, with the roll out of Alert Ready. It also regularly tests the system. He credits these efforts to make the public aware of the system with the lack of “mass panic,” even though the office has used public alerts frequently since the April 2020 mass casualty “for at least 12 police-related events as well as non-police events like water advisories.”¹¹⁹ Mr. Trytten expressed similar

views based on his experience with Albertans: “I think the myth of panic reflects a lack of preparation and experience more than actual human behaviour.”¹²⁰ We discuss this myth and its negative consequences on official decision-making in more detail in Volume 5, Policing.

Assuring Equality and Inclusiveness

Public alerting systems should take into account a range of factors that have an impact on whether alerts are received and understood by the diverse communities and populations on an equal and inclusive basis. This positive duty is a central feature of both the planning and the implementation of these systems. As we discuss above, public involvement is a central aspect of system design and planning, and it should be considered in all stages of implementation, including in an evaluation of how the system operates during a specific emergency as well as in patterns of response over time. The public should be understood as including specific communities rather than as a cohesive whole. Planning and assessment of public alerting should integrate community engagement, to ensure that these processes are evidence-based and congruent with diverse need and experiences.

In the words of Mr. Smolynec:

Of course, at the risk of stating the obvious, it sounds like alert systems and their development need to consider how, obviously, different segments of the population that would be in receipt of these services or these alerts, you know, their access to technology, access to information, may vary across the jurisdiction in question.

Anyways, I’m kind of stating the obvious, but the suggestion is that a systematic gender-based analysis plus overlay to the development of alert systems.¹²¹

In general terms, the public alerting system should ensure that emergency warnings are as follows:

- made accessible to cellphones and wireless coverage in remote regions and across Canadian populations;

- communicated in both official languages and in other languages appropriate to the intended audience; and
- written in culturally appropriate language for their intended audiences.

The fact that system design should accommodate community members who are the most difficult to reach reinforces the need for a system of systems for public alerting. In some cases, there will be no adequate technological solution, and a personal approach will be required. This imperative was reinforced by Ms. Colman's description of the situation in which some of her senior clients live in rural Nova Scotia. She built on her proposal that, for some people, public alerting had to be connected to wraparound supports rather than seen as a one-off message. Her suggestions are the epitome of a community-centric approach:

We have talked a little bit about putting together a vulnerable sector directory at some point, identifying folks who might need help evacuating, you know, if that were necessary. And then how you would contact them. I mean, old-fashioned phone trees, knocking on people's doors, but really just identifying those folks that don't have the contact, and that is a huge undertaking and it's complicated because of privacy issues and those things. But I would say if you really needed to get that information out, it's boots on the ground, it's making calls. It's not as quick as what some emergency alerts obviously need to be, but, yeah, it's extremely difficult.

And the other thing is we don't know what we don't know. Or we don't know who we don't know. So I could identify a number of very vulnerable clients who are isolated, who have no-one, who don't have phones, you catch them at home if you're lucky to, if you need to make a visit. But I don't know who I don't know. I don't know who else is out there that's not on my radar or Continuing Care's radar. We just don't know. And they are the most vulnerable and, as I said, they may be the ones that need the most help

But certainly the wraparound services dealing with issues of poverty. So putting a cell phone in someone's hands, but then stepping in to make sure that the person can afford to keep it, and to know how to use it. All of those things. So everything has to be looked at in the big picture.¹²²

In addition, the use of public warning systems must be careful to avoid reinforcing patterns of stigmatization and marginalization – for example, with respect to racialized communities. This goal can be achieved by including these communities in system design.

Promoting Continuous Learning

Ensuring high-quality public service, including public alerting, requires monitoring and evaluation as well as integrating lessons learned to facilitate continual improvement. The requirements for an effective public warning in terms of messaging, development, and good practice across the country will evolve over time.

In their report, Mr. Davis and his colleagues explain that post-emergency and post-critical incident recovery activities “are designed to repair or restore conditions to an acceptable level through measures taken after a disaster (e.g., the return of evacuees, trauma counselling, building and road reconstruction, economic impact studies, and financial assistance programs).”¹²³ These efforts should include after-action reviews related to the performance of emergency communications and public alerting. As these experts point out: “The results of these reviews can help inform the development of additional activities related to emergency communications and public alerting in terms of prevention and mitigation and preparedness activities.”¹²⁴

In his testimony, Mr. Hallowes described his experience of pioneering improvement action plans for emergency services. He noted: “Continuous improvement relies on capturing the good things as well as the not-so-good things and turning them into actions.”¹²⁵ He expected tangible improvements to come from each of these action plans, but cautioned that “almost every single one meant new training.”¹²⁶

Mr. Hallowes also emphasized the role of the public in after-action reviews: “It is critical that the effectiveness of the capability is measured by their ability to act on the information given to them.”¹²⁷ This point ties back to the vital role of education about the public alerting system. Following a critical incident or other emergency, the people in charge should evaluate whether changes are needed in the way information is shared with the public about how the system operates. Conversely, they should consider whether changes should be made to the system so that it can provide more effective warnings to all members of the public. We explore the

need for and outline our recommendations with respect to post-incident debriefs, reporting, and reviews in Volume 5, Policing.

Conclusion and Recommendations

The systemic failure to warn community members of the danger posed by the perpetrator on April 18 and 19, 2020, is one of the paramount features of the critical incident response. We conclude that the April 2020 mass casualty requires us to undertake a fundamental reassessment of public alerting in Nova Scotia and in Canada. In our view, the lessons to be learned from the mass casualty extend beyond any specific limitations of the RCMP's systemic failures to communicate with the public during this incident. Just as the response to the Halifax explosion of 1917 influenced "later emergency planning and disaster theory,"¹²⁸ so too should learning from the inadequate response to the April 2020 mass casualty shape our collective approach to public alerting as we go forward.

Many Participants at the Commission made submissions on the issue of public alerting, most of which focused on RCMP practices and procedures. Counsel for those directly affected by the mass casualty emphasized that warnings should be made in a timely way and contain information that is as accurate as possible. For example, on behalf of their clients, counsel acting for a large number of family Participants submitted that "there can be no other method of warning the public that is acceptable, in a critical incident or otherwise, than honest disclosure to the public about a public safety risk and how citizens should protect themselves in a manner that actually reaches them as quickly as possible." They emphasized the need for accurate information to be shared as "contemporaneously as possible"¹²⁹ and noted that, doing so, would involve a contextual assessment of urgency. They were flexible about how best to get messages out, but were adamant that "[t]imeliness of alerts and messaging cannot be sacrificed for the sake of redundant sign-offs."¹³⁰

In addition to proposing recommendations for the development of police protocols and training within Nova Scotia and oversight by the provincial Department of Justice, counsel for the Goulet family proposed two public education programs to contribute to the effectiveness of public warnings. One proposal is for the federal government to implement a national public education program about alerting. The

second is for “an education program for distribution to Nova Scotians as to what is expected of us when an alert is issued and how we should respond.”¹³¹

Several public submissions also provided specific ideas about how to improve public alerting, along with many worthwhile modifications.

The use of both the current and any future public alerting systems during an emergency, including whether warranted during a critical incident response, should be based on well-established policy and procedures. In Volume 5, Policing, we discuss RCMP policies and procedures with respect to public communications, including their use of Alert Ready, and also provide some more general guidance to police services in this regard.

From a broader frame of reference and with a view to developing public warning systems that are community- and people-centric, we conclude that more fundamental work is required. In the words of Mr. Mason, “Evolution of the system is what is before the Commission.”¹³² The Canadian Association of Chiefs of Police has been stalwart in its proactive attempts to build momentum for developing a robust national public alerting system.

It is tempting to approach public alerting as a matter of technology, but it is actually a matter of community. In developing a set of design principles based on the advice provided to us, we kept returning to the community as being at the centre of the public alerting system. It is the recipients, rather than the issuers or warnings, who should be the ultimate driver of reform. A great deal of planning, care, and community involvement is necessary to design an effective public warning system.

Based on what the Commission has learned, we recommend that public warning systems should be designed on the basis of eight principles:

- **Centring the public:** Members of the public, as the recipient of alerts, should be canvassed about their needs relative to a warning system. Public input into the design, implementation, and evaluation will enhance the understanding and effectiveness of the alert system and ensure that the public has the information it needs to take steps to stay safe.
- **Building a system of systems:** Public safety agencies currently use a range of modalities for public alerting. By integrating these systems and ensuring effective communications interoperability, we can develop a public alerting system that is indeed a system of systems.

- Enhancing governance: We need to shift responsibility for public alerting in Canada away from a private provider and toward a national framework that is operationalized by provincial and territorial public service agencies.
- Formulating a concept of operations: The design of a public alerting system requires a “concept of operations” – a document developed with input from key stakeholders (both users and recipients) that sets out the high-level requirements and expectations of the system. The concept of operations should expedite decision-making, consider the pros and cons of a centralized / decentralized / hybrid model for authorities to issue an alert, and allow for phased alerting.
- Protecting privacy: Public alerting systems must be designed and implemented in ways that protect the right to privacy, such as by respecting legal restrictions on the collection and disclosure of personal information.
- Focusing on preparedness: The public alerting system is currently focused on response. We need to prioritize preparedness by ensuring readiness to provide a public alert (through updated standard operating procedures and training) and readiness to receive an alert (through public education about public alerting).
- Assuring equality and inclusiveness: the design and implementation of public alerting systems should seek to overcome factors that affect whether and how alerts are received and understood by diverse communities. To achieve this goal, we must use language that is appropriate for the recipients, account for a lack of access to technology or wireless coverage in remote areas, and be careful not to perpetuate stigmatization and marginalization.
- Promoting continuous learning and improvements: Ongoing monitoring, evaluation, and integration of lessons learned (including through new training and post-incident reviews of emergency communications and public alerting) is required to maintain modernized, high-quality public alerting systems. Continual improvements to public alerting can keep systems in step with ever-evolving requirements for messaging, development, and good practices of effective public alerting.

These principles should be considered in reviewing Canada’s national public alert system and should provide continuing guidance for the operation and evaluation of the system over time.

LESSONS LEARNED

Alert Ready is circumscribed by challenges and limitations that exist beyond the systemic failures of the RCMP to consider its use during the mass casualty.

A fundamental review and redesign of the national public alert system is required.

A community-centred system of alert systems is required to fully meet public needs.

Recommendation C.4

FUNDAMENTAL REVIEW OF ALERT READY

The Commission recommends that

The federal, provincial, and territorial governments should undertake a fundamental review of public emergency alerting to determine whether and how the Alert Ready system can be reformed in such a way that it meets the legal responsibility to warn the population of an emergency that threatens life, livelihoods, health, and property.

This joint governmental review of the national public alerting system should be comprehensive and at a minimum address the following:

- (a) It should include substantive community and stakeholder engagement at all stages.
- (b) It should establish a national framework for public alerting, led by Public Safety Canada, with operationalization to continue on a provincial, territorial, and Indigenous government basis but pursuant to national standards. It should restructure in order to transition from reliance on a private corporation as the provider of Canada's national alerting system.
- (c) It should be completed in advance of and inform the next round of negotiations with the licensee / candidates and be taken into consideration in any renewal issued before the completion of the review.

- (d) It should be based on the following system design principles: centring the public; building a system of systems; enhancing governance; formulating a concept of operations; protecting privacy; focusing on preparedness; assuring equality and inclusiveness; and promoting continuous learning and improvement.
- (e) It should include a comprehensive review of communications interoperability across the public safety system.

IMPLEMENTATION POINT

- Consideration should be given to the value of establishing a national emergency management system.

LESSON LEARNED

Effective public alert systems require an ongoing iterative learning process.

Recommendation C.5

TRIENNIAL REVIEW OF THE NATIONAL PUBLIC ALERTING SYSTEM

The Commission recommends that

The senior officials responsible for emergency management undertake a review of the national public alerting system every three years and that a report on the process and findings of this review be made public.

The review include a public-engagement component, including a national poll about the awareness and assessment of the national public alerting system.

The review take into consideration the diverse needs of people living in Canada, including urban, rural, and remote communities, official language minorities, and marginalized communities.

CHAPTER 6

Meeting the Needs of Survivors and Affected Persons: Police-Based Services

CHAPTER 6 Meeting the Needs of Survivors and Affected Persons: Police-Based Services

Survivors and affected persons experienced a range of information and support needs during the April 2020 mass casualty and for some time afterward – in some cases into the foreseeable future. Over the course of April 18 and 19, 2020, these needs arose from the specific circumstances of the mass casualty incident and included: official notification of the death of their loved one; reliable and timely information and updates as the critical incident unfolded and during the investigation that followed; assistance on how to access services and resources; and advice on specific issues such as how to minimize the negative impact of media.

Canadian police services provide a range of services to victims in the immediate aftermath of a crime or other serious incident. This approach has a dual aim: to ensure that police services assist victims respectfully and fairly and to create an environment in which victims feel safe to come forward to the police and participate in criminal justice processes. Police-based services can also assist affected persons to navigate the range of services provided by other public agencies and community-based organizations. Originally, these services were designed solely for persons who have been subject to a crime. Over time, however, they have been extended to provide supports for families of victims, though this extension has been uneven. Although some police services are beginning to shift their use of terminology to refer to survivors and affected persons, these programs are almost exclusively called “victim services.” We follow this usage in describing existing programs and approaches.

In Volume 2, *What Happened*, we began our examination of the steps taken to inform, support, and engage, with a focus on the needs of survivors and surviving family members as they arose during the events on April 18 and 19, 2020, and soon thereafter. In this early period, many from this most affected group had information needs – including for official notification of the death of their kin – and

support needs. Our overall finding is that none of the survivors or families who provided evidence to the Commission received the full information and support that they required and that should have been provided according to the policies of the RCMP and the Nova Scotia Department of Justice Victim Services (Nova Scotia Victim Services). We also found these policies to be inadequate.

In this chapter, we take a more comprehensive look at police-based services to assist survivors and affected persons as part of a community-centred critical incident response. In the first part of the chapter, we focus on the traditional approach to victim services, with an emphasis on RCMP policies and practices, and on how and why this approach was unable to fully meet the needs of this group of individuals and families following the April 2020 mass casualty. We look at findings from the Commission's environmental scan of prior recommendations, the experience and perspectives of those most affected, and the proposals made by Commission Participants about required changes. We conclude there is a need to revitalize police-based victim services so they have the capacity to meet needs of affected persons every day, and so as to provide the foundation for effective service during and after a critical incident response.

In the second part of the chapter, we look at approaches to police-based services specifically designed to meet the scaled-up needs for intensive and extensive services arising from a mass casualty incident. We reconceptualize information needs based on the framework for community-centred responses developed in Chapter 4. We present an overview of three emerging promising practices for scaling up police-based services: the Toronto Police Service's integrated victim management approach in its family liaison program for critical incidents; the Peel Regional Police Mass Casualty Bureau's targeted response; and individualized communication plans.

In the subsequent three chapters, we pick up the thread of the ongoing needs of survivors and surviving family members and broaden our frame of reference to encompass the time horizon and the continuum of needs from additional groups of people and communities, including emergency responders.

Police–Based Victim Service Programs

This section provides a brief description of the general purpose and approach taken by police-based victim service programs, with a focus on the RCMP. It also provides an overview of patterns of limitations and inadequacies of this approach based on the Commission’s environmental scan of prior recommendations.

General Purpose and Approach

Police-based victim service programs have several interrelated objectives. For example, the RCMP’s victim services serve four goals:

1. lessening the impact of crime and trauma on victims and their families and assisting in their recovery;
2. increasing victim safety and helping reduce the risk of further victimization;
3. increasing victims’ level of participation in the criminal justice system; and
4. increasing the effectiveness of victims acting as witnesses in court proceedings.¹

This enumeration of goals clarifies that victim services are in support of institutional goals of the RCMP, the public interest in facilitating effective criminal justice system processes, and assisting victims and their families. One of the main functions of police-based victim services is as a communication channel between major crimes investigations and victims and families, and to a lesser extent with third parties such as medical examiner services. In homicide and missing person cases, this function is carried out by a family liaison (either an individual or a unit). A second main function is to ensure that victims are aware of the services to which they are entitled, and to refer victims and their families to support services. These support services are also referred to as victim services, though the services themselves are not provided by policing agencies. This approach is designed to ensure “a continuum of care.”²

Since the 2015 enactment of the *Canadian Victims Bill of Rights*, SC 2015, c13, s. 2, a victim or a family member (where the victim is dead or incapable of acting on their

own behalf) is entitled to information about investigation and proceedings concerning the related offence. Police-based victim services are a main mechanism for the exercise of these rights.

At the national level, the Victims of Crime Section at the RCMP is responsible for the Victims Assistance Policy. During our Phase 3 consultations, Ms. Michelle Seaman, the lead of this section, explained that this national policy outlines the RCMP's obligations under the *Canadian Victims Bill of Rights* and for referrals to victim services. This policy “provides the guidance that is necessary for our front-line members to understand their obligations in these areas.”³

Patterns of Limitations and Inadequacies

The Commission's environmental scan of prior recommendations brings together recommendations from 71 reviews in Canada relating to matters identified in our mandate. While none of these reviews focused solely on police-based victim services, approximately a quarter identify concerns about police-based victim services, including the RCMP program. Common patterns of limitations relate to the lack of policy, inadequacy of support and support mechanisms, and perceived secrecy about sharing investigative information. Although none of these reports consider services provided during or after mass casualty incidents, these reviews speak to everyday police-based victim services, which are the foundation for capacity during a critical incident response. Issues identified range from specific tasks such as providing next of kin notification to standards of services to specific situations, including the provision of services to survivors in intimate partner violence and sexual assault cases, in special investigations following a person's death after an interaction with police, and in missing person cases.

The 2021 Chairperson-Initiated Complaint and Public Interest Investigation into the RCMP's Investigation of the Death of Colten Boushie and the Events That Followed identified serious concerns with the Saskatchewan RCMP's communication with the family of the deceased. This report stated, “The importance of effective communication with families in the context of major case investigations cannot be overstated.”⁴ Following its investigation, the Civilian Review and Complaints Commission found that the RCMP members who notified Debbie Baptiste of her son Colten Boushie's death in 2018 treated her with profound insensitivity and treated the family more as a “threat” than as victims of a crime. In the context of the

historic and continuing relationship between Indigenous people and the RCMP, the report found the conduct in providing the next of kin notification to Ms. Baptiste was discriminatory on the basis of her race, and/or national or ethnic origin.

The 2022 Report of the British Columbia Special Committee on Reforming the Police Act, *Transforming Policing and Community Safety in British Columbia*, featured statements from several witnesses expressing concerns with police-based victim services in that province. Two of the points highlighted were the need for police to engage these services on a more proactive basis and the need to reduce inconsistency as to when police-based victim services should be activated by responding police. One witness expressed the view “that victims and survivors experience frustration and anger in trying to navigate services and resources in the aftermath of crime” and that “as the first point of contact a survivor has, victim services, are in a unique position to shape the survivor’s experience of the system and their recovery.”⁵ The BC Special Committee Report called for provincial policing standards for all services provided by the police, including victim services.

In its 2021 report *Systemic Racism in Policing in Canada*, the House of Commons Standing Committee on Public Safety and National Security identified a lack of victim support services and police failure to protect victims, particularly Indigenous women, and especially in remote areas. The Standing Committee called on the RCMP to ensure “that in all jurisdictions where they are the police service responsible for First Nations, Métis and Inuit communities, that a family liaison officer, and wherever reasonably possible, one female officer is available to address gender-based violence.”⁶

The Standing Committee report also underscored “that mental health calls and other calls for service (including calls for responses to criminal behaviour) are not always distinct and mental health can play a role in many types of law enforcement interactions.”⁷ Given this insight, the Standing Committee recommended that the Government of Canada:

- work with the provinces and territories, municipalities, and Indigenous communities to ensure adequate funding and service responsibilities for victim services;
- work with the RCMP and provincial and municipal police services to encourage “the use of persons specialized in victim services and mental health who would be available with first responders in situations requiring de-escalation”; and

- work with the provinces and territories “to create an Indigenous-led working group to better examine the service needs related to mental health and victim services of the rapidly growing urban Indigenous population and ensure that mental health responses, victim services and community safety and policing programs serving Indigenous people living in urban areas are adequately resourced.”⁸

In 2016, the Ontario government mandated the Honourable Michael H. Tulloch to carry out an Independent Police Oversight Review of that province’s three civilian police oversight bodies: the Special Investigations Unit (SIU), which investigates police–civilian interactions that result in serious injury or death to a civilian; the Office of the Independent Police Review Director, which oversees public complaints about the police in Ontario; and the Ontario Civilian Police Commission, which primarily adjudicates appeals of police disciplinary hearings, among a number of other functions. Mr. Tulloch found that persons affected by crimes and other serious incidents “often deal with stress, trauma, and financial difficulty” and this is especially true for “family members of a person who died in a police interaction.” With respect to the SIU, Mr. Tulloch reported:

Unfortunately, I heard that the SIU tended to worsen, rather than ease, their problems. Affected family members told me that there was a lack of communication from the SIU. They said that investigators were not sensitive enough. And they said that there were not enough victim supports made available to them. In fairness to the SIU on this last point though, most affected persons are simply unable to qualify for government financial assistance programs.

Complaints about the SIU’s services to affected persons are not all that surprising, given the amount of resources the SIU dedicates to that function.⁹

He concluded that the SIU needed more staff and resources dedicated to supporting affected persons. He further recommended that staff should be “socially and culturally competent so that they can serve the diverse communities affected by SIU incidents” and should have a range of skills and experience to enable them to address trauma, counselling, crisis intervention, and mental health and addictions. The report also recommended prioritizing a more proactive approach for these services: “Affected persons support staff should make initial contact with affected

persons who are not witnesses. They should maintain ongoing, proactive communication with all affected persons throughout an investigation.”¹⁰

The Commission’s environmental scan contains 36 reviews on gender-based and intimate partner violence, and several of them document shortcomings in the police-based victim support services provided in these cases. For example, the 1996 Bernardo Investigation Review by Justice Archie Campbell identified systemic concerns in sexual assault case management systems employed by several police services, including a lack of continuity of contact between investigator and victim and the availability of victim support services. A 2011 review of Yukon’s police force was specifically mandated to “review the services provided by the RCMP to citizens who are in vulnerable positions, including victims of domestic violence and sexual assault, as well as individuals who are arrested and detained in custody.”¹¹ The review made a special effort to engage the community, and particularly First Nations citizens, in its work. The Yukon report documented shortcomings in victim support services there and made recommendations for, among others things, clarification of victim service responsibilities and ensuring these services are available 24 hours a day. The report also emphasized the importance of ensuring continuity between police-based services and those offered by other public service providers and the community.

The BC Special Committee also noted a lack of coordination between health-care, community organizations, and police providing services to survivors of gender-based violence and sexual assault, and to racialized survivors of a range of crimes. The report briefly set out some promising practices to develop more coordinated services to affected persons, such as embedding some services within police services or establishing more effective communication between police and community-based providers.

Missing person cases pose particular challenges to the traditional police-based victim services approach. One aspect of the National Inquiry into Missing and Murdered Indigenous Women and Girls’ mandate was to review the experiences of the families of missing and murdered loved ones with police, the court system, and the correctional system. The Inquiry’s findings about the right to justice included these conclusions about victim services programs:

- In many provinces and territories, victim services programs do not have sustainable, longterm funding. As a result, victim services programs in Canada are inconsistently delivered across jurisdictions.

- Victim services programs are often designed to facilitate prosecution and conviction instead of meeting the justice, safety, security, and health and wellness needs of victims of violence. This means that the onus is on the victim to seek out help to meet their needs. This places the victim in the position of navigating a complicated system at a time of trauma, often to find that the services they need do not exist.
- In addition, victim services programs do not necessarily take into account the cultural and social realities and needs of Métis, Inuit, and First Nations women, girls, and 2SLGBTQQIA people, and often lack cultural safety and language accessibility. They are limited in terms of time and scope of services and eligibility. Governments have a positive obligation to deliver victim services as a human right and to resource these services appropriately.¹²

In 2018, on the recommendation of a diverse community-led working group, the Toronto Police Services Board commissioned an independent civilian review to evaluate how the Toronto Police Service has conducted, and is conducting, missing person investigations, particularly in relation to Two-Spirit, lesbian, gay, bisexual, transgender, queer, intersex, and additional sexually and gender diverse (2SLGBTQI+) people and marginalized and vulnerable communities. The Honourable Gloria Epstein, a former justice of the Court of Appeal for Ontario, was appointed to lead the review and to make recommendations to promote efficient, effective, and bias-free investigations, and better police relations with the affected communities. Part of the instigation for the review was the Toronto Police Service's investigation of a serial killer who killed eight gay or bisexual men with ties to Toronto's gay village between 2010 and 2017. Six of the eight were men of colour, and the perpetrator wasn't identified and arrested until 2018, after his last victim, a white man, disappeared. Several other people from marginalized and vulnerable communities, not linked to this perpetrator, went missing during this period.

In *Missing and Missed: Report of the Independent Civilian Review into Missing Person Investigations* (the Epstein Report), Ms. Epstein, with regard to communication with the public and the communities affected by serial killings of gay men, found that the police did a poor job communicating with the public about their investigations and undervalued the affected communities' ability to assist in advancing the investigations. Ms. Epstein made this assessment of the police service's decision to keep Project Houston secret out of concern that transparency would harm the investigation:

That excessive secrecy set the Service up for heightened mistrust when community members later learned they were misled ... or, at a minimum, shut out. Inaccurate or unnecessarily censored statements by the Service and/or its senior command undermine respect for the Service and, ultimately, future investigations.¹³

In particular, Ms. Epstein stated that too much emphasis is placed on maintaining the integrity of police investigations. She wrote, “If affected communities do not trust the police because they feel the police do not trust them, investigations will inevitably suffer, and public confidence and support for the police will be eroded.”¹⁴

The report further suggests that missing persons units should be staffed by people with expertise in victim support and that Toronto Police Service should adopt new approaches to communication with victim families and generally increase the resources it allocates to victim liaison.

Ms. Epstein recommended a number of measures to improve communication between the Toronto Police Service and the affected communities, including:

1. the creation of a “missing person support worker” position, to be filled by civilians with experience and training in victim support and cultural sensitivity;
2. that promotions be tied to an officer’s demonstrated ability to form and maintain relationships with vulnerable and marginalized communities;
3. changes to policies and practices governing communication with victim’s loved ones, which would not give undue priority to preserving the integrity of an investigation and which would require a trauma-informed approach to the interviews of missing persons’ loved ones; and
4. mechanisms to encourage reporting and information-sharing from members of communities who are fearful of communicating with the police, such as a “distance” reporting system that would designate trusted communities or agencies to transmit missing person reports or information from members of the community, without necessarily identifying the source.

This report also made specific recommendations for improving missing persons procedures and practices, including through the development of detailed communication plans with those affected by the disappearance of missing persons.

We discuss these communications plans further below, in our review of promising practices for meeting the information needs of affected persons during and following a mass casualty incident. The report also recommended that “[t]he Toronto Police Service should comply with the provincial adequacy standards respecting the assignment of a victim liaison officer to major cases, including missing person cases.”¹⁵

Experience Related to the April 2020 Mass Casualty

Canadian police-based victim services exhibit patterns of inadequacies, as demonstrated in this brief overview of prior reviews and recommendations. These services are frequently unable to meet the needs of affected persons on an everyday basis, and these limitations were evident in the response to the April 2020 mass casualty. In this section, we provide a recap of our findings in Volume 2, *What Happened*, and build on them by providing additional information about the experiences and perspectives of those most affected and the recommendations for reform provided to us by Participants at the Commission.

Findings

In Chapter 7 of Volume 2, *What Happened*, we focused on the immediate support needs of family members and survivors. Overall, our conclusion was that H Division RCMP was overwhelmed by the victim liaison needs resulting from the April 2020 mass casualty. We found these systemic inadequacies in the RCMP’s response:

- Next of kin notification policy and guidelines are inadequate.
- Next of kin notifications were not carried out in a coordinated and timely manner.
- Members were not adequately prepared to carry out these duties with skill and sensitivity.
- Adequate information services were not provided to those most affected because of systemic gaps in policy, inadequate allocation of personnel, and the lack of provision of training for personnel charged with providing these services.

- After the mass casualty, institutional and investigative imperatives were prioritized over the needs of survivors and family members.
- Information-sharing practices with survivors and family members were inadequate.

At the time of the mass casualty, the RCMP had no policy setting out the roles and responsibilities for the family liaison officer tasked with being the primary information contact for affected persons. We have not been provided with any information to indicate that this status has changed since April 2020.

Additional Experiences and Perspectives

Survivors and families of victims and persons who are missing during a critical incident have needs for information that begin during the mass casualty and continue for an extended period of time. In Volume 2, we provided some examples of the gaps in services experienced by those most affected by the April 2020 mass casualty. Here, we provide additional experiences and perspectives focusing mainly on the information shared with us during small-group sessions held in August and September 2022, near the end of our public proceedings. The opportunity to take part in these sessions was provided to all those most affected individuals and family members who were Participants at the Commission. Twenty-two people met with us in 15 sessions. As part of our Phase 3 consultations on recommendations, we also held two meetings with members of this group of Participants. A few individuals participated in both a small-group session and one of the group meetings. These discussions were wide-ranging and have informed our Report as a whole. More information about these small-group sessions and consultations is set out in Volume 7, Process.

During these proceedings, we heard more about the impact of the mass casualty and ongoing need for information and support. We were also presented with proposals for reform based on these experiences. The perspectives of those most affected by the April 2020 mass casualty provide important insight for forward-looking reform and contextualize our discussion and recommendations in this chapter and the next.

We heard that the experience of those most affected varied considerably. For example, some were complimentary about the assistance of the RCMP family

liaison officer, while others were critical; some did not recall being contacted by Nova Scotia Victim Services, whereas others reported the receipt of telephone calls shortly after the incident. Despite these disparities, we have identified a number of common, though not unanimous, experiences and perceptions:

- Institutional requirements were prioritized over the needs of families, resulting in delays in next of kin notifications.
- The RCMP had issued instructions to the Nova Scotia Medical Examiner Service to not release information to the families.
- There were inadequacies in the RCMP's release of crime scenes to families.
- There were long delays in being provided with information about the outcome of investigations.
- Incorrect and/or contradictory information was provided.
- The amount of information in the first few weeks was overwhelming.
- Families were not told about developments in the investigation before that information was released to the public.
- There was a lack of proactive offers of victim services.
- A list of counsellors was provided rather than assistance with locating one; there were waiting lists for services and difficulties ascertaining what type of assistance would be most helpful.
- There were difficulties as a result of having to seek out services when already experiencing the effects of the mass casualty.
- There were difficulties accessing needed support services because of the low rate of remuneration paid by Nova Scotia Victim Services.
- Very little support was actually available, and there were delays in accessing what was available.
- Those most affected had to recount their experiences repeatedly as they navigated the support system in attempts to find the needed care, resulting in being repeatedly triggered.
- Employers did not offer sufficient days off for bereavement and to deal with the ongoing effects of the mass casualty; self-employed persons also experienced the need for time away from work but were unable to take it due to work demands.
- The timing of early contact by Victim Services did not work for some family members, as their needs changed over time.

- The ways in which programs establish categories of affected persons and the consequent availability of these services do not always accord with the lived experience of impact and can leave some without needed services.

Amelia Butler, daughter of Gina Goulet, spoke about how difficult it was to access information, remarking that, “It just really seemed kind of like a battle.” Her view is that this struggle for information was an affront to the dignity of the person who had been killed. She explained that it was galling to be told to watch the news at a specific time for an announcement about the mass casualty investigation. David Butler, her spouse, also remarked on the inadequacy of the RCMP approach to providing information: “[N]ot that we’re any better or should be you know, put on a pedestal compared to the rest of anybody else, but I feel like we have the right to know a little bit something before [the general public].”¹⁶

Nicholas (Nick) Beaton, husband of Kristen Beaton, was unsure about whether Victim Services contacted him early on, given “the whirlwind of just so much stuff coming at me.” It was not until some time after the mass casualty that he identified a need for counselling and then faced challenges in finding assistance:

Yeah, when everyone else started like, living their lives again and petering off and then when you are by – you know, you are by myself, basically, me and my son, it was just more and more and more by yourself completely. And then, even like your friends and family, like, they don’t know what to do. So, then you are like literally by yourself and it was at that time that I kind of needed help and I will speak to like –

I just started seeing a professional and I tried to go through the [Employee Assistance] program at work which was – that caused me trauma. I just ended up giving up on that. It was like, whatever. So, then I reached out to Victim Services and it was kind of my own fault for waiting so long that I needed help right then. I was like, I need to talk to someone like right now.¹⁷

Generally speaking, survivors had markedly different experiences than family members. Adam and Carole Fisher spoke about the impact of the public nature of the Commission’s work, and how exposure has had long-lasting negative consequences for them. Ms. Fisher also spoke about the impact of COVID-19 as deepening the negative effects of the mass casualty and the public inquiry:

Well, there is no escape. There was – we were doing this during a pandemic when at times you were not to leave your province. You were not to leave your county. I couldn't even go to our cottage to find an escape. So, the pain was in every area that I looked or felt. And it was very hard and I had to do a lot of work myself to overcome or to try to just live with what I had to deal with at home. He left a terrible mark when he came to take our lives and it was an image that I struggle with every day.

It is the first thing I see when I wake up and it is the last thing I see when I go to bed.¹⁸

Ms. Fisher also spoke about the lack of counselling tailored to survivors of mass casualties. She acknowledged the effects on grieving family members and was clear that she did not want to detract from this recognition, but noted that her experience is different from theirs. She said:

[T]here are many days that I look at myself and I realize that there is not another person across this country that I can pick up the phone and call and just ask them for some guidance or understanding of how you feel from being a survivor in a mass casualty [like] this. You know, there are a lot of supports in place to help the grieving families but there was never really direct acknowledgement or understanding of the survivor.¹⁹

Mr. Fisher also spoke to this point and mentioned the impact of “survivors’ guilt.” Portapique residents Leon Joudrey and Mallory Colpitts also spoke about the ways in which certain programs did not treat them as persons who were directly affected by the mass casualty.

We also heard that family members living in Alberta, Ontario, and the United States experienced additional hurdles to accessing information and support. Pandemic travel restrictions made these obstacles even more challenging.

On behalf of the Oliver and Tuck families, Crystal Mendiuk told us about the difficulties she experienced in accessing services from Alberta and how wearing it was to have to receive all information by email, phone call, or text rather than in person. She also recounted the challenges posed by delays in being able to come to Nova Scotia, which were caused, at least in part, by miscommunication and the fact that her family had to wait for the crime scene to be released. She said: “We didn’t need the crime scene to be released for my parents to say goodbye to their daughter or their granddaughter.”

During the group consultation, Ms. Mendiuk said:

So, it was ... the ball was dropped across Canada for me. There was nothing; there was nothing for any of us, and nobody ever called us and said, “you know what? Here’s somebody that you can talk to.” We never had anybody reach out to ask, “Can we help you with something? Can we find you a counselor? Can we get somebody for you? Is there anything that you need?” So for us not being there and being so far away, it didn’t appear that anybody in our province really cared what happened and what was happening to us. And for Victim Services in Nova Scotia, again, it was emails. Rarely did we ever get a phone call after the first couple of weeks. It was just done via email, and the only time phone calls happened is when I had to call at my unsatisfaction of a variety of processes and policies that they had to try to advocate for my family, for whether it be counseling in general, whether it be the fees, whether it be additional funding. So it was an enormous amount of work for me.²⁰

In her view, one step that would have helped is for various government agencies to work collaboratively to provide a more seamless service across provincial boundaries. Ryan Farrington, son of Dawn and Frank Gulenchyn, described similarly difficult experiences as a resident of Ontario.

Jennifer Zahl Bruland, daughter of John Zahl and stepdaughter of E. Joanne Thomas, told us: “Our family was desperate for information. And instead of being supported by the RCMP in the early days, I was tasked with attempting to locate medical records and dental records for dad and Jo.” She recounted that for family members living outside of Canada, “this has been a nightmare for us, and it’s a nightmare that continues.”²¹

Many of the Participants in these small-group sessions shared their proposals for change.

Ms. Zahl Bruland recommended that following a mass casualty incident resources should be made available for all of those most affected, regardless of where they live:

The assumption that should be made and planned for, for any casualty, is that someone out of province or out of country could be involved. All services should be equally accessible and should be kept in the forefront

that each victim and family is unique, and resources must adapt for this. I can't emphasize that enough. One size does not fit all.²²

Scott McLeod, brother of Sean McLeod, proposed changes to the family liaison role. He is of the view that this function would be better suited to a civilian, who could be made a special constable, and that steps be taken to ensure more immediate action in dealing with families and victims. Mr. McLeod suggested that a protocol should be developed so that some matters would be sorted out ahead of time. One important issue is the triaging of information. While he stated that “your immediate family are obviously going to be that centre core,”²³ he noted that it is more complicated with larger family groups, and that a more nuanced, flexible approach should be taken to the way in which families are contacted so as to ensure streamlining but not require a single contact point.

Mr. Beaton recommended the establishment of “easy clear access” to victim services that is well-publicized, like a 1-800 number “to talk to someone right now,” someone to connect with and to provide assistance navigating support systems. He likened it to the Kids Help Phone, which is well-known throughout the community.

Richard Ellison, father of Corrie Ellison, spoke in favour of a physical gathering spot for survivors. He said: “It is ‘cause then you’re in the hearing with people that have experienced the same thing, so you can share your grief, you know, with each other and try to say how you feel, you know and – like to try to make sense of what happened.”²⁴

Ms. Mendiuk proposed that higher priority be placed on communication and follow-up with the families, and that these services should be more proactive. She was of the view that Cst. Wayne (Skipper) Bent, the family liaison officer, had been very thorough and communicative. At the same time, she explained she and her family had to actively “search and find either departments or people or lean on, you know, our lawyers and other people because we were not getting the communications and we were not getting the follow-up.”²⁵

Many survivors and family members commented on the shortage of mental health workers. On behalf of the O’Brien family, Darcy Dobson said:

Another big issue for our family is Victim Services. Victim Services needs more funding. They need better partnerships with psychologists and psychiatrists and the ability to bring a crisis team who have the ability and

the experience to deal with mass casualty situations. As rare as they are, they happen and our province, quite frankly, was not prepared to deal with the aftermath.²⁶

Following up on this point, she said: “There is definitely a mental health resource problem in this country, and in this province. And something needs to be done about it. You never expect a mass casualty to happen but it does. We’re living proof that there was nobody who knew how to handle the mass of mental health issues that came with it.”

This exchange that took place during one of our group consultations is another example of this point:

MS. MALLORY COLPITTS: Or the apparent shortages on mental health workers, right? Like does, does Victim Services not have a list of providers that have immediate access? I don’t know enough about them.

MS. CHARLINE McLEOD: They did give a list, but everyone was maxed out.

....

MS. MALLORY COLPITTS: – to call, to be told no repeatedly. That in itself sounds damaging because here you are now asking for help, and it’s, “Sorry, we’re full.” You go to them, “Sorry, we’re full.” It’s – you’re let down. You’re going –

MR. LEON JOUDREY: It’s like calling 9-1-1 and getting a recording.

MS. MALLORY COLPITTS: Yeah, you will stop, so is that not then, like, at what point is it – you’re able to get Victim Services to take the initiative and find someone that, “Here’s three names. They are accepting patients. The first fit may not be the fit for you, and that’s normal, but perhaps the second or third therapist is.”²⁷

Ms. Colpitts recommended that Victim Services undertake regular check-ins:

So for as long as these wounds are left open and we deal with this, I think it would be exceptionally beneficial for routine check ins from Victim Services, because sometimes statuses can change along the way, and when someone’s struggling, that’s not the most – you know, expecting people

to reach out when they're struggling isn't always feasible or practical. So a couple month check in can even be, you know, "Can I help you in any way? How is your current therapist?" Anything, really.

So yes, I've noticed a big – in terms – I can only speak for myself in the most impacted category. I don't know what the families have – what kind of services they've received, but for the ones that, you know, survived that night, little to no help, unfortunately, in support services.²⁸

Recommendations for Change

In addition to the in-person input described above, many Participants provided us with proposals for change in their final written submissions. The submissions of the RCMP and the National Police Federation also contain proposals in this area. In this section, we summarize this input under four main headings: information needs during and after a critical incident, next of kin notifications, family liaison officer, and other police-based victim services following a mass casualty. Submissions concerning the broader need for support services, including those provided by Nova Scotia Victim Services are considered in Chapter 8.

Information Needs During and After a Critical Incident

On behalf of a large group of individual and family Participants, Patterson Law made these proposals:

In light of our clients' experiences, our clients submit that in the event of a mass casualty event, governments and/or the RCMP must provide both virtual and telephone access to information, as well as a safe physical location for people to gather. Information about such a location and contact number must be clearly provided to those seeking information and to those who might be asked for it. Updates must be provided on a regular schedule even if those updates include no new information.²⁹

This submission also underscored the importance of proactively providing information to those most affected who "ought to be diligently listed or catalogued and flagged for meaningful follow up in a timely manner."³⁰

Counsel for the family of Ms. Goulet and counsel for Beverly Beaton, mother-in-law of Kristen Beaton, both recommended more substantive reforms for systems to meet these information needs, and we refer to these in the concluding section of this chapter.

In its submission, the National Police Federation welcomed “recommendations to improve the sharing of information with affected individuals in the context of prolonged mass casualty events where there are multiple competing demands on police resources.”³¹ The submission notes that in their evidence before the Commission, many federation members emphasized the importance of sharing as much information with victims’ families as possible, and in as timely a manner as possible. In their submissions on behalf of their client group, Patterson Law stated that RCMP members should be given specific guidance as to how to treat family members who arrive on scene:

We understand that it is unlikely that the official confirmation of death can be completed at the scene but the ability to share as much information as possible about what had happened would have made a significant difference to the families – not only in their quest for information, but in their perception and belief that they were being treated like human beings worthy of compassion and honesty. Confirmation of details such as the number of deceased found and on what property, or what the RCMP believed likely to be true though not yet confirmed, could have saved hours and even days of trauma to many family members.³²

Next of Kin Notifications

Patterson Law, on behalf of their clients, asked us to make recommendations relating to training and procedures for timely and effective next of kin notifications. More specifically, they asked that:

- all members of policing agencies be properly trained on the process and protocol of performing a next of kin notification;
- the protocol include “reflection on the completion of that task if/when further information becomes available (i.e., if they obtain knowledge of a more immediate family member)”;

- when possible, a family liaison officer accompany an investigating member when providing notification of a death by crime; and
- when a family liaison officer is not available to accompany an investigating member or involving one would cause undue delay, the investigating officer should provide details as to when and how the family liaison officer will make contact.³³

Family Liaison Officer

We received a range of submissions from Participants regarding the role of the family liaison officers.

On behalf of their clients, Patterson Law submitted that clarification was required but that this role should be within the purview of policing agencies and not tasked to another organizations because “victims and survivors need a guide versed in police procedure and evidentiary details specific to their circumstances.” The submission continued: “Victims require a direct contact within the police agency in order to obtain the most accurate and up to date information on the investigation – funnelling such information through multiple contacts is dangerous, insufficiently responsive, and risks fostering disconnection between victims and the policing agencies serving them.”³⁴

This group of Participants is of the view that reforms would provide assurance that “the policing agency is working toward the victim’s and survivors’ best interests.”³⁵ They describe the role this way: “A family liaison officer should offer meaningful updates and guidance through the police agency’s work, as well as general information on related offices and services, including, but not limited to, the medical examiner, insurance, crime scene and evidence cleaning, and mental and physical health supports.”³⁶

In their view, all RCMP detachments, or regions at the least, must have one trained and full-time family liaison officer.

Counsel for Beverly Beaton proposed that the RCMP and Nova Scotia municipal police agencies should develop family liaison processes and procedure guidelines that provide “clear direction” to those acting in this role, “even if they have prior experience in this area.” Individuals acting in the role of family liaison officer should be specifically assigned to this role following a critical incident. They should not be

assigned other tasks, to avoid the situation faced by Cst. Bent following the April 2020 mass casualty.

Counsel for Ms. Goulet's family proposed that the RCMP should identify members within every division who can be trained and designated as family liaison officers, to be deployed in that role when necessary.

The RCMP's final submissions identified the need to "formulate policy and training to address the role of the Family Liaison Officer, what it is and what it is not." In particular, they noted the need for information about "best practices for identifying family representatives and communicating with families throughout the duration of the investigation."³⁷

The National Police Federation proposed that the RCMP and municipal police agencies in Nova Scotia together establish policies to define the role of family liaison officers following a mass casualty or comparable critical incidents. They suggested this definition: "[T]o identify victims and crime scenes, perform investigative tasks in support of the reunification of victims with family members, and facilitate the sharing of timely and accurate information about the mass casualty event and subsequent investigation with victims and families."³⁸ These policing agencies should also establish protocols to guide the training and work of family liaison officers. Critical incident policies and protocols should also be reviewed to provide for the activation of this function as part of the critical incident package in mass casualty events. Steps should also be taken "to ensure that an adequate team of dedicated [Family Liaison Officers] is trained and available in the event of a mass casualty or comparable critical incident."³⁹

Other Police-Based Victim Services

A written submission on behalf of Ms. Beaton proposed that "[t]he RCMP should have updated procedures for scene security, clean up, and preservation of victim dignity."⁴⁰ More specifically, she proposed that:

- Crime scenes with victims' bodies still present should be secured and protected such that video footage and photographs cannot be taken;
- Victims' bodies should be treated in a respectful manner with a blanket or covering applied immediately after all necessary life saving measures and medical attention has failed.⁴¹

Counsel for Ms. Beaton also recommended an integration of Nova Scotia Victim Services with the police-based family liaison function to foster a collaborative, team model of support to victims and families.

Counsel for Ms. Goulet’s family recommended comprehensive policies and practices for the management of crime scenes, release of cleared crime scenes to families of victims, next of kin notifications, and family liaison support. In this family’s view, a “family navigator” and “coordinated one-stop help and direction” would assist in ensuring the delivery of services that meet the needs of families instead of retraumatizing them.⁴²

The Elizabeth Fry Society proposed that legislation set out a duty of care owed by police to victims. They noted the current law does not encompass a duty of care to victims of a crime during a police investigation.

Revitalizing Police-Based Victim Services

We have concluded that there are systemic inadequacies in the provision of police-based victim services on an everyday basis, and that these were reflected in the RCMP response to the April 2020 mass casualty. It is clear that steps are required to revitalize these services both as they operate with respect to individual offences and in relation to serial homicides and mass casualties.

Our environmental scan highlighted concerns over the fact that these services are insufficiently proactive and inadequately resourced. Despite the fact that communication is vital when it comes to victim services, a lack of communication is a frequent criticism. Service delivery is inconsistent and intermittent, standards are routinely unmet, and, in some cases, services lack sensitivity and cultural competence or are discriminatory. There is a lack of coordination between police-based services and services provided by healthcare and community-based organizations, in contradistinction to the goal of a continuum of care. All too often, this places affected persons in the position of navigating a complicated system at a time of trauma, often to find that the services they need do not exist. As in many prior reports, we conclude here that new approaches are needed.

The RCMP Victim Services response to the April 2020 mass casualty was systemically inadequate and inconsistent with the guiding principles of community-engaged critical incident responses set out in Chapter 4 of this volume. We make

recommendations to address the specific problems faced by survivors and family members in the wake of this incident, integrating the experiences, perspectives, and recommendations shared with us by Participants. We integrate this input with the guiding principles and frame it within the context of recognizing a duty of care to survivors and affected persons. These recommendations are an important first line of reform. We conclude, however, that more substantive reform is required to ensure that police services have the capacity to scale up to meet the needs of affected persons following mass casualty incidents. We consider the parameters of more substantive change, and how to achieve it, in the next part of this chapter.

LESSONS LEARNED

Ensuring that the basics of victim support are solidly in place and that interoperability between emergency responders is effective and well-established will enable the scaling up of critical incident response in the event of a mass casualty.

Numerous previous inquiries, reviews, and reports have identified inadequacies and limitations in the RCMP provision of information and other services to victims and other affected persons.

RCMP policies and training with respect to next of kin notifications and the role of family liaison officers are inadequate.

RCMP institutional culture should value services provided to survivors and affected persons as significant police work essential to public safety and community well-being.

Advance planning is required to scale up victim services to meet the needs of survivors and other affected persons during and after a critical incident. Additional protocols and expertise are required to meet the demands resulting from these incidents.

Recommendation C.6

REVITALIZING POLICE-BASED VICTIM SERVICES WITH A DUTY OF CARE

The Commission recommends that

- (a) The RCMP and other police services adopt policies recognizing a duty of care in the provision of services to survivors and affected persons.
- (b) All police personnel communicating with survivors and affected persons do so pursuant to trauma-informed and victim-centred principles, and that they receive the education, mentoring, and support required to integrate these principles effectively.
- (c) RCMP policies, protocols, and training recognize the priority of providing to survivors and affected persons full and accurate information at the earliest opportunity, including through regularly scheduled contact updates even where there is no new information to provide.
- (d) Any holdback of information for investigative purposes should be limited in time and scope to that which is truly necessary to protect investigative integrity.
- (e) The RCMP update its description of the role and responsibilities of family liaison officers in consultation with subject matter experts and integrating lessons learned and feedback received from Participants at the Commission.
- (f) The RCMP should review and revise its next of kin notification policy and protocols and design an education module to facilitate its implementation.
- (g) The RCMP take steps necessary to ensure these policies and their implementation fully meet or exceed Nova Scotia policing standards.

IMPLEMENTATION POINTS

- Preservation of victim dignity should be a priority, including through taking steps to ensure victim's bodies are secured, covered as quickly as

possible, and protected such that video footage and photographs cannot be taken.

- RCMP policies, protocols, and training should recognize that in order for the family liaison officer to succeed, their colleagues (e.g., those in the Major Crimes Unit) must support them by providing accurate and timely information.
- A family liaison officer should offer meaningful updates and guidance about the investigation, as well as general information on related offices and services—including, but not limited to, the medical examiner, insurance, crime scene and evidence cleaning, and mental and physical health supports.

Scaling Up for Mass Casualties

Mass casualty incidents are rare, high-impact events that give rise to a large-scale and almost instantaneous need for information and assistance. Several Commission experts underscored the importance of having systems in place to meet information needs during and after a mass casualty. During our roundtable on meeting the needs of individuals and families, Mary Fetchet, a clinical social worker and president and executive director of Voices Center for Resilience, emphasized: “In the early days, the most important thing for everyone is to have accurate information, and you really have to think in terms of, you know, who’s communicating that, how can you streamline it, so the right person is giving the right information.”⁴³ In her expert report “Supporting Survivors and Communities After Mass Shooting,” Dr. Jaclyn Schildkraut – associate professor of criminal justice at State University of New York, Oswego – also highlighted the need for early and accurate information in order “to avoid exacerbating grief and trauma.”⁴⁴

In this section, we take a broader look at the information needs of affected persons. We start by reconceptualizing these needs on the basis of the framework of guiding principles developed in Chapter 4. We then review some promising practices for meeting these needs. Our concluding section contains our recommendation for police-based services for persons affected by mass casualties. The key shift is

toward planning and preparing community-centred responses designed to meet the demands imposed by mass casualty incidents.

Reconceptualizing Information Needs of Affected Persons

In Chapter 4, we developed a framework for community-centred responses to critical incidents based on the information gathered by and provided to the Commission. This framework identifies a range of information needs through four phases: during the critical incident, in the immediate aftermath, during the short to medium term, and during the long term. The obligation to provide information is ongoing and there is no hard and fast division between these phases. The communication of information flows in two directions: from the public safety system and other public service providers to individuals, families, and communities, and vice versa. Here is a synopsis of information needs in these four phases:

During the Critical Incident

- public warnings
- reliable and timely updates and information
- system to answer calls from the public about loved ones (to keep 911 free)
- initiation of registration system for those most affected and witnesses in order to record accurate information about victims and others affected at the scene
- a list of families and friends of victims, as well as investigators

Immediate Aftermath

- continuing registration system for those most affected and witnesses
- reliable and timely updates and information, including information about missing persons
- next of kin notifications
- mechanism for families to reconnect
- coordination and information-sharing between agencies so victims and family members do not have to repeatedly provide the same information

Short to Medium Term

- reliable and timely updates and information
- transitional arrangements to medium-term support services through a warm handoff

Long Term

- investigation into any unresolved questions (such as failure of public safety and judicial system)

Application of Guiding Principles

In this section, we apply our framework of guiding principles to the specific issue of communication of information with survivors, affected persons, and the public. The principles provide practical guidance for meeting information needs during and following a mass casualty incident:

- Information about casualties should be offered to families directly as soon as it is received and before the media receives it.
- Regular briefings should be offered personally to those directly affected, and should take place ahead of media briefings.
- Information should always come from an official source.
- Official sources should also provide information on missing persons and provide a means for families to be reconnected.
- Planning and protocols should take into consideration that those directly affected are likely to be in shock and will have many details requiring their attention. As such, written materials can be helpful (e.g., on how to deal with media or make funeral arrangements, as well descriptions of and contact information for support services).
- The relationship between how communications are handled and their role in reducing harm or creating additional harm should be recognized.
- Transparency should be paramount when sharing information with those directly and indirectly affected and with the public.

- Different methods and formats of communication should be available to take into account the different ways people will absorb information; these methods and formats should be simple and accessible, and the information should be repeated.
- Information should be offered on a proactive basis.
- People in traumatizing, chaotic situations are not always aware of what information they require. As such, information should be made available as needs arise. It is also important to continue to offer information at different times and in different ways.
- The ability to meet information needs is enhanced when information is effectively shared between and among agencies. Systems are required to support this communication both during a critical incident and in the long term.
- The close connection between the duty to warn and a duty of care in the provision of information services and other types of services should be understood and taken into account.
- When the perpetrator survives the mass casualty, the impact of the active investigation on survivors should be considered.

Promising Practices

This section describes two recent Ontario initiatives designed to provide community-centred services as part of the critical incident response in situations with the potential to result in mass casualties: the Toronto Police Service's integrated victim management approach in its family liaison program for critical incidents; and the Peel Regional Police Mass Casualty Bureau's targeted approach. We also set out the Epstein Report's recommendations for individualized communication plans.

Integrated Victim Management Response

The Toronto Police Service's victim management response is an integrated victim response program. During our Phase 3 Participant consultation with victim

advocacy organizations, Cst. Danielle Bottineau provided an overview of the program. She has served as a Toronto Police Service officer for 23 years and is currently the coordinator for victim management response as it relates to an extreme event. Cst. Bottineau emphasized that it was early days and that the victim management response “is a work in progress and we are learning every day.”⁴⁵ This initiative builds on the Toronto Police Service Victim Crisis Response Program, described in the text box.

A committee was established in 2017 to develop these plans, and further impetus came as the result of two mass casualties in 2018. Cst. Bottineau said that the Toronto Police Service “didn’t do the best job” in responding to these incidents.

Toronto Police Service Victim Crisis Response Program

The Victim Crisis Response Program assists individuals and their families in the immediate aftermath of crime or sudden unexpected tragedy. It operates 24 hours a day, 365 days a year, and provides immediate on-scene crisis, trauma, safety, and support services to victims of crime and sudden tragedies.

The program provides crisis intervention, practical assistance, and referrals to a wide range of programs, services, and counselling. Services are flexible and portable. The immediacy of this service assists in mitigating the harmful effects of trauma on victim(s) and their loved ones.

A crisis response team is composed of a paid crisis counsellor with expertise in trauma management and crisis intervention, who is paired with an extensively trained volunteer. The crisis team is reflective of the diverse communities in Toronto and has the capacity to assist victims in more than 35 different languages.

Cst. Bottineau explained the features of this program, with an emphasis on how it is designed to meet needs during and after “extreme events,” including mass casualty incidents. One important feature is the introduction of victim management chief as an embedded member of the Toronto Police Service Incident Management Team (analogous to the RCMP Critical Incident Command). The victim management chief helps to coordinate an immediate on-the-ground response to victims and their families by working with the family liaison program and external agencies.

This approach recognizes and is designed to address the following aspect of an extreme event:

- potential to affect a significant portion of the population;
- potential to continue for a long period;
- requiring an extensive recovery period;
- emergency services being overwhelmed; and
- requiring a complex and time-sensitive response.

Cst. Bottineau described the general principles of an effective response to victims “as ensuring timely and accurate flow of information and prompt connection to services.” These principles serve as the foundation of the Toronto Police Service program.

The victim management chief is responsible for the carriage, collection, management, and dissemination of documentation, as well as identifying all victims of an extreme event. This role serves as the conduit to the investigative chief and to external partners. The victim management chief’s initial functions are: to activate the family liaisons and manage their deployment and workflow; to assist with the Family and Friends Assistance Centre in consultation with the Office of Emergency Management; and to liaise with the Forensic Identification Service or the Office of the Chief Coroner, among others.

The Toronto Police Service’s family liaison program was launched in May 2022 and consists of two streams: uniform and civilian. This dual composition recognizes that “civilian members bring a completely different skill set and important skill set.”⁴⁶ Cst. Bottineau reported that the Toronto Police Service has 13 uniformed members trained to serve this family liaison function and “can be activated within the next hour to 24 hours, if there is a need for that.”⁴⁷ The civilian side is in the planning stages.

She described the role of the family liaison as follows:

- to act as a liaison between Emergency Management, stakeholders engaged in support, and victims, their families, and their friends
- to assist victims and their families in reunification
- to assist in investigation
- to identify victims and their families

- to carry out immediate needs assessment of each victim and their family
- to assist victims and their families and connect them with appropriate services, whether physical, psychological, financial, etc.; and
- to coordinate the identification and notification of next of kin.

The Toronto Police Service planning committee continues to work on various aspects of this victim management response plan, including through engagement of and building relationships with external stakeholder organizations that could play a role in responding to a mass casualty.

The Toronto Police Service has established a 1-800 number that is to be activated during an extreme event, including a mass casualty, and will be connected to the operations centre. Cst. Bottineau provided the background for this initiative, which occurred as a result of the 2018 mass shooting on the Danforth in Toronto and the van attack in North York earlier that same year:

[W]e did learn from the van attack and the Danforth two different times of days, our 9-1-1 was inundated and of our 81 emergency lines that we had, no other priority could get through because of the family and friends that were calling in to the 9-1-1 number to find – try to figure out what has taken place and where their loved ones were.⁴⁸

Cst. Bottineau confirmed that protocols for the 1-800 number are in place and it can be activated and rolled out to the general public if required.

Peel Regional Police Mass Casualty Response

The Peel Regional Police Mass Casualty Bureau is the first of its kind in Canada, and comprises both uniformed and civilian members. This initiative was the result of a review of the Peel Regional Police Emergency Management Plan. Two members of this bureau participated in our Phase 3 consultations: Insp. Thomas (Tom) Warfield of 11 Division's Criminal Investigation Bureau, who is currently chair of Peel Regional Police Mass Casualty Response, and Cst. Helen Burton, a part of the Mass Casualty Bureau. This is also a new program, and planning has been ongoing since 2017.

The core of Peel's "major event management" is a software program that follows international standards of disaster victim identification and is designed to assist

the service in its mass casualty response. The software is designed “to assist, support and unify all those involved in this incident,” including family, friends, and investigators. The focus is on rapidly identifying victims, matching them with those reported missing or unaccounted for, and bringing “closure to those involved” through next of kin notification.

This approach to managing a mass disaster or mass casualty has three components:

1. **1-800 number:** “[W]hereby members of the public can call in, where they can report either themselves as a survivor, if they’re down at the family reunification centre, or if they’ve even been involved in the incident and since left the scene and gone home. They can call and report other people who were with them who are missing, and we also have the opportunity to recognize that what we see falls back to members of family who believe that their loved ones have been involved in the incident, but can’t get a hold of them. So we’ll receive those as we see people as well ... Staff in the call centre are trained in high stress call taking, the same as what our communication staff are. So they already have that knowledge of how to deal with that high stress call coming in.”⁴⁹
2. **Victim list:** Names of people who are missing or unaccounted for will be provided to the police service through the 1-800 number as well as through police investigative resources and “documentation teams”; these would look to external resources such as hospitals, families, friends who will call in to report their own people missing or unaccounted for. Trained family liaison officers will assist in this process.
3. **Disaster victim identification:** Expertise will be developed through a course with INTERPOL (the International Criminal Police Organization), including about how to process scenes during a mass casualty. This work is supported by a software program which facilitates taking this international platform into both urban and rural settings.

The identification of a single point of contact in relation to preparing for a mass casualty is key. Insp. Warfield read the bureau’s mission statement: “[O]ne place to call. So all the information comes in and then unify and bring closure.”⁵⁰ The bureau’s mandate is very clear: “We are not in charge of the scene. We are in charge of missing persons and those unaccounted for. We subsequently share that information with investigators so that they have the information in order to move on in their investigations.” In Volume 2, *What Happened*, we documented shortcomings

in the RCMP's management of information shared by family and community members about missing people. The approach adopted in Peel ensures that there is a clear process for gathering and responding to such information.

Cst. Burton explained the operational side. In the event of a mass casualty, the software program allows 911 and 1-800 call-takers to gather and input information about potential victims, including from hospitals and through the transmission of photographs. Document teams consisting of police officers will be

deployed out to the hospitals and family assistance centres, evacuation centres for people to be able to report information, either directly to the software, or we do have forms that are offline in case there's no connectivity at the scenes. And their primary focus is going to be to gather that information to feed that into the software as soon as possible. Without the information of people at the scene and at the survivor reception centres, we won't be able to match that with any of the missing people that have been reported through the 1-800 number or through our internet page.⁵¹

A third team are the "background people" who assist in the matching process. They will be located in the computer labs next to the emergency operation centre. The software has AI capability to also help in the matching process.

Cst. Burton also described the training undertaken as part of developing the Mass Casualty Response Bureau. Those involved have been part of two test scenarios. The training takes a trauma-informed and victim-centred approach. Bureau staff are also part of a critical incident study that involves yearly psychological assessment. Insp. Warfield also noted that officers receive training about trauma-informed approaches at the Ontario Police College, and that this is "enhanced when they return back to their in-house training."⁵² In addition, he said:

We have a program here known as Safeguarding, so that is a once-a-year program, officers in specific units, and it just branched out recently to our uniformed personnel where they will go through an assessment with a psychologist who is part of our Management Team. They will meet with them, and they take them through, or learn over the last year, just not on mass casualty events, but simply thinking of the focus of a traffic accident that they dealt with where they have to deal with a death or a death notification.⁵³

He also affirmed the importance of timely debriefs after any incidents, and noted that officer wellness is an integral part of the bureau's preparedness.

Insp. Warfield recognized the important role of the public during a mass casualty incident and the need to educate community members about the 1-800 number and the bureau's website, once activated. He explained:

[W]e are in the process of building what's called Whiteboard Animation, which is a platform which we would put up immediately, or share during certain times of the year, for example, Emergency Preparedness Week. What the Peel Police are doing locally, and we are looking at building whiteboard animation, which we have just purchased, to design a caricature to walk you through the process and educate and posting it on YouTube.⁵⁴

The Peel Regional Police Mass Casualty Bureau is not involved in the provision of support services to survivors or family members, nor in referring these affected persons to services.

Insp. Warfield concluded by informing us that the bureau is ready for activation as needed. The objective is to stand up a bureau within an hour and a half, and to put its 1-800 number out to the public through social media, news, press releases, and on its internal website.

Individualized Communications Plans

As noted earlier in this chapter, the Epstein Report on the Toronto Police Service's missing persons investigations made specific recommendations for improving missing persons procedures and practices, including through the development of detailed communication plans with those affected by the disappearance of missing persons. In our view, individualized communication plans are also a promising practice for persons affected by a mass casualty. Here is the Epstein Report recommendation on this topic:

The Toronto Police Service should amend its Missing Persons procedures and practices in consultation with its own and external Victim Services agencies and relevant not-for-profit missing persons organizations to ensure that the following points are implemented.

- Information about an ongoing investigation is regularly provided to those directly affected by the disappearances of missing persons.
- The Service does not erect unnecessary barriers to providing such information based on an overly broad interpretation of what must be withheld to preserve the integrity of an investigation.
- Absent exceptional circumstances, a communication plan is created for every missing person investigation, in consultation with those directly affected, that includes
 - i. the name and contact information of the liaison person assigned to assist those directly affected, whether a missing person coordinator or a missing person support worker;
 - ii. the names and contact information of persons designated to be updated on the progress of the investigation;
 - iii. the frequency and type of information to be provided to the persons designated in the communication plan (e.g., the affected persons' wishes and schedule for contact, updates on the progress of the investigation, significant developments in the investigation);
 - iv. the type of information that is to be provided to the liaison person by the persons designated in the communication plan; and
 - v. the means by which information is to be provided.
- Generally, the directly affected persons are advised of details pertaining to the investigation that will be released to the media; they are given an opportunity to review and consent to any information or photos released to the media, unless these steps would jeopardize the investigation;
- Those interviewing directly affected persons use, where appropriate, a trauma-informed approach and are mindful of the ways in which the disappearance of a loved one may affect them. Interviewers should also be non-judgmental in their responses to a Missing Person Report

and avoid appearing to blame the reporting individual for any delay in reporting.

- The Service's members have a clear understanding, based on human rights principles, of who represents a missing person's families, loved ones, or those directly affected and how they should communicate with them. This understanding means, among other things, that
 - ◊ the individuals who are to communicate with directly affected individuals are competent to ascertain those with whom they should be communicating;
 - ◊ they do so in a sensitive and appropriate way;
 - ◊ they are respectful of sexual orientation, gender identity and expression, and other relevant identifiers of the missing person and those directly affected; and
 - ◊ communication takes place, whenever possible, in the language of choice of those directly affected.
- Service members provide emotional or logistical support as may be needed to those directly affected or facilitate their access to other resources. Such support might include
 - ◊ contacting those directly affected on the anniversary of someone's disappearance and/or on other special dates, such as the missing person's birthday; such support, recommended in the National Centre of Missing Persons and Unidentified Remains Best Practices Guide, does a great deal to reassure those directly affected that the police have not forgotten about their loved ones; and
 - ◊ working in partnership with social service, public health, victim-service, and community agencies and non-profit organizations, including relevant charities, to facilitate access to needed resources.⁵⁵

Conclusion and Recommendation

Mass casualties have broad and wide-ranging effects, and at the centre of this circle of impact are survivors, including the injured and the family members of those whose lives are taken in the incident. We have found that current police-based victim services, even if revitalized with a duty of care, will not be sufficient to meet the needs of affected persons. Revitalization is necessary, but more is required to scale up for mass casualty incidents. The objective of meeting the information needs of affected persons can be achieved only through planning and preparedness.

In this section, we have outlined initiatives by the Toronto Police Service and the Peel Regional Police designed precisely to meet this objective. In Chapter 4, we learned about the successful approach taken by the Orlando Police Department in the United States; we also explored several European examples of promising practices, including website protocols that can be activated quickly and the creation of multidisciplinary teams to provide support.

Several Participants picked up on these promising practices in their written submissions. Counsel for Bev Beaton specifically recommended that Nova Scotia Emergency Management Office, RCMP, and municipal police agencies collaborate to develop:

- a dedicated non-emergency line into the Operational Communications Centre for family members seeking updated information in the immediate aftermath of a mass casualty;
- a victim-focused communication website with different sections for the public and victims to access relevant information in the immediate aftermath of a mass casualty, similar to the Dutch website referenced by Mr. [Levent Altan, Victim Support Europe, at the June 28, 2022 roundtable on the needs of family and community after mass casualty incidents];
- a technology plan to identify and locate victims and survivors of a mass casualty akin to the Belgium “Be Prepared” bracelet program [described by Mr. Altan at the roundtable].⁵⁶

Counsel for the family of Lillian Campbell and the family of Aaron Tuck, Jolene Oliver and Emily Tuck, recommended the development of a protocol specific to mass

casualty events where normal process may delay notification given the speed of information flow.⁵⁷

The National Police Federation requested that the Commission recommend that the Province of Nova Scotia, in coordination with the RCMP and municipal police agencies, establish a dedicated 1-800 number for families to share and seek information about missing relatives during a mass casualty event, and provide appropriate public education about the 1-800 number.

Given that mass casualties are rare events, it is sensible to support the planning and preparedness on a national basis, leaving room for communities to adapt protocols and training to local circumstances. As we note in Chapter 4, RCMP Chief Superintendent Darren Campbell testified that national initiatives, including training, are sensible given that mass casualty events are rare occurrences.

LESSONS LEARNED

The provision of information and services to survivors and affected persons is an indispensable part of community-centred critical incident responses and should be integrated into critical incident planning and management.

Services for survivors and affected persons cannot be scaled up during or in the immediate aftermath of a critical incident without preplanning and preparedness, including through education and table-top exercises as required.

During a critical incident, the communication of information flows in two directions: from the public safety system to individuals, families, and the communities, and vice versa.

Recommendation C.7

POLICE-BASED SERVICES FOR PERSONS AFFECTED BY MASS CASUALTIES

The Commission recommends that

- (a) Critical incident command groups should include a member dedicated solely to victim management and that the critical incident plan include a victim crisis response component to meet the information needs of survivors and affected persons during a major event or emergency.
- (b) The victim crisis response should include: a dedicated telephone line for individuals seeking information about family or friends; a website platform; a multidisciplinary victim response team; and protocols and guidelines, including for the establishment of a family assistance centre.
- (c) The time standard for mobilizing the victim management response plan should be 90 minutes from the time a critical incident response is activated.
- (d) Victim management response should be a component of annual table-top critical incident response preparedness exercises.
- (e) Upon request, the National Resource Hub for Mass Casualty Responses (Recommendation C.2) assist municipal police forces to build their capacity to activate a victim management response to a critical incident, including by developing model protocols, a website plan, training modules, and other tools.

CHAPTER 7

Meeting the Needs of Emergency Responders

CHAPTER 7 Meeting the Needs of Emergency Responders

Introduction

We use the term “emergency responders” to mean all individuals who respond to an emergency. Fire, police, and paramedics are part of this group, as are those who by virtue of their occupation or volunteer role are involved in responding to a critical incident either immediately or in the hours, days, and weeks that follow. This includes everyone from the communications operators who answer 911 calls to emergency room nurses, volunteers in recovery efforts, and those who process and restore crime scenes, including professional cleaners and tow truck operators. Another term for this group is “public safety personnel” but “emergency responders” is more reflective of their role as it connects to our mandate. As noted in Volume 1, Context and Purpose, we estimate that between 500 and 600 people were involved in their work capacity in the response to the April 2020 mass casualty and its aftermath.

Much of our Report focuses on strengthening our community safety ecosystem and the capabilities of public safety agencies to prevent, intervene in, and respond to critical incidents. In this chapter, we focus on meeting the needs of emergency responders arising from their work before, during, and after mass casualty incidents. These topics are inextricably linked because ensuring the wellness of emergency responders is an essential component of an effective public safety system. One of our main themes is that community members can also serve as first responders during a critical incident, and that many Nova Scotians did so during the April 2020 mass casualty. In Chapter 8, we examine the support needs of

community members, including individuals who are directly and indirectly affected by a mass casualty. In this chapter, we focus on the unique support needs of emergency responders. We recognize that there is overlap between these topics, as an emergency responder can also be a member of the community in which a critical incident takes place. It is clear, for example, that many people who took up responsibilities during and after the April 2020 mass casualty were affected by it both in their capacities as emergency responders and as community members. It is equally clear that many individuals continue to experience negative effects as a result of their roles as responders to this mass casualty incident.

Overview of Chapter

This chapter is divided into three parts. The first part examines approaches to understanding the needs of emergency responders following a mass casualty incident. This examination considers impact and steps that can be taken to facilitate healthy help-seeking behaviours.

The second part explores prevention and proactive planning for wellness. The foundation for this exploration is an explanation of the primary, secondary, and tertiary forms of prevention. Four specific promising preventive practices are considered: techniques to influence stress, the Before Operational Stress Program, peer support programs, and proactive pre-critical incident wellness planning. We conclude this second part with our main findings, lessons learned, and a recommendation focusing on ensuring planning and preparedness for community-centred approaches to critical incident responses that integrate a wellness-focused preventive approach.

The third part reviews the steps taken to meet the needs of emergency responders following the April 2020 mass casualty. It begins with an overview of the services provided by various public safety agencies. We then take an in-depth look at the experiences and perspectives of emergency responders in accessing support services to meet these needs. This review comprises first-voice accounts gathered by the Commission through the Share Your Experience survey, witness interviews, testimony, and small group sessions. The chapter conclusion draws together these experiences with a focus on proposals made by emergency responders about what steps could be taken to improve the support provided to this group in the future.

Understanding the Needs of Emergency Responders

In this section, we examine what is different about the needs of emergency responders who are affected by their role during and after a mass casualty incident. Many emergency responders, including first responders such as police, firefighters, paramedics, and other emergency health personnel, work in high-psychological-risk environments on a daily basis. Given their occupational status, these responders are likely to be provided with some level of training in how to deal with stressful and traumatic situations and to have some improved access to support and assistance to mitigate against the impact of these repeated exposures. Public safety agencies have the opportunity to prepare personnel for mental health challenges arising from these stresses, including before, during, and after critical incidents.

Other emergency responders – for example, service providers such as funeral home personnel, professional cleaners, and tow truck operators – encounter violence more rarely and are less likely to be adequately prepared for exposure to these stresses. These responders are referred to as secondary or tertiary responders, as they do not routinely provide front-line services. As a group, they have more limited access to preparatory education and to post-event services. As the effects of mass casualty incidents ripple out from the centre of impact, those who take on a public safety role without standardized or consistent training and support can be substantially affected. Susheel Gupta is the chair of the Canadian Resource Centre for Victims of Crime and a member of the Canadian Association of Chiefs of Police's National Working Group Supporting Victims of Terrorism and Mass Violence. He is also a director of the Air India Flight 182 Victims Family Association. During our Phase 3 consultations with victim advocacy organizations, he related the experience of a merchant sailor who was picking up lumber in Canada on his way to Europe when he encountered many of the bodies of people killed in the 1985 Air India mass casualty, in which a bomb exploded on a flight originating in Toronto en route to India, killing 329 people, most of them Canadians. In testimony to the public inquiry established many years after that incident, this man disclosed the anguish and post-traumatic stress disorder (PTSD) that he continued to suffer decades after that incident.

Throughout this report, we emphasize the extended impact of the April 2020 mass casualty, and we believe that it is also important to pause here to recognize the expansive group of emergency responders, including many individuals who may

not consider themselves included in this designation, involved in the critical incident response and the post-incident response. In her comments during our roundtable on meeting the needs of responders, Mary Fetchet, president and executive director of Voices Center for Resilience, noted that when we define a responder there can be “a lot of people that fall outside that concentric circle”¹ who may not be considered to be affected by the incident because they were not working on that day, do not live in the communities affected, or do not know any of those whose lives were taken or were injured, or their families. Her definition of responders includes medical examiners, those working in labs identifying and assisting to identify victims, chaplains who play an encouraging role, and those mobilized to help in a variety of ways, including government leaders.

This section focuses mainly on first responders because relatively little information is available about the general impact of mass casualty incidents on secondary and tertiary responders beyond the recognition that they too are likely to suffer from the consequences of their role. Wherever possible, we include information about the needs and experiences of this second group of responders, including by extending findings about the first group.

One of the most consistent themes that emerged throughout our work is that each person’s experience of a mass casualty incident is unique in terms of both impact and the needs for support and assistance that can develop as a response to this impact. This theme applies with equal force to emergency responders. During our Phase 3 Participant consultations with police-related organizations, Hayley Crichton, executive director of the Public Safety and Security Division at the Nova Scotia Department of Justice, expressed this point specifically with respect to understanding the needs of responders:

So no single person is the same. For one person, witnessing a shooting is very traumatic, but for someone else, it might not be. But helping an elderly person in distress might be traumatic. And so to paint everyone with the same brush and suppose that there is a threshold for trauma after which we should be providing acute levels of support, I think does not acknowledge the difference in experiences that police officers across Canada have.²

In this section, we examine research into patterns of impact on emergency responders during and after critical incidents. Evidence-based knowledge about these dynamics assists public safety agencies to develop systems to meet the

needs of responders, including through preventive approaches. Research does not predict how an individual will respond, but it does help institutions and systems to provide options for prevention, intervention, and response to support those individuals who require assistance.

Impact on Emergency Responders

Research into the impact of stress and trauma on emergency responders underscores the importance of “considering all the different factors that make up an emergency responder and what they do.”³ Understanding the impact therefore requires us to examine the many aspects of these functions and the occupational, social, institutional-cultural, and personal environments for public safety personnel.

In Chapter 4, we discuss the expert report “Survivors and the Aftermath of the Terrorist Attack on Utøya Island, Norway,” prepared for the Commission by Dr. Grete Dyb, Dr. Kristin Alve Glad, Ingebjørg Lingaas, and Dr. Synne Øien Stensland of the Norwegian Centre for Violence and Traumatic Stress Studies. In their report, the authors examine the findings of the Utøya Aftermath Study and other research concerning the experience and support needs of survivors of the Oslo and Utøya mass casualty incident and their families. They also review research investigating the impact of that mass casualty incident on first responders. Their report summarizes the research on the risk factors for post-incident PTSD among first responders as including: the loss of someone or knowing someone injured; number of pre-trauma stressors; shortage of supplies and resources; and subjective experience of intense fear, helplessness, or horror during the traumatic event. Protective factors identified include: union membership and greater family support while working on site. After the Oslo and Utøya mass casualty incident, first responders including healthcare personnel, police officers, firefighters, and affiliated and unaffiliated volunteers responded to a self-reported questionnaire. The authors explain that “researchers found that firefighters and unaffiliated volunteers reported more perceived threat compared with the other groups” and conclude that professional rescue workers are more protected from post-traumatic stress reactions than unaffiliated volunteers.”⁴

During our roundtable on meeting the post-incident needs of first responders, we heard from Robin Campbell, a PhD candidate at Dalhousie University whose research is focused on the mental health of volunteer firefighters in rural Nova

Scotia. Ms. Campbell explained the stress experienced by volunteer firefighters and other emergency responders. We discussed the role and situation of volunteer firefighters in rural Nova Scotia in Part A of this volume and build on that foundation in this chapter. As a former volunteer firefighter herself, Ms. Campbell prefaced her remarks with an explanation of the terms *occupational stress*, *organizational stress*, and *operational stress*:

[If] we look at **occupational** stress as sort of the overlying umbrella, that concept, we have organizational and operational stress that falls under occupation, because an occupation kind of covers both, at least in the literature.

So when we look at **operational**, we're looking at things that are sort of happening on the ground when people are doing their tasks for their jobs as emergency responders. So at the scenes, what that looks like, sometimes that can even be, you know, nature of shiftwork. Various things. Whatever that looks like operationally to actually do that emergency response task.

And then when you look at **organizational** stress, these are all the other factors that are coming into play around organizational policies, organizational culture, leadership. Those factors that influence that side of the stress.

So that's sort of the simplified explanation of very complicated concepts.⁵

Dr. Arijia Birze, senior research associate at the Institute for Better Health, Trillium Health Partners, elaborated upon these concepts:

[O]ne important aspect of organizational stress is perceived organizational support among employees.

So simply put, perceived organizational support is the extent to which employees feel that their organization values their work and cares for their wellbeing.

So importantly, perceived organizational support or employee perceptions of support are informed less by the operational demands and stressors that were just mentioned, so they're informed less by those demands than they are by the structural and socioemotional resources

that the organization provides or is prepared to provide in times of high stress and need. So showing a true care and concern and providing supports demonstrates organizational commitment to the employees' wellbeing and it goes a long way towards supporting wellness in times of need.

And this is really important in high stress and high trauma contexts because, as perceptions of support increase among employees, post-traumatic symptoms decrease.⁶

Dr. Birze's research identifies a range of organizational factors that can create additional stress by contributing to a perceived lack of organizational support. She provided the following examples based on what she has learned from communications operators (including 911 call-takers):

- chronic understaffing that places undue burden and a relentless amount of work on those who are present;
- sometimes being excluded, forgotten;
- not being required to attend critical incident debriefings or similar meetings after events;
- not feeling like other public safety personnel recognize your work as vital to public safety;
- seeing disparities in the benefits and pension plans that one has access to compared to other public safety personnel, when you actually know that you are providing a similar vital aspect of front-line work; and
- the stigma in the workplace around acknowledging the profoundly emotional and difficult work and sometimes having your emotional reactions to the work be perceived as a sign of weakness or lack of fitness for work.

Ms. Campbell emphasized the importance of understanding the impact of the entire occupational environment on occupational stress. For example, for volunteer firefighters, this includes not only what is happening within the fire department, with the interlinking connections with the community, and with their families, but also all aspects of their individual makeup and the nature of their function.

In Part A, we discussed the unique and important role that volunteer firefighters play in rural communities and especially in Nova Scotia, where 90 percent of the province's firefighting is carried out on a volunteer basis. For a variety of reasons

discussed in that section of the Report, there is a significant challenge in rural communities to recruit and retain volunteer firefighters. During our roundtable, Ms. Campbell explained the range of organizational stressors that take a significant toll on the mental health and well-being of this group of responders and give rise to needs for wellness support. Some of these stressors, such as long distances and poor cell coverage, are attributable to rurality, a context common with other responders, including police. It is difficult to develop solutions to deal with these stressors and provide assistance to volunteer firefighters because of the voluntary nature of the work and the funding challenges. As Ms. Campbell points out, “all of these things come together to create an impossible situation.”⁷ In Nova Scotia, there is no consistent structure that exists for volunteer firefighters. This makes it more difficult to create the organizational resources required to assist with training and wellness programs. As a result, the support needs of many volunteer firefighters remain unmet on a chronic basis.

During this roundtable, Dr. Birze explained the concept of “surface acting” and how it can affect the stress experienced by some emergency responders, particularly communications operators. She described the concept this way:

So the term “surface acting” actually refers to a sociological concept that’s used to describe the emotional aspects of work when you are required to engage with the public and colleagues in a way that falls in line with your organisation’s expectations of you. So I’m talking about emotional labour, that’s the sociological concept, and surface acting is one strategy of emotional labour that people use to accomplish those tasks. So not showing too much anger or frustration when you’re doing your work, or always displaying emotional control over the interaction while being caring and compassionate.

So surface acting, which includes hiding your own authentic feelings and faking the prescribed or appropriate feelings, rather than deep acting, which is closer to going with what you’re actually feeling in the moment. So when communicators are doing their work and they are surface acting, that has been shown in other workplace contexts that surface acting can be detrimental to health and mental health. Sometimes surface acting is just a required aspect of the job, and communicators do a lot of surface acting with the public when they’re taking calls and providing that service – that service.⁸

Dr. Birze's research shows that communications operators also do a lot of surface acting with colleagues and supervisors, and the relationship between post-traumatic stress symptoms arise more frequently when surface acting is conducted with colleagues and supervisors as compared with this conduct in the public-facing role. She drew this evidence-based conclusion: "When people are feeling the emotional impacts of their work, they're more likely to hide those feelings and fake other feelings with their colleagues and supervisors, which actually may be indicative of an organisational context that is intolerant of openly acknowledging the difficulties with the work and kind of prescribes this very emotionally-detached, emotionally in control comportment at work."⁹

Another important dimension to understanding the needs of first responders is collective trauma and the connection to burnout. Ms. Fetchet explained: "And when you have a community that's impacted, it's collective trauma. And also, burnout, burnout's a big issue that can really have a rippling effect in a person's ability to work, or maintain, you know, the workload, or the empathy that they need to provide to the people that they're serving."¹⁰

An integral factor in supporting individuals experiencing trauma is social support, with the family unit included as a very significant source of social support. At the same time, however, family members can also be indirectly affected by the experience of a mass casualty as they experience secondary trauma through their relationship with an emergency responder and by virtue of being an affected community member. During our Phase 3 Participant consultation with police-related organizations, Chief Robert Walsh, representing the Nova Scotia Chiefs of Police Association, stressed: "So a few folks have talked about families and that supports that are required, and that's a huge piece that sometimes goes missed. And I think it's great to speak about officer wellness and staff wellness, but we have to remember that that comes home with them and that impacts their family life as well, so we need to be cognisant of that."¹¹

Ms. Crichton followed up on these remarks:

I also want to acknowledge as well, familial supports. So spouses and families, as Chief Walsh had mentioned, are not part of the critical incidents. They don't work through the debriefings; they don't have the peer-to-peer support. However, through it all, they're indirectly experiencing all of the aftermath of a critical incident. And the families, the first responders, and public safety personnel more generally should really

have systems of support unique to their position as well. So often, if a first responder is struggling through trauma, it's the spouse or the family that's asked to pick up the pieces and steer the ship. So it's important that we start to give them a map on how to do that. I think that that would be critically important.¹²

During our roundtable discussion on meeting the needs of responders, Dr. Deborah Norris of the Department of Family Studies and Gerontology at Mount Saint Vincent University provided an introduction to this complex dynamic, noting that families “are, indeed, integral to maintaining or helping emergency responders deal with their traumas, but they also warrant a lot of support in their own right. They are a parallel track with the emergency responder, coping with their own – the impacts of this experience as it affects them.”¹³ One of these dynamics is secondary trauma: “[T]here's a crossover or transference from the emergency responder to the family system such that a lot of the behavioural changes and the impacts of their trauma are absorbed within that immediate proximal context.”¹⁴ She explained some of the dynamics of these secondary effects and emphasized that “the familial consequences of trauma” needs to be addressed as “a springboard to supporting families.”¹⁵ For example, assistance for the family as a whole may be needed to provide guidance on learning how to love someone who is experiencing post-traumatic stress symptoms.

Help-Seeking Behaviours

Emergency responders can employ a range of help-seeking behaviours in response to occupational stress and trauma. These behaviours are also shaped by the range of factors described above as contributing to the impact of a mass casualty incident. While these behaviours can vary by individual, research has identified patterns in the approaches taken by emergency responders to deal with stress and trauma. The members of our roundtable on meeting the needs of this group provided us with an overview of this research.

Ms. Fetchet described a common pattern of emergency responders denying or downplaying their need for support services following a mass casualty incident, and delays in seeking assistance even when they recognize they need it. This is borne out by her US studies of 9/11 responders and by the fact these individuals continue to experience depression, anxiety, and PTSD “still today.”¹⁶ She recounted

how she and her colleagues have taken to referring to this phenomenon as the “hierarchy of grief”: “So when a tragedy happens, certainly you’re focussed, first and foremost, on the families and then the survivors who are injured, but we – what we see is this rippling effect, the circle of impact.”¹⁷

Dr. Julie MacMillan-Devlin, who recently served as manager of psychological services for the Ontario Provincial Police, also spoke about this tendency, reporting common phrases she hears from responders in her clinical practice. They voice beliefs such as: “I’m not worthy to reach out”; “There are still so many people”; “I wasn’t directly there”; and “I had nothing to do with it.”¹⁸ She explained: “[T]hey feel guilty that they need those services. There’s a lot of people still in silence, ashamed that they feel they need something.”¹⁹ In some cases, emergency responders may not want to be seen accessing community services. Clinical psychologist Dr. Megan McElheran, chief executive officer of the Wayfound Mental Health Group in Calgary, noted that all too often the approach is “[j]ust try to deal with it as long as you can, and then really, you know, be prepared to face the devastation that this can bring to your life.”²⁰

Another root cause of this reluctance to seek help is the stigma associated with mental illness. While there is growing awareness about mental illness as a health issue, mistaken ideas that mental illness is a sign of weakness continue to be a problem. Often, people avoid or delay seeking treatment due to concerns about being treated differently or fears of losing their jobs and livelihood. Dr. MacMillan-Devlin expounded on this point:

[W]hen we think about conditions or problems with our brain and mind, how do we think about those conditions and problems if they’re in our heart or in our stomach? You know? I mean, we go and we get help, and everybody expects us to get help, and nobody says it’s because you’re weak, you know? Or because there’s, yeah, something inherently wrong with you. This is what we do. You get chest pain, people know, you know, they have some sense of, “I’ve got to go and get this checked out, and I need some help.”²¹

Stigma about mental illness may be particularly prevalent in some public safety agencies. Launched in 2019, a cross-Canada survey of more than 700 police officers found that despite strengthened officer wellness programs and growing awareness about the psychological toll of the job, stigma still surrounds mental illness in policing, and this influenced police officers’ help-seeking behaviour.

During the Phase 3 Participant consultation with police-related organizations, we heard from Douglas Wasylenki, representing the National Police Federation. A retired RCMP member who served as the peer support coordinator for RCMP K Division in Alberta, Mr. Wasylenki named and expanded on two challenges to help-seeking behaviours – stigma and lack of awareness of available resources:

Perhaps one of the biggest [challenges], and I certainly found this throughout my career and specifically as the coordinator for peer support, is stigma. Most police officers, again, are reluctant to seek assistance or admit that they're having emotions. They're very reluctant to admit they're having flashbacks, other physical reactions which are all common and a result of that critical incident. First and foremost, police officers join to serve and to protect those that they serve. They take these traumatic events very personally. They're worried that showing weaknesses, being human will have negative consequences for themselves and the communities that they serve.

The second challenge that I see is a lack of awareness. In my experience, and I found this time and time again throughout my career, most police officers can readily tell you what their compensation entitlements are. They know how much holidays they have. Those same officers when I would talk to them, very few of them could tell you what their psychological benefits were, as most of them had never accessed them. As an example, within the RCMP, members are allowed without prior approval to seek psychological counselling for a total of six sessions and it extends past that, but without any prior approval, they can simply go for sessions. Many supervisors, and, again, of the supervisors that are supervising aren't even aware of that as well. And as a result, often won't facilitate that through simply not knowing it during work time.²²

Mr. Wasylenki wrapped up his comments by saying: "The challenge I see is how do you convince these police officers that they need to access these benefits as a regular part of their preventative health and wellbeing. The supports that are available should be accessed in the same manner all the time, regular consistent visits both during the good times and the bad times."²³

In Ms. Crichton's view, options that protect a responder's confidentiality are important. More specifically, she recommended, "access to channels for services outside

of the policing organization is also important” and “accessing resources without going through your employer as an option I think would be quite beneficial.”²⁴

Dr. McElheran noted another side to this culture of negating the need for mental health support. She described the impact of stoicism – that is, the endurance of pain or hardship without display of feelings or complaint – on the emergency responders she had treated in her clinical practice. She related how “these emergency responders would come into treatment contexts, presenting this notion that being stoic was actually equated to being impenetrable or not impacted by the work, and that in some respects that was almost an ideal that people were striving for.”²⁵ Based on her own clinical experience and that of her colleagues, she came to see how this version of stoicism is problematic and “may be contributing to these really high rates of injury we’re seeing in certain emergency response sectors in our country.”²⁶

Because post-traumatic symptoms can worsen over time if needed support and treatment are not accessed, these patterns of denial, downplaying, and delay can have a compounding effect on emergency responders. Active steps are required to facilitate help-seeking behaviour, including by addressing stigma, increasing awareness about resources, enhancing confidential options, and raising awareness about problematic forms of stoicism.

Facilitating Help-Seeking Behaviour

Employers of emergency responders should take proactive steps to facilitate help-seeking behaviours. Passive forms of support such as handing out information about Employee Assistance Programs will often be insufficient. Dr. MacMillan-Devlin emphasized that the key is to offer “highly visible, easily accessible, multiple entry points” with lots of options. Equally important is how leaders of public safety agencies communicate about stress and trauma and help-seeking behaviours. She recounted that she begins conversations with leaders by asking whether they have ever called the number for their Employee Assistance Programs; almost invariably, the answer is “No.” She suggests to them that they should be in a position to tell their employees:

“This is what it’s like when you call the number.” And, you know, as equally, if not more importantly, “I’m going to check in with you in a couple of

days to see how you made out.” So I think we have to play a more active role in providing the – you know, it’s like throwing spaghetti at a wall and hope it sticks. I think we have to do a better job of facilitating looking for supports[.]²⁷

Similarly, Ms. Fetchet proposed that leaders should be prepared to provide this message: “[M]ental health conditions are very serious and the sooner you ask for help, the better prepared you’re going to be to be able to maintain your job, to maintain your relationships, and to recover.”²⁸

Public safety agency leaders have a particularly important role in actively reducing the stigma attached to help-seeking behaviours. Dr. Alexandra Heber, chief of psychiatry for Veterans Affairs Canada and associate professor in McMaster University’s Department of Psychiatry and Behavioural Neurosciences, emphasized this point, noting that leaders may need to reflect on the way they, too, have internalized this stigma:

[T]here’s so much, I think, shame-based thinking, which is another way to talk about stigma, for all of us, including those leaders who are putting in place the programs. You know, I mean, they’re doing their best but, you know, what do they actually think about these kinds of mental health issues or problems that people – so I think there’s still so much shame around this for all of us and that it’s something we really need to consider, continue looking at and thinking how do we change that and correct it? Because, in a way, I mean, you know, we’re looking at, again, secondary or tertiary stages when the person is suffering, and then we’re saying, well, you should go and get help. Yeah, but I’ve had my whole life, everything in my environment has taught me, including, often, my profession, my organization, that if something – if I have a symptom, if I develop nightmares, if I start fighting with my spouse, that that’s a weakness in me. I’m ashamed of it. So I think it’s how do we change that?²⁹

Dr. Birze supplied a list of strategies for public safety agency leadership to facilitate and empower emergency responders to seek help:

- taking explicit, concrete responsibility “so that organizations do take responsibility for the care and keeping of employees, and demonstrating that commitment in the everyday workplace processes”;

- openly acknowledging, on an ongoing, consistent, regular basis, the difficult work being done;
- preparing and educating individuals on what trauma response can look like;
- eliminating the stigma so that people can speak openly and freely, if they like;
- promoting effective workplace policies that make supports available, and including in the discussion those who should play a role in these support systems;
- promoting workplace practices that actually follow through with the policy rather than falling back on old cultural artifacts, silence, and exclusion; and
- truly valuing the work and recognizing the vital contributions that everybody is making, so that employees feel like they're recognized as part of the picture.³⁰

Dr. Birze also underscored the importance of providing evidence-based supports: “We don’t always know that what we’re doing is working and it’s important to kind of build that capacity and knowledge and understanding from the get-go, so that we know that the supports that are in place and are being provided are actually helping.”³¹

Prevention and Proactive Planning for Wellness

Public safety agencies can provide structured opportunities for prevention and early intervention to emergency responders who are at risk of encountering the stress and trauma of a mass casualty incident and when they have already done so. In this section, we review a range of preventative approaches designed to mitigate against responders developing post-traumatic stress symptoms and to minimize their extensiveness and persistence. We preface this review with a short exploration of the primacy of prevention and its forms.

All of the representatives of police-related organizations participating in our Phase 3 consultation spoke in favour of preventative approaches, and many gave examples of current prevention-focused initiatives, policies, and programs. Pat

Bouchard, a retired RCMP member and representative of the National Police Federation, spoke “to both professional and personal exposure to a traumatic incident” in favour of assisting members before a critical incident occurs. He said: “Trauma won’t wait for you to be ready to absorb it.”³² We discuss other perspectives and the examples of current practices in the conclusion to this first part of this chapter.

Primacy of Prevention

From a therapeutic perspective, preventive approaches are classified as primary, secondary, and tertiary. In this context, Dr. Heber advises that the goal of primary prevention is to ensure that emergency responders are “best prepared to handle any kind of tragic or severely disruptive event.”³³ These approaches are designed to minimize risk factors and promote protective factors. Opportunities for secondary prevention begin when concerns over wellness have arisen or when there has been some exposure to an extreme situation or incident. Secondary prevention can take the form of early intervention to prevent the escalation of symptoms, discussions about the availability of resources, and assistance with accessing resources and navigating support systems. Tertiary care is the provision of therapy to address post-traumatic stress symptoms and prevent them from becoming chronic and to build resilience to prevent future negative health outcomes.

Dr. Deborah Norris used the analogy of a river to describe these three forms of prevention and their interrelationship:

So what I use in this context is the idea of a river, or a stream, and on the **primary** side of things, you know, sort of anticipating that there could be people who would go too close to the edge of the river, so awareness building. You know, maybe you should not do that because there’s a safety issue there. But if people do go too close, as people will, falling in, you know, you rescue them, but say, you know, in the future, let’s talk about swimming lessons or a life jacket [**secondary intervention**]. So, providing them with the skills and the capacities required that, should that happen again, they know how to support themselves and save themselves, essentially. But if they fall in and they don’t have those skills and capacities, float down the river, the metaphorical river, provided they don’t drown, which is not the outcome anyone would want, there could

be, at the **tertiary** level, the intervention of hospitals, ambulances to save and rescue.³⁴

One of the goals of prevention is to promote emergency responder resiliency, knowing that high levels of stress are a feature of the occupational environment. Dr. Norris encouraged a systemic approach to building resiliency: “We conceptualize resiliency as a process, so it’s not a one and done, you know, one-shot deal and you’ve got the magic that will – you know, make you immune to future trauma. So an analogy that we can all relate to in the – hopefully, as we crawl out of COVID, is it’s there’s not an inoculation that we can get for trauma; that it is a process, and it involves more than the individual[.]”³⁵

Although the value of prevention is well understood, it is not fully integrated into educational and occupational systems. Dr. Heber underscored this point by using the analogy of preparing troops for battle. She indicated that before Canadian troops were sent to Afghanistan for six months, they were trained for six months:

They spent as much time in preparatory training for that mission as they did overseas. So, you know, if you think about – and that was not mental health training. That was so that they would know the kinds of situations they’re going into. We understand that, but in terms of mental health, somehow it’s hard for us to wrap our mind around the fact that we need to put things in place for that primary prevention to occur.³⁶

Giving prevention the required primacy through full integration into the education and training of emergency responders, and other community members, is key to promoting wellness and resilience and to assist in preparing these individuals for an extreme event such as a mass casualty incident. Primary prevention is not designed to replace the provisions of support and assistance when it is required only to mitigate the impact of these high psychological risks of these occupations. As Dr. Megan McElheran pointed out: “[W]e’re really understanding increasingly that there is this need for a continuum of care that samples across primary and secondary and tertiary prevention.”³⁷ As we have recognized, mass casualty incidents almost inevitably have an impact on emergency responders that give rise to needs for support and assistance, and we must plan for those as well. As Mary Fetchet stressed in graphic terms, **“there’s no training that you can put in place that’s going to prepare somebody that’s responding to see their neighbour’s child, you know, murdered in school,”** particularly in small communities.³⁸

Preventive Approaches

This section provides an overview of four preventive approaches that were highlighted during the Commission’s public proceedings: techniques to modulate the occupational stress experienced by emergency responders and critical incident decision-makers; the “Before Operational Stress Program”; peer support programs, and proactive pre-critical incident wellness planning.

Techniques to Modulate Stress

Emergency responders can be provided with training that encourages them to modulate their responses to stress as they work. During our roundtables on critical incident response decision-making, several experts explained the role of techniques such as breathing exercises in addressing the long-term health impacts of cumulative stress / trauma on police officers. These approaches can also contribute to improved critical incident decision-making.

During our roundtables on contextualizing critical incident response: risks and trade-offs, Dr. Paula Di Nota, postdoctoral fellow in the Health, Adaptation, Research on Trauma (HART) Lab at the University of Toronto Mississauga, described the importance of police officers paying attention to modulating their physiological response to stress in the context of use of force:

So we’ve shown and other researchers have shown that this will not only benefit their performance, but their mental health, their physical health. So just by the addition of this one facet of training that – it’s not additional training, it’s something that can very easily be incorporated into existing training protocols, can have a multitude of benefits, because we know that when your brain is stressed, you’re acting on these muscle memories or implicit biases, including racial biases.

... but once again, by being able to modulate your physiology; broaden your situational awareness; rely on the skills that you have been trained to use and not muscle memory, which might be to react in a way to result in a more severe use of force, which again, us and many other researchers have shown that attacking that stress response in a way that’s adaptive;

that's going to help them pay attention but also act effectively, would be the best course forward.”³⁹

During our roundtable on critical incident decision-making including stress management, Dr. Judith Andersen, associate professor of psychology and affiliated Faculty of Medicine at the University of Toronto, and the director of the HART Lab, described the impact of chronic stressors and depleted “reserves” on critical incident decision-making:

So we have to think about all of the other things that critical incident commanders are also managing on their plate at the same time. And this is why wellness, and health, and addressing burnout is absolutely critical throughout policing. We can't just all say that it's all at the critical incident because your critical incident commanders are coming and having to make the acute-stress decisions and that they might, yeah, have these other health risks or other, you know, situations that are draining their reserves. So I know there's a lot of wellness, and stress reduction, and some exciting new kinds of trainings to recover in that way, but that's such an important thing that we also need to remember **we need to be taking care of our Critical Incident Commanders and police officers even before they get into that situation. And there's good news. There are some ways to do that.**⁴⁰

One aspect of these training approaches is to assist police officers to recover from stress and to strengthen their recovery system. Dr. Andersen described the science behind breathing techniques:

So we can use some of these physiological techniques to have people's bodies in any downtime state, they can train their bodies, behaviourally condition their bodies to get into a state where the – you know, the cardiovascular system and the respiratory system is in a state of synchrony. It's called, you know, cardio-respiratory synchrony, and it helps deliver oxygen to the body. The immune system is working. You know, you're recovering your energy reserves.⁴¹

Dr. Andersen also explained that once police officers have learned these techniques, they can use them “for small bits throughout the day.”⁴² Training in these

techniques can and should be integrated into critical incident tabletop training scenarios:

So it's critical, we find, that this kind of physiological hack, for lack of a better word, be integrated into reality-based training, because when people are in a state, a focused state, they can learn better. All of these great techniques that you have and all of these strategies and so forth, or reducing social evaluative threat ... you're in the state to learn better, and then you're more likely to perform that way out in the field.⁴³

Community-centred critical incident response planning requires the participation of a full range of responders and decision-makers from public safety agencies and the community. Given the demonstrated benefits of these breathing techniques on adapting the stress response both during critical incidents and aiding in recovery after incidents, we conclude there is benefit in making this training available to all participants in critical incident preparedness exercises.

Before Operational Stress Program

The Before Operational Stress Program is a year-long program designed to provide public safety personnel with theoretical, practical, and experiential learning to enhance their resilience and mental health. The program was developed by Dr. Megan McElheran and her colleagues based on cognitive behaviour therapy and group therapeutic techniques. It delivers “psychoeducation” and functional techniques within a supportive learning structure characterized by mutually empowering group interactions. Psychoeducation involves explaining the nature of mental illness including its causes, progression, consequences, prognosis, and treatment alternatives. Both information and practice empower emergency responders to monitor the effects of their work and to take steps to protect their mental health.

During our roundtable on meeting the needs of first responders, Dr. McElheran described the Before Operational Stress Program as designed to prevent emergency responders from debilitating trauma-related symptoms. The genesis of the program came from conversations with emergency responders she had treated in her clinical practice. She recounted that many had said to her, “I wish I had known this before I started my career because if I had, perhaps I would have been

better able to protect myself.”⁴⁴ As a result, she and colleagues asked themselves a question:

[W]hat if rather than waiting until someone becomes symptomatic for a post-traumatic stress injury, what if we actually tried to put some structure around the primary prevention of educating and providing mental health literacy? Of normalising the reality that most folks working in emergency response are going to be exposed to hundreds of potentially psychologically traumatic events over the course of their careers; hundreds, if not thousands. And perhaps, you know, we can help to some extent enhance the proactive, psychological protection people can develop in skill development, in understanding the context and the factors that they may experience in the dissemination of their duties that are unique in public safety and emergency response.⁴⁵

Dr. McElheran described some of the features of the Before Occupational Stress Program. It is designed to orient emergency responders to the unique risks they face and the reasons why they face high psychological risk, and to provide an orientation to a continuum of care. The program takes a multi-factorial approach to primary prevention efforts through skill development, building awareness, and helping people to understand what changes from a mental wellness perspective might look like for them. It also builds understanding about secondary preventions so that emergency responders understand there are “pathways to repair” when they start to notice the impact of their work. It also aims to integrate a tertiary care perspective; that is, to ensure that when people identify “they need help there is effective, culturally competent assistance for them to be able to access.”⁴⁶

An independent evaluation of the Before Operational Stress Program describes it as “unique” relative to other public safety personnel resilience programs, and one with promising initial results in support of mental health of these personnel. This study noted: “Despite the growing popularity of resilience programs, most are delivered in a single session after an event deemed particularly problematic with no follow-up. Longer interventions may better support sustained resiliency, mitigate the impact of operational stress, and increase positive PSP [public safety personnel] workplace outcomes.”⁴⁷ This evaluation found this longer program “demonstrated small, statistically significant improvements in symptoms of PTSD, quality of life, stigma, and perceived social support” and non-significant improvements observed in symptoms of depression, anxiety, stress, and alcohol use, as

well as in emotional regulation and resilience. Participants perceived the program in positive terms and reported “specific improvements in self-awareness, avoidant behaviors, and relationships with family and colleagues.”⁴⁸

Peer Support Programs

Peer support programs can form a bridge between primary and secondary prevention; that is, they can be useful once an emergency responder becomes aware of a need for support and assistance to address the effects of occupational stress. Peer support programs are designed to connect people who have a shared experience. Commission experts shared their expertise about effective peer support and peer support programs during our roundtable on meeting the needs of first responders.

Dr. Julie MacMillan-Devlin explained that these programs can be formal or informal and should match the type of support sought by emergency responders:

A national peer support network would involve somebody who wants to talk to somebody about the experience they’ve just been through, but [says] I don’t want to have to work beside them every day. Somebody else will say, “I want a peer who I work beside every day, who I know that they have my back.” So there’s even very different, I guess, ways that people think of peer support.⁴⁹

She acknowledged “there’s a lot of value in peers.” One baseline is that peers should have information and knowledge about the resources available: “A peer will be able to say, you know what, I called it [the assistance program], and this is what you can expect.” Peers also provide reassurance that you are not alone – that someone else has experienced what you are experiencing. Beyond those fundamentals, the question becomes: “[W]hat kind of training does a peer support network need. You know, is it low-level psychological techniques? Is it communication skills? Is it learning boundaries?” A peer support network has to be a well-thought-out, coordinated effort but it can make “an invaluable contribution on that process of, you know, taking care of ourselves and each other, at both individual peer and organizational level.”⁵⁰

Peer support that is not well-coordinated may not only be unhelpful but may also become a barrier to further help-seeking behaviour. Peer support programs work by “matching experience to experience,” but that may be difficult in relation to post-mass casualty response needs for assistance. Few people will be able to say: “I’ve been there. I’ve been where you have been.”⁵¹ Dr. MacMillan-Devlin accentuated this point:

I hear that all the time when I respond to a critical incident. It’s like, “Don’t bring them near me.” You know, somebody who has got 30 years on the service is approached by, you know, a two-year service saying, “I took a course. What do you want to talk about?” That’s not a great idea. And that’s why, you know, again, it’s matching experience to experience. Officer involved shooting. There’s a network. There’s a peer. And obviously they have to be in the right space to be able to, you know, provide that support. “I’ve been there. I’ve been where you have been. And so we pair them up that way, you know, rather than just kind of having – people want to rush in to help, and we all do, or we wouldn’t be doing what we do. And so I think it has to be a little more, again, coordinated and, you know, when you’re putting people in that position after such a – you know, it’s an acute stress reaction, acute traumatic event. You have to have people in there who are going to be of great – perceived as great value.”⁵²

Robin Campbell added that “[t]he other thing we have to remember about emergency responders is the ranking system.”⁵³ This means taking hierarchy into account in developing peer support programs. She also notes that informal peer support happens every day with emergency responders, “that person you go to” such as a fellow firefighter, who might not be the organizational peer supporter.⁵⁴ She notes that public safety agencies also need to plan for effective informal peer support:

So I believe that everybody needs that training, because I think every first responder in, you know, general as well, you’re going to run into a situation where you’re going to have to support your fellow peer. And I think we miss that sometimes when we think more formalized peer support. There’s also that really important informal peer support that is occurring on the regular basis that we also need. So it’s a whole spectrum when we come to peer support.⁵⁵

Ms. Fetchet provided her perspective on the role of peer support in communities of emergency responders following mass casualty incidents in the United States. She explained that peer support can be an important support strategy following these incidents both for “families with families” and “responders with responders.”⁵⁶ Her experience has been that “the longer the time from the event, the less likely people have support from those people that understand it.”⁵⁷ In her view, peer support is especially important for emergency responders and others who “are not able to really talk about the graphic nature of what they’ve experienced. So it’s the ability to talk with somebody that lived it, that understands it, that saw what they saw, that feels how they feel, and they have this – not just shared experience, but this foundation of how that’s impacting them.”⁵⁸ She also emphasized that in some organizations, like police or fire services, they “have their own culture,” and as a result “it’s very difficult for a clinician to go in, unless you’re part of that network, that you have a trusting relationship with them.”⁵⁹

Ms. Fetchet described the practice at Voices Center for Resilience as differing from the Canadian ones described above. Their approach is to establish peer support groups that are led by a clinician. She explained:

[W]e also do an assessment when somebody joins a peer support group to make sure that they don’t need a higher level of care, because the last thing that you want to do is bring somebody into a group that’s going to disrupt the healing. And so, you know, I think our peer support groups might be a little bit different than, you know, a peer network. It’s led by a clinician and there’s an intake that takes place prior to them joining the group.⁶⁰

Proactive Pre-Critical Incident Wellness Planning

Planning for and taking steps to ensure the wellness of emergency responders as they carry out their everyday duties and to prepare them for the heightened stress and potential trauma of high-impact events is an important aspect of community-centred critical incident response. Increasingly, police agencies are providing training and resources to police officers to assist them to deal with the stress and trauma that they can experience as a result of their functions. For example, in Chapter 6, we discuss the approach of Ontario’s Peel Regional Police

to ensuring wellness. This includes police education, additional training about trauma-informed approaches (including becoming aware of and addressing the personal impact of trauma), annual participation in the Safeguarding program (in which officers from selected units go through a psychological assessment), and debriefing practices. Most of those who responded to the April 2020 mass casualty were offered a psychological debriefing and access to peer support. In Volume 5, Policing, we discuss challenges encountered by some RCMP H Division personnel who sought accommodations and supports that were more flexible and tailored to the particular circumstances of the mass casualty.

We are not in a position to evaluate the extent to which police services in Nova Scotia and across Canada take a proactive approach to officer wellness. Similarly, we are unable to make general comments about whether other emergency responding agencies are in a position to provide proactive wellness education, training, assistance, and support on a day-to-day basis. We mention the Peel Regional Police example as a promising practice in this regard but recognize that not all public safety agencies have the capacity to provide this type of wellness program. Furthermore, service providers may not recognize the need for these types of training and support on an everyday basis and are unlikely to have access to them. Proactive planning for community-centred critical incident response can and should, however, integrate the wellness of post-event responders in cross-agency planning, training, and exercises.

The United States Department of Justice Community Oriented Policing Services review of the response to the Pulse nightclub shooting in Orlando, Florida (discussed in greater detail in Chapter 4), emphasizes the importance of planning for post-event responder welfare. The 2017 National Policing Institute After-Action Review in response to the June 2016 Pulse nightclub shooting in Orlando, Florida (the Orlando Pulse Nightclub Report) includes recommendations proposing the provision of “training for civilian members of the responder community so that they are prepared to help victims and families and can handle the emotional stress of a mass shooter incident.”⁶¹ During the Phase 3 consultations with victim advocacy organizations, Insp. Thomas (Tom) Warfield, chair of Peel Regional Police’s Mass Casualty Unit, emphasized how even this type of training can be “very impactful” on the participants. The scenarios used in the training sessions evoked strong responses, and the organizers found that “because of the feelings that were coming out during the [training] calls that were coming into the centre ... we learned to make sure that we incorporate our wellness people immediately into our plans.”⁶²

Ms. Fetchet and her colleagues have developed a training program called “Preparing for After.” They deliver this training to law enforcement and emergency responders to help them prepare for, respond to, and recover from traumatic events. The training includes modules on the psychological and emotional impact of mass trauma and best practices for the long-term recovery of everyone affected by these extreme events.

Conclusion and Recommendation

Public safety agencies can provide structured opportunities for prevention and early intervention to emergency responders who are at risk of encountering the stress and trauma of abnormal or extraordinary calls for service throughout one’s career, up to and including a mass casualty incident, and in instances where they have already done so. As with other aspects of our mandate, we have learned there is a direct connection between steps that agencies take on an everyday basis to promote and protect the wellness of emergency responders and steps taken to prepare for post-critical incident responses. In this sense, this section has foremost been a discussion about pre-critical incident support as a precursor to post-incident support for responders most affected by a mass casualty incident.

For the most part, progressive police agencies are in the process of integrating proactive and preventive wellness programs. During our Phase 3 Participant consultations, many representatives from police-related organizations provided examples of these approaches, including:

- training all the municipal police in the province in “The Working Mind for First Responders,” a training module used to support the mental wellness of front line emergency responders, “so that they’re better prepared in advance of having to deal with a critical incident” (Chief Robert Walsh, Nova Scotia Chiefs of Police Association).⁶³
- instituting wellness check-ins through an annual psychological appointment, which can help to reduce some of the stigma around mental health issues (Chief David MacNeil, Truro Police Service).⁶⁴
- hiring a full-time wellness coordinator with the Cape Breton Regional Police Service; a psychologist who frequently visits and meets with members; she is available at any time and helps to identify issues early, and directs members to resources and supports available to them (Chief Walsh).⁶⁵

Mr. Bouchard, of the National Police Federation, observed:

So there are some strides, there are some things that are being done right now within the RCMP to catch up with what we learn, that it's good to talk about it before it happens. So there is a mandatory, check under the hood if you will, from recruitment to retirement. So we shouldn't wait until our members are affected to look after, and at the same time, that eliminates the stigma of reaching out for assistance, if it's mandatory, in a prescribed amount of time, every six months, every year, every two years. I can't speak to what the intervals are best, but I mean, the Mounties aren't inventing this process, this is being used in other police forces as well. I think of Edmonton, I think of the QPD [Sûreté du Québec], I think of Vancouver that have these early interventions.⁶⁶

Speaking from a policy rather than an operational perspective, Hayley Crichton emphasized that a proactive wellness approach should be integrated throughout a policing career:

But what I think is needed then in an area of success is an expectation of continued support throughout the career. So like I said, not having it be post-incident, that we hit a threshold and then provide supports, but rather, that supports are provided from the very outset of your career as a police officer. **So beginning through the process of recruitment, so understanding what the role entails, understanding what the job of policing really truly is, and then moving from there into training, of course, and then an expectation of normalization of wellness as being a component of employee retention, because that's truly what it is. To retain somebody as an active and productive police officer, it should be built in to how they do their work.**⁶⁷

She also underscored the importance of building in this preventive approach at the micro and macro levels within a public safety agency. At a micro level, this might include “detachment /unit shift-level check-ins at regular intervals to really normalize the expectation of continued communication.”⁶⁸ With respect to the macro level, she said: “I think we're often speaking about wellness and it seems like we're speaking with respect to frontline officers and dispatchers and those in detachments, but I think we would also be remiss if we didn't quickly acknowledge that

these discussions really should be a whole of agency discussion, so right from your constable all the way up to chief officer or commanding officer.

The Commission has identified a number of promising practices for proactive and preventive approaches to mitigating the high-risk occupational stress environments in which emergency responders operate on a frequent, if not daily, basis. The Commission has identified only some of the promising practices, and we encourage the examination and assessment of practices and developments in other public safety agencies. Some of the promising practices we have identified include breathing techniques to modulate stress; integrated and intensive training to develop skills and build awareness about mental wellness (such as the Before Operational Stress Program), peer support programs supported by proper training, and pre-critical incident planning and training. Police services are in the process of integrating these approaches through programs such as wellness check-ins. To borrow Peel Regional Police’s terminology, these practices, among others, can contribute to “safeguarding” first responders.

The National Police Federation proposed a number of initiatives to improve the RCMP’s preventive approaches:

- enhanced mental health training for supervisors and officers, to promote cultural change;
- provision of evidence-based training and peer support to spouses and families of RCMP members, recognizing the role they play in supporting member wellness and the vicarious trauma they experience; and
- improved efficacy of peer support programs for members, including measures to ensure that a diversity of peer supporters are available to connect with members with similar types of service and experience.⁶⁹

The federation’s submissions about post-critical incident support are addressed at the end of this chapter.

During our Phase 3 consultation, federation representative Douglas Wasylenki elaborated on the issue of peer support programs:

[W]hat would success look like in the area of mental health for police officers. I have seen the benefits of having a dedicated full-time support peer coordinator from each division or department – and when I say division, I mean provinces in the RCMP and for municipal forces, obviously, their

department – who understands and has lived police work as a current serving member. They must bring a level of credibility, experience within their policing background. They need to be a police officer. They need to have confidentiality. As part of that, they need to have a team of trained volunteer peer support resources who have walked in the shoes of the members they're assisting. They have real-world experience as volunteers in this program. To match the training they receive, they need to be confidential.⁷⁰

We conclude that public safety agencies should develop pre-critical incident wellness plans that integrate proactive and preventive wellness approaches and include a cross-agency training component.

MAIN FINDING

Many emergency responders, including first responders such as police, firefighters, paramedics, and other emergency health personnel, work in high psychological risk environments on a daily basis. Proactive and preventive approaches are required to mitigate these risks and to help prepare responders for the potential impact of critical incidents.

MAIN FINDING

Perceived organizational support is the extent to which employees feel that their organization values their work and cares for their well-being. Where an emergency responder perceives a lack of organizational support, they are at a higher risk of experiencing post-traumatic stress symptoms.

MAIN FINDING

Emergency responders have a tendency to deny and downplay the need for support and delay help-seeking behaviour. Stigma, lack of awareness of support resources, lack of confidentiality, and stoicism are obstacles to healthy help-seeking behaviour.

LESSONS LEARNED

Planning for and taking steps to ensure the wellness of emergency responders as they carry out their everyday duties and to prepare them for the heightened stress and potential trauma of high-impact events is an important aspect of community-centred critical incident response.

Proactive and preventive wellness approaches should be holistic and engage a whole-of-agency discussion.

Public safety agency leadership has a critical role to play in ensuring that all responders are accorded equal organizational support and in prioritizing the eradication of barriers to healthy help-seeking behaviour.

Recognizing that families of emergency responders are affected and that experiences and family dynamics may change over time, the education about wellness and awareness of organizational supports must be continuous.

Recommendation C.8

PROACTIVE PRE-CRITICAL INCIDENT WELLNESS PLANNING

The Commission recommends that

- (a) All public safety agencies should develop and promote pre-critical incident wellness planning.
- (b) All public safety agencies should develop wellness programming that is proactive and preventive in nature.
- (c) The leadership of public safety agencies should take proactive steps to ensure that all responders are accorded equal organizational support and to promote healthy help-seeking behaviour.
- (d) Public safety agencies in each jurisdiction should collaborate to provide training, including tabletop exercises, to civilian members of the responder community, including volunteers, as one aspect of their pre-critical incident planning.

IMPLEMENTATION POINTS

Proactive and preventive wellness programs should address the following areas:

- pre-critical incident planning and training;
- integrated and intensive training to develop skills and build awareness about mental wellness (such as the Before Operational Stress Program and breathing techniques to modulate stress);
- enhanced mental health training for supervisors and officers, to promote cultural change;
- peer support programs, supported by evidence-based training, that take hierarchy into account, matching experience to experience, and ensure that a diversity of peer supporters are available to connect;
- effective informal peer support and for peer support to spouses and families of responders;
- readily available information and knowledge about the resources for peers; and
- active facilitation of help-seeking behaviour, including by:
 - ◊ addressing stigma;
 - ◊ increasing and ongoing awareness about resources;
 - ◊ enhancing confidential options;
 - ◊ raising awareness about problematic forms of stoicism;
 - ◊ openly acknowledging the difficult work;
 - ◊ promoting effective workplace policies making supports available, including in the discussion those who should play a role in these support systems; and
 - ◊ providing evidence-based supports.

After the April 2020 Mass Casualty

In this section, we examine the steps taken to meet the needs of emergency responders following the April 2020 mass casualty, beginning with an overview of the services provided by various public safety agencies. We take an in-depth look at the experiences and perspectives of emergency responders in accessing support services to meet these needs. This review comprises first-voice accounts gathered by the Commission through the Share Your Experience survey, witness interviews, Participant submissions, testimony, and small group sessions. Throughout this review, we integrate the lessons learned in the first two parts of this chapter concerning the support needs of emergency responders and barriers to help-seeking behaviour. The conclusion draws together these experiences with a focus on proposals made by emergency responders about what steps could be taken to improve the support provided to this group in the future.

Overview of Services Provided

This section provides an overview of the support services made available to emergency first responders following the April 2020 mass casualty. We set out the information gathered about the steps taken by RCMP H Division, the Operational Communications Centre (OCC), and by the Nova Scotia Health Authority for all emergency responders. We also delineate the steps taken by other public service and public safety agencies: firefighters, Nova Scotia Victim Services, and various healthcare agencies, including the Victorian Order of Nurses (VON).

RCMP H Division

In an email dated April 24, 2020, the RCMP H Division Wellness Team stated that employee wellness was the number one organizational priority, that 271 employees had been identified as having been directly involved in the mass casualty, and that all employees had been affected in some way. The email also stated that many supports had already been provided by peer supporters, Occupational Health, and six previously held critical incident debriefings. The H Division Wellness Team activated their 24/7 peer support phone line following the mass casualty. Additional

peer support members from outside the division contacted employees involved in the mass casualty. A resource package was provided to employees and encouraged members to contact the support line directly if they did not receive a call.

On April 27, 2020, A/Commr. Lee Bergerman wrote to Minister of Justice Mark Furey seeking the assistance of additional resources under Article 9 of the *Provincial Police Service Agreement*. On the same day, the Province of Nova Scotia granted the request for additional resources in order to redeploy members to Nova Scotia. Thirty members from Quebec arrived on April 27, 2020, and were joined by 30 members from Ontario on May 1, 2020. The request for additional resources was extended several times and was in place until August 28, 2020.

On July 17, 2020, A/Commr. Bergerman wrote to Mr. Furey to provide an interim update. She informed him that 70 employees had utilized sick leave to deal with the effects of April 18 and 19, 2020. At the time of the letter, 12 employees were still on sick leave. An additional eight employees were on a gradual return to work program. She noted members had retired as a result of the incident.

The RCMP Employee Management Relations Office (EMRO) led a four-to-six-month follow-up strategy for members of H Division. This strategy included the redeployment of the peer support team, virtual information / training sessions, classroom workshops, and virtual follow-up check-ins.

Starting on August 12, 2020, peer support team members from across Canada began contacting RCMP members involved in the events of April 18 and 19 and the subsequent H-Strong investigation via email. The purpose of the email was to check in on employees and to link them to any additional supports needed following the mass casualty and the death of Cst. Heidi Stevenson.

Several virtual wellness information sessions were also held. For example, LifeSpeak – a private, web-based service offering anonymous access to hundreds of short lifestyle and health videos – held demonstrations of its service on September 10 and 21, 2020. On September 29, Veterans Affairs Canada hosted a session. The Workers' Compensation Board held a session on October 14. On November 19, a session about supports and benefits was held.

The EMRO in partnership with H Division hosted several sessions on mental health first aid, mental health in the workplace, and suicide intervention / prevention. Some of the sessions were open to spouses and partners of employees.

In addition, the capacity of the Operational Stress Injury (OSI) Clinic was increased to provide accelerated mental health support to RCMP members and their families. The OSI Clinic has a team of psychiatrists and psychologists, registered nurses, and social workers. Although the clinic is in Dartmouth, Nova Scotia, it also offers telehealth via telephone or video conferencing. The OSI Clinic in Fredericton, New Brunswick, also offered support and resources.

Wounded Warriors Canada, a national mental health provider for veterans, first responders, and their families, conducted the Warrior Kids Virtual Program free of charge for children of employees engaged in the H-Strong investigation. The program is designed to strengthen social connections, create supportive resources for children and families, and to help break down geographical barriers to mental health within Canada. Sessions were offered over a period of six weeks for children ages 9 to 16.

The National Police Federation conducted a survey of RCMP members regarding the impact of the mass casualty on mental wellness, including after-incident supports. The survey was sent in July 2022 to all members working in H Division at the time of the mass casualty. There were 230 responses from members, 109 of whom had been on duty on April 18 and 19, 2020. Of the 187 members who responded to a question about whether the mass casualty resulted in “any notable negative impact” on their mental health, 72 percent answered “yes.” Of these, only 19 percent took time off work to address their wellness. Some felt they could not take time off because their roles were essential or they could not leave their teams short-staffed. Others felt they would face medical discharge if they went off duty sick. A further 6 percent retired earlier than planned, for wellness reasons. The negative mental health effects persisted for some members more than two years after the mass casualty. Most members who accessed psychological services did so privately rather than through providers available through the RCMP. Some avoided seeking psychological assistance due to concern it would negatively affect their career. Finally, “70 percent of respondents reported that the mass casualty had a notable impact on their families or people close to them.”⁷¹

RCMP Operational Communications Centre

Mr. Bryan Green, who served as one of the OCC supervisors on April 19, 2020, provided information about the support services made available to OCC communications operators:

- On April 19, a peer-to-peer advisor set up in a room where the OCC was housed, and operators spoke with them on the way out of the OCC.
- Eight days after the incident, a psychological debrief was held for all operators who had worked during the mass casualty. Because of COVID-19 restrictions, the group was split into two and supervisors attended both sessions.
- Every operator was provided with numbers for psychologists.
- Every operator was assigned to a peer-to-peer from across the country.
- Existing employee assistance programs were also available.⁷²

In his interview with the Commission, Mr. Darryl Macdonald, commander of the L Division (PEI) Operational Communications Centre, discussed some of the pressures faced by those who worked in the OCC and the supports that are currently offered to them. Mr. Macdonald was a 911 call-taker, dispatcher, and supervisor the H Division OCC in Truro for approximately 20 years before he moved to L Division in 2015. He described the focus required in an environment where “the radio is keying up nonstop on the other side and you’re hearing the buzz come out of the dispatch side because you know that they’re busy and you’re trying to concentrate on the call that you have ... the 9-1-1 call software, which is on two screens, and then the CAD [computer-aided dispatch] software, which is on two screens and trying to hear what the other people in the room are saying.”⁷³ He observed that “it’s so obvious if you make a mistake because the bar is so high all the time ... you take thousands of calls every year.”⁷⁴

Thinking about the operators who were on shift on April 18 and 19, 2020, he observed: “To have someone shot and killed while you’re talking to them and then a few minutes later finding out that’s actually what happened, and then it continues on. This was like no other; it continued on and on and on, you know.”⁷⁵ He commented on the training that was evident in their work: “The call taker that stayed on the phone with the kids for two hours, you know, keeping it simple and straightforward for the kids and keeping it toned down. And that’s his training. That’s just not natural, right? I mean, that’s an unbelievable situation.”⁷⁶ While he noted that

there has been improvement in the supports offered in the last few years, he was clear that there is a lot of room for improvement: “[W]e need to start doing a much better job.”⁷⁷

Support for Emergency Responders and Healthcare Workers

Nova Scotia Health Authority

In Chapter 8, we examine the Nova Scotia Health Authority’s (NSHA) role in providing support services to affected persons and communities and its submissions about these services. The NSHA’s submissions are framed from the perspective of employer as well as administrator of services. With respect to the former role, NSHA stated: “Many of Nova Scotia Health’s employees, physicians, learners, and volunteers were directly impacted by the mass casualty, whether through their work or their personal connections to the events as friends, family, and community members.”⁷⁸ We provide an overview of the steps NSHA took to assist its workforce here.

NS COMPASS service, originally developed to provide evidence-based and specialized mental healthcare for Nova Scotia Health staff experiencing difficulties related to the pandemic (e.g., burnout, anxiety, depressive, post-traumatic, or acute stress-related symptoms), was implemented ahead of schedule on April 22, 2020, to provide immediate support to Nova Scotia Health Authority (NSHA) staff involved in the response to the mass casualty. To respect privacy concerns that were brought forward, staff were able to email for services rather than calling intake and registering.

NSHA contacted their Employee Assistance Program/Employee and Family Assistance Program (EAP/EFAP) provider to arrange additional supports onsite at Colchester East Hants Health Centre (CEHHC). A Morneau Shepell Global Critical Incident Team psychotherapist was available for in-person, confidential support for staff at CEHHC in Truro on April 22, 23, and 24, 2020. From 2:00 pm to 9:00 pm each day, a clinician specializing in trauma was available to CEHHC staff for individual or small group supports. NSHA also encouraged the employees to contact their EAP/EFAP (available 24/7) if they required additional or ongoing support. All NSHA staff were provided with the number. EFAP and the Office of Workplace

Mental Health with the Public Service Commission provided internal and external mental health resources.

NSHA Occupational Health, Safety and Wellness (OSHW) also took immediate and medium-term steps to support staff members, including:

- A phone reach-out to all staff and physicians identified as working in the CEHHC Emergency Department to check in and ensure they were aware of available support services.
- Information provided to all NSHA staff and physicians about resources available, with a focus on Northern Zone staff and physicians.
- Increased case management support for Northern Zone staff in the short and long term.
- Recognition that staff may be impacted because of their work treating persons injured in the mass casualty, as friends or relatives of those injured, and as members of the impacted community.
- Group online support sessions for staff and physicians. Three sessions were held via Zoom.

On April 23, 2020, NSHA implemented a service called “First Responders Assist.” This program offered 24/7 access to telephone-based counselling and support to other first responders including Emergency Health Services, municipal police, and fire services. These services were advertised through social media, organizations, and family physicians.

NSHA’s submissions recognize that “individuals may be impacted by grief for months or years following the event and be sparked by reminders and anniversaries.”⁷⁹ The following initiatives for their workforce were highlighted in these submissions:

- Health and well-being resources were frequently shared with managers and staff through Care for the Caregiver newsletters between April 2020 and December 2020.
- A six-week wellness series addressing grief from a trauma-informed lens was offered leading up to the first holiday season in November / December 2020.
- Notifications were made to staff when a television documentary on the mass casualty was to be released and to offer information regarding available mental health supports.

- Acknowledgement and supports were provided in April 2021 at the Colchester East Hants Health Centre around the anniversary of the mass casualty; they included mental health support on site, April 16–19, for staff, physicians, and community members; a LED candle display in the prayer room; and window decals displaying hearts with the Nova Scotia tartan.
- Within Nova Scotia Health's Northern Zone, planning for the first annual observance at the Colchester East Hants Health Centre included those impacted by the mass casualty at the management level, but did not include front-line staff or physicians.

Other Organizations

The Fire Service Association of Nova Scotia provides a Critical Incident Stress Management (CISM) team composed of volunteers. Following an incident, the Fire Marshal's Office can deploy the CISM team to the brigade to provide support through a debriefing session. Training for volunteers is provided through the International Critical Incident Stress Foundation.

Emergency Medical Care Inc. offered their PEER Program through a 1-800 telephone number that was available 24/7 to EHS employees. The PEER team was activated by the EHS Medical Communications Centre immediately following the mass casualty. Support sessions were scheduled with 83 people between April 20 and April 22, 2020. Critical Incident Stress Management debriefings were held on April 24 and April 26, 2020, with 32 people participating each day. In the weeks following April 26, 2020, the PEER team held more debriefings, and another follow-up was completed in October and November 2020.

Nova Scotia Victim Services held a restorative circle for members of the Victim Services Pictou team managers as the Pictou region continued to provide service to this area. Ongoing informal check-ins with staff are held regularly with direct supervisors.

Victorian Order of Nurses

The Victorian Order of Nurses is a community and home care service of support workers, therapists, volunteers and healthcare providers. VON was operating as a

public service provider in Nova Scotia on April 18 and 19, 2020, and continues to do so. Heather O'Brien and Kristen Beaton were both employed by VON.

On April 19, Kristen Beaton was working and travelling from one client to the next when she was killed by the perpetrator on Plains Road. Heather O'Brien, a registered nurse with VON, was on a day off but in virtual contact with a colleague while coincidentally also travelling on Plains Road when she too was killed in her vehicle by the perpetrator.

Employee Assistance Program counsellors were made available via teleconference for VON employees starting on April 20, 2020. EAP services are available 24 hours a day for employees as well as anyone living in their household.

Experiences and Perspectives

As noted above, our review comprises first-voice accounts gathered by the Commission through the Share Your Experience survey, witness interviews, Participant submissions, testimony, and small group sessions. To better understand the full community effects of the mass casualty, in early 2022 we invited interested people throughout Nova Scotia, all of Canada, and other countries to take part in the Share Your Experience survey. The survey assisted us in building our understanding of the experiences of people in a range of different locations, contexts, and settings, including those living in affected communities and those working as first responders. While responses varied, key themes included concern over the negative mental health effects arising from the mass casualty, the sense that communities or public spaces were less safe following the mass casualty, and a call for more access to and education about support services for people who have experienced trauma or require mental health assistance.

Share Your Experience Survey

Eighty-five of the 928 respondents to the Share Your Experience survey identified themselves as first responders. This group of respondents was provided the opportunity to answer a series of focused questions about their experiences during and after the mass casualty and their access to support services. Thirty-seven first responders opted to do so. In addition, in responding to the main survey,

many first responders, particularly police officers, shared their experiences during the events of April 18 and 19, 2020, during the weeks and months that followed, and of the continuing impact.

Several first responders shared their experience of frustration and anger at not being asked to assist, and with the lack of communication during the events of April 18 and 19, 2020. Others reported “feelings of helplessness” and wishing they had been able to provide service. For one respondent, the inability to help resulted in the experience of survivor’s guilt; for another the impact was a feeling of having failed the public:

- “A lot of survivor’s guilt. I could have done more. I should have been able to do more, I was ready to help. I was never asked because I work for a municipal agency, and not the Federal RCMP. I could have helped someone. I could have helped stop it sooner. A lot of guilt.”
- “A feeling of failing the public. Police all wear the same colours when it comes to public opinion. Lives were lost due to failures on law enforcement’s end. It was not something that was ever thought to happen here and we were ill prepared.”

First responders shared examples of the longer-term impact on their activities, behaviour, mental health, and well-being:

- “[M]ore hyper vigilant, although that stress level has come back down some since, but it is never far from your mind. Others in our policing community, not so lucky, have seen many go off on leave, some not to return, others to struggle back and forth.”
- “I am more alert when responding to calls. The events surrounding that incident has always played on a person’s mind of the ‘what if?’”
- “Performed a traffic stop in the town that I work in. Myself and the other driver were both terrified. The other driver was afraid I was impersonating a police officer, I was worried that this driver had a gun in the car. Day to day, my fear of being shot or attack[ed] is heightened.”

One respondent shared the experience that “for myself and for the serving members of the RCMP and the retired members. This event has changed our lives forever.” This theme was expanded upon in this response:

We now don't tell people what we did for a living or do for a living because people treat the RCMP [as] subhuman. [They're] some sort of criminal. They blame us for the mass murder. We don't feel good, we always have a knot in our stomach. We're always on guard knowing that we're the targets of hatred and disrespect. Our families suffer because we suffer from depression and anger. Most of us do not attend public things and stay away from people. We're forced to do social events only with other police or military because the general public treats us like shit. Even going for groceries in small communities where everybody knows us can be a very negative and hurtful experience. No other group of people in this event this mass murder has any of this happening to them. Civilians may feel fear and anger but they certainly are not being treated like they are the people who caused and did this. RCMP have had huge changes in their lives because of this. They did their job were proud of it they ended the event. And now have their lives turned upside down and destroyed because of public opinion and misguided hatred toward the RCMP.

Several survey respondents who are not first responders expressed sympathy for first responders because of the way they have been treated by the public since the mass casualty. One person said: "I am very saddened for my first responder friends. Their lives are also changed forever ... and frankly no one wants to hear it from them." Another wrote:

The families of the victims will mourn the events of that massacre for the rest of their lives. The RCMP members, after dealing with the immediate (and following) investigation, returned to their same jobs with the same risks as before but knowing that although their job is to 'serve and protect' to the best of their ability, there are still people out there who will be targeting THEM, over and over and over.

Survey responses also highlighted the fact that anger expressed toward the RCMP has affected their families as well. Several people shared the experience of witnessing the children of RCMP taunted, bullied, and ostracized. One respondent wrote: "While I was not directly affected, the social fallout of being related to an RCMP member has been at times acutely stressful." Another said:

In the following weeks, there was a lot of criticism of the RCMP's handling of the situation. I know they did the best they could with what they knew

at each moment of these events. The criticism was very hard to deal with. On the night of April 18, my husband and I were just getting into bed when he got called out to a situation of a shooter and multiple fires. My husband left our house that night to go to a terrible shooting scene. He did it willingly because that's what he wanted to do. He joined the RCMP to help others. The criticism was too much to listen to.

The focused survey asked first responders whether they were involved in the response to the April 2020 mass casualty. Seven respondents said yes and described their roles as follows:

- “[P]olice officer.”
- “[F]ront line crisis therapist in the most impact[ed] region.”
- “I worked at the Joint Rescue Coordination Centre (JRCC) in Halifax and was present when the second call came in from Truro Public Service Answering Point (PSAP) for air support.”
- “Was supervisor on site of the PSAP on Sunday April 19, 2020. Assisted staff in trying to piece together events (with limited information) as they unfolded.”
- “As a member of a neighboring municipal police service I came to work on Apr 19 in the event our police service was asked to assist.”
- “Working in emergency room the nights of April 18 and 19.”

A number of respondents who answered “no” amplified their response:

- “Thankfully no.”
- “No, but I wish I could be.”
- “No, but was on duty and ready to respond if called upon ... but as we all know that didn’t happen.”
- “No, I was not asked nor was our agency in any way.”
- “No direct involvement but was ready to respond if the scene of crime (soc) moved to my jurisdiction ... stress related to that was hard.”
- “Sort of, I was on standby, but never asked to help.”
- “Not directly. I was leading staff in a provincial government department, a small number of whom were directly involved in responding to provide support to families the night of the event.”

- “No. I have friends who are police who I worried about and the next day I found out colleagues were murdered. We were told to stay indoors because police didn’t know where [the perpetrator] was so I started texting my friends to stay indoors.”
- “No but many of my former colleagues were and I had the opportunity to visit all 53 detachments in the province ... We talked with the members to show our support of their service and to let them know at least we are there for them if the public is not. And what we learned travelling the province was how devastating this event has been in the aftermath with the hatred toward the RCMP. Those who are on the scene did their job they know it and they felt good that they were able to stop [the perpetrator]. But that all changed one day after it.”

One respondent provided this information and perspective:

I chose to not put my name forward as a psychologist who would offer services after the events of April 2020 as I did not wish to be further exposed. In spite of that, over the past year I have had clients who knew some of the victims or who were family members of the first responders. The family members of the first responders have struggled with the changes that the events of April 2020 have caused to their fathers and mothers. It is difficult for these children to understand what their parents are dealing with, they want things to be the same at home. Those children seem to be the forgotten victims.

The second question asked first responders: “What was your experience accessing support services (e.g., mental health support, counselling, grief and bereavement support, alternative therapy, etc.) and how could access to these services be improved? Please share as much or as little as you are comfortable with.”

Approximately a third of respondents did not answer this question, marked it as not applicable, or responded they had not needed support services. One said: “I had no need to access any support services but am well aware of them and how to access them in my region should I require them.” Others also wrote they were fine with the resources available, and one said they had lots of access. However, another respondent who also said they did not need services questioned their availability to others: “These services should be readily available and not result in months and months of waiting. That’s when people hurt the most.”

Two respondents said they dealt with issues on their own, and one of them said, “just dealing with my own grief myself. Going to work and hoping to do better every shift.” Three respondents reported that peer counselling was effective. One told us: “My own team was the best resource for me. We were offered other options but I didn’t feel those options would be as helpful to me as the support that was shared within my own team.” Another person said: “I spoke with colleagues, and friends about it, it hasn’t gotten to the point where it impacts my day to day life where I feel the need to seek professional help. Yet.”

Several respondents told us that access to needed supports was “difficult.” One said: “Mental health support in our province is a joke.” Other experiences and barriers were described as follows:

- “I had to fight with workers compensation to the point where I had to get an attorney involved. It took almost 7 months to have my claim approved after it was initially denied. I am followed by psychiatry for medication and now finally have a trauma therapist but it was with much fighting and retraumatisation to get through the process. I had a psychologist through Lifemark but she stopped calling me without notice.”
- “Took me a year to seek help. Immediate supports were offered to the whole community and people not directly affected. The debriefing was offered to all staff and spots were taken so I did not attend.”
- “The support services that you had set up are 100% geared for the civilians in this mass murder. There is zero afforded to the RCMP members or veterans. Thankfully we have Veterans Affairs who were able to step in and help us because the public sure as hell does not give a shit about the RCMP and their health or mental health.”
- “It is difficult to make an appointment with a psychologist in a timely fashion during crisis. As a police officer that does not have a family physician I feel that I put off taking care of mental health related issues because I’m not going to go to a local hospital emergency room concerning my mental health. I feel simply because of my profession I should have priority access to a primary care provider of which myself and my husband, also a first responder does not. Instead we’ve been on a waiting list for several years.”

One respondent advocated for “more “advertising” for mental health services as many community members are unaware of the services available to them.”

The third question asked: “Have these events impacted your work as a first responder, healthcare and/or support service provider? If yes, how? Please share as much or as little as you are comfortable with.” Again, about one-third of respondents said their work had not been impacted, made no comment, or said they had left their employment or were unemployed. One said that they had not been affected “but more mental health support is required within the policing side here as it is not taken seriously and ignored.”

Of those who responded affirmatively to this question, many wrote about how their approach to their work had changed:

- “Yes. As first responders we are now even more cautious when responding to suspicious fires.”
- “Yes I think differently. I try to understand people’s fear of police. Pulling over cars you try ensure the people you interact with are safe that you are a ‘real’ police officer.”
- “Yes they have. Since then I’ve taken steps to greatly improve our response efforts and capabilities if ever such an event were to occur again.”
- “Yes, contemplating how this would have been handled in our jurisdiction. Training and equipment additions.”
- “[P]eople look at police differently now the trust is gone. As an officer I feel vulnerable for the next event. What do we really know about an incident? Are things being held back from us? We need better information sharing.”
- “Yes they have. Different approaches on situations.”
- “Only in the sense of constant scenario running, What if this happens when I am working? What would I do? How would I react? etc. This can be perceived as a positive outcome as it opens eyes to ‘what could happen.’”
- “Yes, it has affected me in the way I conduct my policing. The events of that incident are always in my mind.”
- “It has certainly impacted my officer safety considerations – as a supervisor concerned for those that I lead.”
- “Living and working in Colchester County, I realize that it is quite likely that I will meet new clients who won’t initially request services to deal with the events of April 2020. Ultimately, I have found that most of the clients I see have a story to tell about ‘the day of the shooting.’ Most want to talk about where they were, who they knew, and how it affected them. The majority

of those clients are dealing with the events quite well. The story remains however.”

Several respondents wrote about how these events had affected their work because of the change in their relationship with the RCMP:

- “[I]t’s harder to trust the RCMP officers we encounter as I don’t know if they have anyone else interest in mind, outside of protecting their own.”
- “Yes, our relationship with the RCMP at the provincial level and to some extend locally has been damaged.”
- “Lost faith in RCMP.”
- “[M]y confidence in the RCMP and our working relationship has been drastically affected due to the knowledge that information sharing is not a priority.”
- “I’m more critical of how the RCMP handles things now.”

A former RCMP member provided another perspective:

I’m retired now but if I was still working it sure as hell would affect my work. My hyper vigilance is through the roof right now as I’m sure it is for serving members because of the negativity toward the RCMP from this event. It would be very, very hard to go to work every day knowing that the Canadian public in the media have treated us the way they have since this event ended. Yet we still go to work and we still serve the communities and try to suck up those hurtful feelings inside. Someday this type of event will happen again and Guess What the RCMP will still go out and risk their lives to save other people they don’t know. That either takes a really special kind of stupid or a special kind of person to do that. For me it would be the second, a special kind [of] person willing to risk my life for people who don’t give a shit about me.

Another group of respondents described broader impacts of the mass casualty: “The events just cemented how catastrophic emergency events can be, and how widespread & devastating the effect is. Every day is different.” Some respondents talked about it leading to improvements in self-care or care of colleagues:

- “I learned I need to do a better and more consistent job of my own self-care in order to keep doing the work I do at a quality standard. We all have a limit

to what we can handle, including those of us on the front line, so we need to work even harder than most to ensure our own well-being first. If we don't do that, we will be of no good to anyone."

- "I really try to take more time checking in with people to see how they are really doing with our job."

Others described mental health effects including "being currently off work due to ongoing PTSD symptoms" and "increased anxiety, need to take time off each year around the anniversary, and had to switch job locations." Responses included:

- "Absolutely ... more aware ... and with that comes more stress."
- "I got PTSD. Don't be offering me counselling when the police can't stop a white guy with a gun or guns."
- "I am fearful that this can happen again. I would likely not go into VON nursing for this reason."

Some of these responses overlapped with the next questions: "Have these events affected your mental health and/or well-being? If yes, how? Please share as much or as little as you are comfortable with." About a third of respondents said they were not experiencing any impact. Several qualified their responses with additional information:

- "I don't believe that the events have affected my emotional or physical well-being beyond the sadness that we all feel as a result of the horrific events of that weekend. On the other hand, I am grateful that I can feel sadness and empathy, it reminds me that I am alive and human."
- "Not so much ... I feel a heightened sense of alertness which isn't necessarily a bad thing."
- "No they have not, these events have taught me to prepare for myself and the ones around me."
- "No, although I do find I am becoming desensitized to events and happenings, and I'm sure that's not healthy."

One respondent told us their mental health and well-being had been affected in a positive way in that "I never miss the opportunity to say I love you to my friends and family."

In addition to the responses set out above, several additional respondents reported experiencing PTSD, and one added “panic attacks.” Other responses mentioned the experience of “many triggers” and discussed how the event “brings back horrific memories and thoughts from incidents in the past.” Still others referenced becoming “emotional when I think about it” and shared, “I don’t trust people and feel like I am on edge.”

- “Yes, although for a long time I don’t think I realized how much. I was sleepless & revisited the events in my mind when I should’ve been sleeping. I’ve learned to cope much better after discovering a weighted blanket.”
- “Yes. For a while I was quite depressed. I couldn’t put it out of my mind.”
- “Yes, I have a lot of guilt from these events, I could have helped, I know I could have done something, but I was never asked to.”
- “When friends are shot and killed, that you knew both personally and professionally, yes it has affected things. This was the largest mass casualty events in the whole country ... which happened in little ol’ Nova Scotia ... it will never happen here.”
- “Losing a fellow officer is not what affects my mental health. This is the job we do. However losing a friend, someone I thought of as a sister, being shot in her own home because no alert was sent out is very hard to deal with.”

Some first responders identified the after-action events as having the greatest impact on their mental health and well-being, and as causing “anger and frustration.” One respondent said: “The lack of integrity and accountability at the higher ranks. This brings up a lot of emotions for myself and many others, who had experienced something similar with the Force.”

Another respondent experienced being most affected by the way RCMP were treated following the mass casualty:

Yes big time because as a retired member I’ve been at events not as big as this but with similarities and I know what the members on scene went through. That was the easy part. The aftermath the day after where the media in the public turned on the RCMP and treated the RCMP members as the villains and the cause of this whole thing was devastating. I had PTSD from my service and since this event happened I’ve been in to see my psychologist every two weeks had to be placed on medication and still struggle with depression and anger. All stemming from how the

public is treating the RCMP because they have no idea what we do how we do it or why we do it. The same people have Never Risked lives to save anyone. And it pisses me off that they're so freely willing to shit all over the RCMP for doing just that Daily walk a mile in our shoes and then maybe just maybe you can have a comment.

OCC Communications Operators

Mr. Bryan Green and Ms. Kirsten Baglee served as supervisors at the Operational Communications Centre on April 19, 2020. They participated in one of the Commission's small group sessions and shared their experiences as emergency responders during and after the mass casualty. They both spoke to volume of the calls that day, and Mr. Green noted that "[s]omeone described it as turning on a fire hydrant and it just gushed out."⁸⁰

They each described the impact of learning the perpetrator had shot Cst. Heidi Stevenson and Cst. Chad Morrison. Mr. Green recalled the moment when they learned that Cst. Stevenson had been killed: "When that happened, I don't know if this true, it just felt like the room – the air went out of the room for about a half-a-second, and then we just went on like it didn't happen. We had to go on like it didn't happen, and that was tough for everyone for sure."⁸¹

Ms. Baglee described her reactions:

It was tough when Chad was shot when he went to the – to the ambulance station and was waiting for an ambulance. And after Heidi had been killed, he came on the radio, and I'll never – I'll never forget him coming on the radio and just so unassuming, "Do we know where my ambulance is because I'm bleeding pretty badly?", and me getting back on the phone and asking the ambulance where they were. And knowing that, of course, they need to be safe in their – in their response, but I had a police officer out there that needed help, and that's what I wanted. I – and so I tried to tell he's in this car, and he doesn't have a stripe on his pants, and this is his name, and he needs your help.

We want to protect our members. That's – that's our – our job is to protect the members, take care of them, make sure that they make it home.

And we – we couldn't that day. It's our – it's our worst – our worst day, our worst nightmare coming true. That was – that was hard.

But not having time to really react to, like to emotionally react, we certainly reacted in our – in our action and in – and in getting him the help and in getting people there for Heidi as quick as we could, but the – the emotional reaction couldn't happen at that time because we had a job to do.⁸²

Mr. Green provided a description of the services made available to OCC personnel (set out earlier in this chapter). He reported that “[w]e were of the understanding that if you needed help, you could call, and it was covered.”⁸³ He was aware that some members of the team have used these services. He summed up his perspective on the support provided:

I've been asked if we – several times if we did enough, if we should have gone back to work as soon as we did. Kirsten and I both have been part of the management team. We were then and have been since. We both had stints as the commander, and we've been dealing with a lot. And we know from Moncton, we were told, that people were sent off for a month in some cases, some of the dispatchers, and that wasn't necessarily a good idea. But then again, I don't know if five or eight days was enough either. It's almost impossible to say. So I think it's different people need different things. And we had some support. But if you ask somebody else, I feel like I had adequate support, if you ask someone else, I don't know what they're going to answer, but whatever they answer is the right answer.⁸⁴

Ms. Baglee also reported that she was satisfied with the support received and recognized that others may have different experiences:

I did have to take some time myself. I probably pushed it a little longer than I should have, but I wanted to be there for my team and – as a supervisor, as a support person, and in my – I'm in this job because I want to help people and my team is no different than anybody else. I wanted to help them, too, so I wanted to be there for them to support them.

And so I probably stayed a little bit longer than I should have, but I did end up taking some time myself. I took a few months off.⁸⁵

In his interview with the Commission, Mr. Darryl Macdonald, commander of the L Division (PEI) Operational Communications Centre, stressed that the OCC has taken strides in fostering healthy help-seeking behaviour, including a reduction in stigma attached to recognizing the need for support. He said:

I think that's changed tremendously in the last five years, I really do. I talk openly on the floor with my people and they actually are starting to talk openly with me, which is great. They knew I was sneaking out once a week for something, so I may as well tell them what, right. And then now they're ... they'll just tell their partner, "Yeah, I'm going to meet with the psychologist," like it was a normal thing. I don't know if that's the case everywhere else, but it needs to be, you know.⁸⁶

Ms. Baglee points out: "Some people didn't come back. Some people are off and may never come back. Some people are already not coming back."⁸⁷ Mr. Green elaborated on this point:

We have 50 operator positions at the OCC, full-time operator 20 positions, and they were pretty much full, I believe, at that time. We had 50. We have 24 right now, full, 24 operator positions, most of those lost due to Portapique one way or the other.

Some of those positions are still technically full, but there are 24 people who are off sick, may come back, may not come back. So it's hard.

I don't want to put words in anyone's mouth because we lost all those people. Maybe there is something that could be done more. I don't know what it is. But that's a lot of people, and we've lost great operators.⁸⁸

Ms. Baglee attributed this high rate of attrition to "[t]he magnitude of it," and Mr. Green agreed.⁸⁹ In his interview with the Commission, Mr. Macdonald also spoke about personnel who did not return to work at the OCC after the mass casualty:

[T]his was so significant, there's people that'll just never come back and that's just the reality, you know. And so, I try and communicate this stuff to my ... my people here as much as possible and to my fellow managers across the country because I think they need to understand that once this happens, like there's ... there's significant loss and significant impact to the people.⁹⁰

Mr. Macdonald also underscored the impact of the mass casualty on the families of those whose lives were taken.

Mental health is a big issue. It's going to be a big issue coming out of this. I feel terrible for everybody who was involved. I feel terrible for the families, especially. But the operators were ... yeah, anyway. To lose a member while you're working, I'm sure is the worst thing in that entire ... operators look at members as their family and they feel directly responsible for their safety, like, directly response ... like you would not believe how annoyed they get when a member doesn't check in with them, and that's because they feel personally responsible for their safety. And that's ... that's hard for anybody from the outside to understand. So, not surprising that they crash and burn days later instead of right away, or years later.⁹¹

During the small group session, the two OCC managers were asked: "What has been hardest for you personally?" Mr. Green's response was:

I had no idea that it was going to be that much pain, that much trauma. And it's really hard to talk about that because in the end, we were on the phones, we were on the radio. Paramedics this morning were right out in it, and police members were right out in it. The victims' families, I can't even imagine.

So it's hard to talk about us because we were in a room. We were safe in a room and, still, it was – there's still a lot of trauma, so I can't even think about what some people are going through.

So it is hard to talk about it, but that – that is the thing that surprised me the most. That's been hardest, for sure, that I didn't – had no idea that I would be talking to my co-workers about events like that and trying to get them help that they needed and having no idea what to do myself.⁹²

Mr. Green also talked about how he experienced the Commission's work and the reporting and responses as challenging. He spoke about the media reporting and how trusted sources could have "a completely different slant, and a slant that I wouldn't have even dreamed of. And that's hurting –hurting our employees."⁹³ He described the tabloid publication of the 911 calls as "very painful" and spoke of doing his best to warn and support the team through those challenges. He recounted that one of the OCC employees who had been working that day posted

on social media about how everyone at the OCC tried so hard during the mass casualty. He read out the post:

And we just want everybody know that everybody, members on the road, everybody we talked to that day, tried so hard. We did whatever we could with what we had. It was a struggle and we – everybody worked so hard. Members on the road. We worked so hard. Everybody. And it's hard to hear the negative after doing that.⁹⁴

He recognized that it must be much worse for the families of the victims but noted that “the media coverage and the fact that there was so much, so much pain and no real way to deal with it, I guess. That’s been the worst.”⁹⁵

Ms. Baglee affirmed: “We’re still dealing with it. It’s been more than two years and it’s still like it just happened.”⁹⁶

Nova Scotia Medical Examiner Service

Two members of the Nova Scotia Medical Examiner Service also participated in a small group session as part of our public proceedings. Forensic nurse Eveline Gallant described her experiences and the direct and indirect effects of the mass casualty on herself and her colleagues:

Some of us had worked with Heidi Stevenson and we knew all of those – all their colleagues. They’d been in and out of our organization for years. We worked with them very closely. That was very difficult. And to try to help people, you know, try to deal with all of this compounded stress that was going on.⁹⁷

...

One of the things I think that was the most challenging for our group, I think, was just the mental health part for all those folks that did the work. Like, you know, our staff, they were at those scenes, they participated in those recoveries, so there was a lot going on with that. And also, you know, to talk to those families in their most awful moments, having to deal with all of this, you know, there’s a wide ranging, you know, affect from all of that. So, you know, that’s – that is – that’s concerning.⁹⁸

Lindsay Denis, also a forensic nurse, emphasized other challenges resulting from the mass casualty, and in particular being unable to provide the information requested by family members:

I think for me, the hardest part was listening to the families' frustrations or questions that I couldn't answer. And that was hard, because part of my role is to help these people with questions, but a lot of them I wasn't able to answer, and that was hard. Just given the situation that they were all in, I wanted to do as much as I could for them, and to not be able to do that was difficult.⁹⁹

Ms. Denis explained:

Yeah, so, you know, we work closely with police, and when there is a homicide, usually how things happen is, you know, police will ask us not to release information specific to, you know, certain things, so that it doesn't compromise their investigation. So we tell the families exactly that. You know, because of this ongoing investigation, we can't divulge certain things. I can tell you that the autopsy's done, but I can't review any specific details of anything until police really give us the green light to do that. And we do let them know that, you know, in the grand – it's difficult when they're in that situation to hear that, and we try to keep that in mind.¹⁰⁰

Health Services

A number of health service agencies were involved in the response to the mass casualty.

Emergency Medical Care Inc. (EMC) manages and operates ground ambulance, Telecare, medical communications, air medical transport operations, and the medical communications centre in Nova Scotia. The Commission interviewed Paula Martell, executive director of health services, risk management and compliance for EMC; Mark Walker, senior manager of risk management, compliance and clinical services for Emergency Health Services; and John Sanford, senior manager of provincial operations – all under the umbrella of Medavie Health Services, which

runs EMC in Nova Scotia. They provided information about the impact of the mass casualty on their employees. A total of 72 EMC personnel were involved in the response: 35 front-line clinicians, 21 dispatchers, and 12 leadership staff. This corresponds to about 20 percent of the staff members on shift on the evening of April 18/19, 2020. Mr. Walker advised us about the Workers' Compensation Board (WCB) claims related to the impact of the mass casualty:

So, we had 19 claims filed with WCB because this event is a workplace injury event. So, the timing of the claims, which is very interesting and very typical to some of our larger events, is we had five claims filed in April of 2020, we had six within six months of the event, and we had eight after six months. So, that was a total of 19 claims.¹⁰¹

Ms. Martell described the nature of these claims: “[T]here’s indication through our Health and Wellness division that they’re directly related [to the mass casualty]. Now that’s not to say that these cases are not complicated by other events, as you would know, but this is the best that we can determine.”¹⁰² Ms. Martell also described the support program developed to assist EMC employees:

So, initially, specifically for this event, we do have a peer family support program, which is 30 peer support volunteers across the province, which is organized by a coordinator and advised by a mental health professional in regards to our approach. We are more interventionists as opposed to therapists or therapy or whatever you want to call it, and it really is a peer, walk the walk, talk the talk type of role, and you’re probably very familiar with that type of model, and it’s been in place for quite a long time within the organization, and it’s very, very active.¹⁰³

In an interview with the Commission, Jesse Brine and Emily MacLeod, Emergency Health Service paramedics, said they do not recall seeing any advertisements for First Responders Assist (the program that offers 24/7 access to short-term telephone-based counselling and support services to first responders, as described earlier in this chapter).

The Commission also interviewed Heather Wolfe, Health Services director at the NSHA, and Dr. Janet (Jan) Sommers, an emergency room physician at Colchester East Hants Health Centre in Truro. Both described the impact of the mass casualty

and their response to it. Ms. Wolfe explained that they very quickly realized the expansive nature of the incident:

And so, on the day of the 19th, which was the Sunday, it was definitely identified that we were in the midst of a terrible tragedy and that we needed to put some supports in place for staff and physicians as soon as we could. I think what became extremely clear from that moment was that this was well beyond anything we would be able to respond to, and that became very clear within the very first few hours and days as we went on.¹⁰⁴

Dr. Sommers indicated the limited nature of supports available in the area and the consequent broad and long-lasting impact the incident had on their work:

[A]nd this is like a key thing that I would like the Commission to appreciate, is that as an Emergency Department and the provider of a lot of primary care in our area because there's limited primary care access, there's really ... there was really no way to access the mental health system easily at that time. We were the intake location for not just immediate victims of the incident, but also within, I would say, the next ... I mean intensely within the next 24 hours, we were also the place where people were going in crisis because they had, for example, lost a loved one potentially in the incident. And then we also continued to receive on a daily basis for many, many weeks people who were impacted by the incident, either physically or mentally, and hearing their individual stories on a daily basis of what had happened. So, it wasn't like a single event for us, it was ... it's ... it was ongoing, and it continues to be ongoing two years later.¹⁰⁵

Ms. Wolfe informed us about the difficulties faced by hospital staff in accessing the support they need as a result of the secondary trauma of treating others who were affected by the mass casualty:

I think we tried to respond to a very atypical situation with a typical response. So, they brought in a psychiatrist, placed them in a conference room in a very visible area of the hospital, and said, "If you're feeling overwhelmed on your shift, you can go and talk to the psychiatrist." But if you understand emergency types, there's no way they would have walked past all of their colleagues into a conference room for support. And the

other issue is that they couldn't have left because the demands of the department are so significant and we're so short on the staffing that you can't actually leave a shift, and it was very unlikely that anyone was going to come from home to attend that. So, there were just a number of things that were really off, I think, like well-intentioned but not really well informed in the way that that was offered. Didn't understand their audience.¹⁰⁶

Dr. Sommers expanded on her colleague's point and spoke of the compounding impact of another event:

[S]taff needed to be able to leave and they couldn't. So, for example, if you want to talk about trauma, the same group of people who were on shift over the course of this incident were also on shift when a young child went missing in Truro a week later. And so, you know, yeah, it just there was no ability for people to just step away from their work and kind of get in touch with their humanity ... And the point that I wanted to make about like all those resources not being there for the community is not only were the emergency team, you know, traumatized, like secondarily or vicariously, but then they were having to like constantly be in this ... engaged in this struggle to get supports for people that they felt really needed them while they were also struggling. So, it was not just the impact of the vicarious trauma, but then it was like just frustration, like barrier after barrier after barrier.¹⁰⁷

Part of the difficulty faced by healthcare personnel to access the support they needed related to the size of the community. As Dr. Sommers indicated:

I think accessing your mental health colleagues who you work with on a daily basis for support is just maybe not, again, like a well-informed choice. So, and I think those colleagues had very good intentions that they wanted to support the people they worked with, but there are personal details that you may not want to share with someone you work with on a daily basis. So, yeah, I think that some of the support was offered through the typical crisis intervention, so, you had to call ... instead of like a direct route to a support, you had to call a 1- 800 intake number, which just was not very sensitive, I think, to the situation. And I do know of one staff who was very directly impacted, who called, left their details, and

then it was never ... they never received a call back. So, it just was not really ideal, like the way that the support was coordinated.¹⁰⁸

The continuing impact of the mass casualty was fully visible as the date of the first commemoration of the incident neared. Dr. Sommers described her sense of urgency about developing a plan for the resurgence in need at this time:

[W]hen the anniversary of the event was coming up and still nothing had happened, you know, I think it was like six weeks or eight weeks before I was like, “You guys, the anniversary is coming. Like, what are we going to do as an organization to recognize what happened?” And I mean, there were things done definitely, and I remember ... and this is not a comment that ... because I was the one that was really banging my fist saying, like, “You guys need to be ready. What’s our plan? Like, how are we going to support the community? Like, I don’t know if we’re going to get people coming in because it’s the anniversary.” ... But like for me, it was just about the organization actually recognizing that something should be happening to like, you know, that ... So, I think at that time of the anniversary, there was definitely a developing understanding, particularly by more leadership in the northern zone that like, “Oh wow, this was a big thing,” and like, “Gee, we haven’t ... we haven’t like ... we haven’t really gotten this right yet.” But again, there’s no getting it right, so, I don’t know.¹⁰⁹

In its submission, NSHA recognizes that despite its “efforts to support its people during this unprecedented time” they were unable to fully meet these needs. Its self-assessment points to “areas for improvement with respect to occupational health and safety,” and the submission provides an overview of current and planned initiatives toward this end.¹¹⁰

RCMP First Responders

The Commission interviewed a large group of police service personnel, including police first responders, on a variety of issues within our mandate, including their experiences with post-event support. We examine this input in relation to three topics: impact, organizational support, and awareness of mental health supports.

Cst. Luke Murphy discussed the challenge of carrying out the investigation given the mass casualty impact: “You know, there’s ... there’s a lot of important things that need to be done in terms of the investigation, but I know that there ... there were ... was a lot of people for months after, myself included, struggling.”¹¹¹

He downplayed his own need for support relative to others, a common pattern for emergency responders that we discussed in the first part of this chapter. Cst. Murphy said:

[G]uaranteed there ... there were ... there were members that experienced a hell of a lot worse than I did, terrible life-changing things, yeah. I mean, given the ... given the scope of how many people were involved, I completely ... like I ... like I said before, completely understand why and was surprised how early we were actually initially made contact with by somebody. ... And also, the ... you know, the members that were on the ground in Portapique on the 18th, the members who, you know, were ... especially, you know, the Emergency Response Team members, the people who witnessed all of the terrible things. I mean, there’s people who had it a lot worse than any of us did in Halifax district, um, and I’m ... and I would hope that those people got more in-depth help before certainly, I did.¹¹²

Cst. Trent Milton said that the peer-to-peer calls were with members outside of Nova Scotia who did not understand what they had gone through in Nova Scotia.

In an interview with the Commission, Sgt. Darren Bernard recounted that it took about two weeks for the Millbrook detachment to receive the supports offered to H Division. Millbrook First Nation is one of 13 First Nations in Nova Scotia that have a policing contract with the RCMP that creates “stand-alone” detachments that are in their own command structure. At the time of the mass casualty, the Millbrook detachment had a sergeant, a corporal, and five constables.

During his interview with the Commission, retired Cpl. Timothy (Tim) Mills spoke about the continuing impact of the mass casualty and factors that increased the stress of the post-incident situation for him:

[L]isten, like there ... there’s stuff we could have talked about today, I probably would have got choked up on. You know, I haven’t cried in 20, 30 years. I’ve come close a few times the last year or so, and there’s some

certain things I'm glad you didn't touch on them, but I mean, no, I'm no hard ass; I'm a human being, you know. But, you know, this ... you know, like I said, I've ... I've been to gun complaints, I've been to Moncton, I shot people before, you know, I've taken a life, like that is my job, I can deal with. To me, I have peace knowing I'm doing good, fighting bad guys. This is the way I look at it. So, I'm at peace with that. But when you're fighting a war for people and ... and I don't even ... like all this, you know ... you know, armchair quarterbacking and that in the media, that doesn't bother me, a little bit, but not much. I understand the media, you know, they're selling whatever and they want to paint us. And then so, you got, you know, society buying that and judging you, but you know, hey, I expect that out of them. I don't expect our upper management to fight us and abuse us and, you know, to treat us the way they treated, after I gave you the best I could give.¹¹³

The perception of lack of organizational support is another factor that contributes to a negative experience and compounds the stress created by the incident itself.

Some police officers revealed they had positive experiences in accessing support following the mass casualty. For example, Cst. Murphy said:

I've been involved in several critical incidents through my career as all police officers are ... And that was a number of years ago now, but what I will say in ... in ... in comparison to that incident, I felt much more supported by the RCMP following ... following Portapique. I don't know if I'd say by the RCMP, but I felt that ... I felt that the RCMP had put, you know, resource ... adequate resources in place immediately following the incident to ensure that people actually ... people had, at bare minimum, someone to reach out to if they needed it.¹¹⁴

Cst. Michael (Mike) Woolcock described how, from his perspective, steps were taken to ensure that appropriate supports were available, but that the system could still be boosted. He said:

I think that's kind of an area that, that we can always improve upon. I definitely had access to supports. We conducted a critical incident debrief as a group, which we would normally do in a very traumatic case such as this. And I also had a couple of phone call consultations with mental

health support offered by the RCMP as well. That was done proactively by the RCMP. Outside of that, obviously I have full access to counseling and any mental health support that I feel I need. I can say that I've taken advantage of that and feel fully supported in that. I think it's something that we can always improve on, though.¹¹⁵

Cst. Victoria (Vicki) Colford explained that from her perspective the initial support mainly took the form of phone calls:

I'm sure it was the very first day that someone from peer-to-peer called. Andy O'Brien was our Sergeant at the time. He called me within 24 hours, I wanna say. Like, there's a lot of calls. Andy called, Al called. Your – I heard from a couple different peer-to-peers. Like, from different provinces, like, I wanna say the first person that called was either Saskatchewan or Ontario. Like, there was a lot of calls. And, like, I – I think that – I mean, I've certainly never been involved in a situation like this, but like that was – I'm gonna guess a lot better that way than it would have been 20 years ago. But there was a lot of calls.¹¹⁶

When asked about whether this approach was sufficient to meet her needs, Cst. Colford replied in the affirmative: "I do. Yeah. Yeah. And, right, you knew – right? People – you knew what was out there? It seemed like right away. Like – yeah."¹¹⁷

Cst. Murphy also mentioned the peer-to-peer phone calls:

I felt that the RCMP had put, you know, resource ... adequate resources in place immediately following the incident to ensure that people actually ... people had, at bare minimum, someone to reach out to if they needed it. I remember being quite shocked again, comparing my experience in the past, I remember being quite shocked receiving a call, you know, within probably a week, a week and a half from ... from someone who kind of had an idea what my involvement was that day, you know, offering to ... to speak by phone, offering to speak by ... by Zoom, by teleconference or videoconference. You know, even if it was just a chat or ask about, you know, what ... what other alternative options there were out there. But I thought it was ... I thought it was good that at least, you know, at the front end, there was an effort made like, "Hey, we realize ... we realize that you were there, we realize you were involved and we ... we realized that the

incident as a whole was ... was terrible and you probably witnessed...” and, you know ... and that’s very much the type of conversation it was, which ... which was ... which was good.¹¹⁸

Both Cpl. Jarret MacDonald and Sgt. Darren Bernard were complimentary about the RCMP debriefs. Sgt. Bernard said: “[T]hey quickly had the debrief organized and that went off Friday without a hitch, that was good.”¹¹⁹ According to Cpl. MacDonald:

I’ve been through previous debriefs and this was, this one was good. It was, um, you know, they divided people into different groups and there was no, it was all members that was involved and a psychologist. There was no managers there. There was, it was all just normal guys and girls from the ground. So we didn’t mind talking about it. So the critical debrief was, has come a long way and I certainly saw that at a, as a result of this or after this.¹²⁰

Not everyone interviewed by the Commission had a positive response to the peer-to-peer support that was offered to RCMP members. For example, Cpl. MacDonald indicated:

And I remember saying, can you tell me what employee wellness is? I don’t have a clue. All I know is there’s peer-to-peer and Headquarters, which, which is nice on paper, but I’ve never, I don’t know anybody that, like I, I’m not going to call down to Headquarters. And I didn’t even quite, I don’t know what peer-to-peer is, other than a girl from Winnipeg called me to see how I was doing. And I’m not going to tell her over the ph- ... Like some... peer-to-peer specialist from Winnipeg or Manitoba. But I had no interest in ... that was ... I had no interest in that.¹²¹

Cpl. MacDonald’s thoughts are also reflective of a lack of awareness of mental health supports, another main barrier to help-seeking behaviour. He elaborated on this point:

But as a supervisor trying to help other people, I was kind of at a, “What do I do?” There’s no textbook, you know, well, there’s EAS, there’s peer-to-peer. Like all you can do, you can’t make anybody do anything.

...

Like, I'm not a Mental Health specialist. I don't know, you know ... Just somewheres [*sic*] to take them to or like almost like somebody go to somebody's house to help them. Like, I don't know. It just seemed to me a disconnect there whenever I was asking people what mental or employee wellness was and they couldn't tell me 'cause it's just a fancy word that people kind of hide behind.

...

Well, when a supervisor calls another supervisor, a higher-up supervisor, and he can't tell you either, then there's you know. Then what do you do for your employee?¹²²

Cst. Milton also remarked on the lack of substance of the resources made available during the post-mass casualty period:

As an organization, the RCMP preaches that we've got wellness, we've got all these different umbrellas to look after our members, but they're not necessarily appropriate for members. We were getting calls from peer-to-peer supports of very junior members in service, one or two-year members that had never experienced anything, and it was more just, you know, checking the box phone call. Yeah, we've called these members that have been through a traumatic experience. We've done out [*sic*] due diligence. But there's really – there's no material to what's being put out there. It's – the thoughts are there, but the actual actions aren't there so.¹²³

Cst. Milton shared some ideas about how existing RCMP wellness programs could be improved:

I think in April of 2020, institutionally we were not prepared to deal with it. I think a lot of lessons have come out of it since, and I think their approach on a lot of the things has changed. But as far as dealing with member-involved shootings, at the time, there was really no strategies in place here within the division. Now, we've got like, reintegration processes in place and ... and things like that to help with that. And we've involved several of our members from the team to ... to take part in facilitating that, right. And I think that goes a long way, having people that have been through critical incidents, that have been through member-involved shootings, to be the ones that say, "Hey, you know what, we're

here to support you. You can ... you can make it through this. These are the things that I experienced when I went through it. You may or may not experience similar things, but these are some strategies that can help.”¹²⁴

Cst. Murphy also shared his views about current limitations and future improvements to the RCMP approach:

I think as police officers in general, people are, you know, reluctant to talk about mental health. It's, again, getting better, but I ... I think that the RCMP could do a better job in the long term of, “Okay, you don't want help right now, no problem. Can I give you a call back, say, in two weeks or a month?” or whatever, and as time progresses, “Sure, you can extend that.”¹²⁵

In their interviews with the Commission, Cst. Milton and Cpl. Mills discussed how they had proposed that the members who responded to the mass casualty be put on administrative taskings together in order to support and help each other with the trauma. They said that when they brought this proposal to management through the Employee Management Relations Office it was “shut down.” Cst. Milton says they were told that if members needed time off “they can go ODS [Off Duty Sick], we don't support them being pulled in [to administrative duties].” Cst. Milton said instead of supporting the members' mental health coping strategy, it felt like they were told to go home and cope with it alone.

As discussed in Volume 3, Violence, and Volume 5, Policing, there are different of points of view concerning how this request was handled and the reasons for the denial. The common point is that systemic issues within RCMP H Division resulted in the poor handling of this request and the ensuing situation in a manner that was detrimental to Emergency Response Team (ERT) members and to Kelly Sullivan, a civilian employee in the Wellness Unit / EMRO. The request that ERT have time to debrief together based on their shared experiences during the mass casualty is consistent with best practice principles for peer support. From Cst. Milton's perspective, the way this issue was handled resulted in ERT members feeling “like our organization didn't support us.”¹²⁶ As discussed above, the perception of a lack of organizational support is a key factor in deepening the effects of post-critical incident stress.

Cst. Murphy identified two further problems with the RCMP post-mass casualty support plan. The first is the “front loading” of resources, when longer-term

supports are needed. These steps are more in the nature of ticked boxes rather than meaningful follow-up. He said:

But, you know, say once you hit six months after the incident, maybe a call then, right, like, “Hey, I know it’s been six months since this. You know, I’m just calling again to offer you whatever we have completely confidential.” Um, I think that would be beneficial, especially if somebody is really ... you know, they’ve had the time to have everything set in, it’s ... the adrenaline dumps have kind of gone down now, and you’re in the head-space where you can actually start processing what happened.¹²⁷

Conclusions and Recommendations

There is no one-size-fits-all strategy for meeting the needs of emergency responders following a mass casualty incident. Wellness strategies should be developed to accommodate the needs of every individual involved in the response to a critical incident through the provision of an array of mental health and wellness resources and navigation assistance to help responders assess their needs and match them to the needed supports.

Retired RCMP member Mr. Pat Bouchard emphasized: “The trauma is different and responses are different for everyone. So it should be really catered to the individual.”¹²⁸ Similarly, Mary Fetchet pointed out that “it’s really important not to assume what people need ... we do an annual survey of the people that we serve, and we want to know, you know, are the programs that we’re providing helpful or not. You know, what’s their availability to participate, and then, of course, what other services do they need, or what other topics.”¹²⁹ Catering to individual needs is more easily achieved when a range of treatment options are in place. As Ms. Fetchet explained: “I think psychoeducation, providing a peer support network and availability to mental health care, confidential mental health care, you know, is really the way that you have to think holistically about, you know, meeting the people’s needs. And I think the psychoeducation can also be focussed on, you know, eliminating the stigma.”¹³⁰

At various points in the Commission process, emergency responders and leaders of public safety agencies identified issues for reform and made proposals for change. We have reviewed the input received from all sources: Commission interviews,

witness testimony, small group sessions, consultations, and written submissions. Although some of the points made were aimed at specific agencies, we focus on and summarize here the common themes identified in this input. We encourage all public service agencies to review their policies and practices in light of this summary. Post-critical incident wellness plans should address:

1. **Relief workers:** Emergency workers from other jurisdictions should be made available to relieve emergency responders affected by the critical incident; strategies should be developed to ensure that all responders can take required time off regardless of their position (including, for example, Major Crime Unit members).
2. **Changes to leave policies:** Exemptions to leave policies should be made to take into account the special circumstances of a mass casualty incident and to facilitate emergency responders taking the time required to meet their wellness needs.
3. **Debriefs:** There should be the opportunity to jointly debrief after these incidents.
4. **In-person meetings and communication:** More in-person meetings and communication are needed in the post-incident period.
5. **Sufficiency of support resources:** More support is required, more regularly and over a longer period of time.
6. **Uniformity in support resources:** Emergency responders should have access to comparable support resources regardless of their designation within a public service agency (e.g., civilian members of the RCMP and public servants) and across these agencies.
7. **Facilitation of on-site support:** The location of on-site support should allow for responders to engage with counsellors, including, for example, by having supervisors or others facilitating absence for this purpose.
8. **Coordination of supports:** In-house coordination of support services is required within public safety agencies to facilitate access by emergency responders.
9. **In-house wellness units:** Following a mass casualty, in-house wellness units should be resourced to meet the additional demands (including, in the case of the RCMP, being designated as operational rather than administrative).
10. **Role of coach officers / supervisors / managers / leaders:** Coach officers, supervisors, managers, and leaders need to have the experience and

capabilities to be supportive and proactive to ensure the needs of emergency responders are met. This includes being knowledgeable and up-to-date about available mental health supports to assist their employees. More training for coach officers and supervisors on how to support employees after traumatic incidents should be made available, and managers should be more alive to the issues facing emergency responders members on the ground.

During the Phase 3 Participant consultation with police-related organization, Mr. Douglas Wasylenki proposed a model that resonates with Ms. Fetchet's expertise:

Many police officers are reluctant to seek assistance after critical incidents; however, those same officers will readily discuss the events when approached. Policing can be a very tightknit community, and it's a community that faces the same experiences, pressures, and, yes, even fears. Many cases – in many cases, police officers are reluctant to discuss these traumatic events even with family, or perhaps even with mental health trained providers. Having a critical incident debriefing team which is made up of both mental health professionals and trained fellow peer supports who have confidentiality is crucial to assist these fellow members.

Lastly, regular critical incident debriefings, which are conducted by trained mental health professionals assisted by those peer resources. I have seen time and time again regular contact with mental health professionals as part of the member's ongoing benefits can only be beneficial. I would submit to the Commission that you'll see success when police administrators start to see substantial expenditures for regular ongoing mental health visits for no specific reason other than members are utilizing those benefits and they see them as a benefit. This will get a dialogue with the mental health professionals in times that are well, and it simply will assist those members.¹³¹

Just as important as any particular model of service is the fact that effective wellness policies are evidence that a public safety agency values its employees. S/Sgt. Wes Blair of RCMP H Division explained:

Affirmation for an officer after they have done their duty, it's important that they feel supported, both by the organisation and in their actions, but also in the reality that they may have to seek support. We shouldn't

treat that as, again, medicalising it. We're all humans under the uniform, and these are incidences in many cases which nobody should really be expected to be in, and we're in them over and over again. So maintaining a consistent check in with that member, a variety of resources available to fit both the incident and the individual, and screening or checking with them to ensure resiliency before the next incident occurs is – are all parts of things that we find are critical, things that we're trying to move forward with, feedback that we get from officers.¹³²

In the first part of this chapter, we concluded that pre-incident planning and preparedness is required to provide the foundation for the mental wellness of emergency responders. These pre-incident efforts should then be converted to the strategies required to meet the post-incident expressions of need.

The lessons learned from the review of the Orlando Pulse nightclub shooting can provide assistance in the development of post-event wellness strategy:

- Post-event wellness strategies should extend beyond first responders to include all personnel involved in a critical incident response (Lesson 6.3.2).
- Consider whether traditional employee assistance programs (EAPs) and other mental health structures are adequate for mass casualty events and whether outside resources should be available (Lesson 6.4.1).
- There should be options for personnel to choose what best meets their needs (e.g., options for the timing and structure of debriefs) (Lesson 6.3.1).
- Organization leadership must set the right tone post-event and “ensure that all involved in the response feel valued and are provided access to the physical and mental health resources they may need[.]” (Lesson 6.3.1).

The Orlando Pulse Nightclub Report also recommends assigning a mental health incident commander to monitor personnel well-being, coordinate debriefs, and guide employees to special services (Lesson 6.5.1). This position should be assigned to someone who has “familiarity with the agency and public safety culture; credibility with agency personnel; mental health training; connections with the local mental health community; understanding of the impact of trauma; and

familiarity with Psychological First Aid.”¹³³ The report stresses that “[t]his position is also necessary to advise agency leadership regarding operational decisions that impact personnel mental health (including work and shift assignments) and vets and manages self-deployed mental health providers.”¹³⁴

One paramount step is effective debriefing following a mass casualty – the first of many steps that may be critical to an emergency responder’s healing journey. It sets the tone for the early phase of recovery. The Orlando Police Department’s critical incident stress management team held a mandatory formal debriefing for all employees involved in the response to the Pulse nightclub shooting on Tuesday, June 14, 2016, less than 72 hours after the attack. The Orlando Police Department also invited employees and responders of the 26 other agencies that supported the response at Pulse to participate in the debriefing; many of these responders were also required by their agencies to attend.

The Orlando Pulse Nightclub Report describes this debriefing:

The session was held at a high school and began with all of the attendees being provided a general overview of the symptoms of post-traumatic stress and stress management information, assessments of the overall well-being of personnel, and a recap of all of the mental health and wellness resources available to officers. Attendees were then randomly divided into smaller groups and were led by individual CISM [critical incident support management] and peer support personnel in facilitated discussions of their role in the response and their personal reactions to the event. This was followed up by a second formal debrief in November 2016. The second debriefing was another opportunity to have mental health experts describe the longer-term symptoms of post-traumatic stress and facilitate discussions about the emotional toll of the Pulse response on the attendees.¹³⁵

The report also emphasizes:

It is important for leadership to set the tone for openly confronting and honestly discussing the mental health needs of an entire agency, particularly in times of crisis. “In a critical incident, it is easy for the department to single out personnel it believes are impacted and provide support to them. It is hard to make such a judgment when the personnel involved in the critical incident may not even know they need help.” This trauma,

if left untreated, can lead to work performance and officer safety issues, particularly in law enforcement agencies.¹³⁶

Many of the individuals who shared with us their experiences and perspectives on post-critical incident support emphasized the negative impact of public criticism, particularly in respect to media reporting. S/Sgt. Blair also underscored this challenge: “Moral injury to an officer after an incident, and it’s hard to quantify that but officers are individuals and they’re impacted by what happens after an event in, you know, their ability to disengage from some of the communications and what-not, but those things have a real negative impact on them.”¹³⁷

The criticisms of the RCMP, as well as other public safety agencies, are understandable in light of the poor public communications and unanswered questions about the effectiveness of the critical incident response. At the same time, these criticisms had and continue to have a negative impact on the wellness of individual police officers. We anticipate that in the future, the post-mass casualty incident emergency responder mental health lead established pursuant to our recommendation would play a proactive role in public communications related to the wellness of emergency responders. Leaders within public safety agencies also have a responsibility to be vocal in their support for the good faith actions of their members; that is, institutional leaders need to be able to publicly provide support for their employees without jeopardizing public trust in the organization as a whole. This can be achieved in consultation with union leaders and be thoughtfully planned, balancing transparency and trust in the public domain.

MAIN FINDING

Due to systemic inadequacies and limitations, Nova Scotia public safety agencies did not fully meet the needs of all emergency responders who attended to the April 2020 mass casualty and its aftermath. The experience has been highly varied: Some responders report being highly satisfied with the services received and others continue to have unmet needs for support services.

MAIN FINDING

Some emergency responders, and particularly volunteer firefighters and Operational Communications Centre personnel, have chronic unmet needs for support services.

MAIN FINDING

Many emergency responders continue to be affected by their experience during and after the mass casualty. Evidence from other mass casualty incidents suggests that these effects can last for many years.

LESSONS LEARNED

Many emergency responders require support and wellness services following a mass casualty. Access to these services depends upon the capacity of the agency, and this capacity is not always aligned with the needs of emergency responders. The effects of a mass casualty may compound pre-existing traumas often inherent in an emergency responder's work.

Cultural and institutional factors can hinder emergency responder support-seeking strategies both on an everyday basis and in response to critical incidents.

Mass casualty incidents create additional challenges to the ability of agencies and organizations to provide support services to emergency responders. These challenges result from the scale and nature of these incidents and the cross-agency response required to meet them.

Recommendation C.9

POST-MASS CASUALTY INCIDENT EMERGENCY RESPONDER MENTAL HEALTH LEAD

The Commission recommends that

Immediately following a mass casualty incident, the provincial government should appoint a mental health point person to coordinate the mental health leads in each division or agency that responded to the incident. This liaison role would have the responsibility to oversee and evaluate the provision of confidential support services to emergency responders from all agencies and the informal sector, and to promote their wellness.

IMPLEMENTATION POINTS

The mandate of the mental health lead would include the following tasks:

- establish and maintain regularly scheduled contact with emergency responders in the aftermath of the incident;
- coordinate and convene cross-agency debriefings;
- take steps to ensure a continuum of care to responders in the immediate, short and long term;
- advise the leadership of public safety agencies on issues that affect personnel mental health (including work and shift assignments);
- liaise with the post-incident support lead (Recommendation C.12) to coordinate the provision of service to emergency responders whose needs cannot be met through public safety agencies;
- advise the provincial government concerning unmet needs; and
- evaluate the impact of the mass casualty on emergency responders and provide advice to public safety agencies, other employers, and the provincial government concerning steps to be taken to better meet wellness needs.

Post-critical incident wellness plans should include:

- **provision for relief workers** to relieve emergency responders affected by the critical incident;

- **changes to leave policies** to facilitate emergency responders taking the time required to meet their wellness needs;
- the opportunity to jointly **debrief** after a critical incident;
- provision for **more in-person meetings and communication** in the post-incident period;
- **sufficiency of support resources**, both regularly and over a longer period of time;
- **uniformity in support resources** for emergency responders (including civilians) across agencies;
- **facilitation of on-site support** for responders;
- **coordination of supports** within public safety agencies to facilitate access by emergency responders;
- resources for **in-house wellness units** following a mass casualty to meet the additional demands; and
- training for **coach officers / supervisors / managers / leaders** to ensure proactive support of emergency responders with up-to-date information about available mental health supports and understanding of the issues facing emergency responders members on the ground.

CHAPTER 8

Meeting the Support Needs of Affected Persons and Communities

CHAPTER 8 Meeting the Support Needs of Affected Persons and Communities

Introduction

Public systems must be prepared to respond to the outcome of mass casualty incidents by having information and support systems in place to meet the needs of individuals, families, and communities affected by the incident. Communities and their members also require information, supports, and resources after an incident to assist them on their path to restoring health and well-being, including the re-establishment of a sense of safety. Supporting communities and their members to full recovery assists in the prevention and the mitigation of ongoing long-term negative outcomes that could contribute to future critical incidents. In this chapter, we assess the approaches taken to meet the support needs of those affected by the mass casualty of April 2020.

In Volume 2, What Happened, we set out in Chapter 7 the information and support needs and experiences of those most affected during and in the immediate aftermath of the mass casualty. In this context, we took a preliminary look at the role of Nova Scotia Victim Services in addressing these requirements and concluded that it did not fully meet the need for support services after that incident. We take another look at these services here in the context of broader community needs and over an expanded period of time. We also examine how these services operated in conjunction with the approaches taken by the Nova Scotia Health Authority (NSHA) – the lead agency in coordinating the provision of mental health support services in response to the mass casualty. Just as critical incident response builds on everyday policing, so post-incident support builds on the capacity of victims services and healthcare systems.

The support needs of affected persons and communities can be met through the formal channels established by public sector institutions, such as healthcare

delivery systems, and more informally through community-based and individual, personal channels. For example, through the Share Your Experience survey we learned that a librarian was providing help to meet the needs of affected persons. The librarian recounted: “I work in the public library system in [Halifax Regional Municipality] and serve a handful of folks that were directly impacted by the events: folks who lost a close relative, friend, or member of their extended family. The library is still in early stages of providing trauma-informed care and service, so they have often been difficult and heartbreaking interactions.” We discuss informal support systems and networks in Chapter 9.

Overview of Chapter

This chapter begins with an examination of various approaches for understanding the support needs of affected persons and communities following mass casualty incidents. It summarizes the information explored in Chapter 4 and builds on discussions about categories of needs, types of support services, and community needs. This first section concludes with a brief commentary on the application of our framework of guiding principles, which was also developed in that chapter.

The second section sets out the approaches taken by NSHA and Nova Scotia Victim Services to developing and implementing support systems following the April 2020 mass casualty.

The third section details the experiences and perspectives of individuals and groups with these services. This information, gathered through Commission investigation, consultation, and engagement processes, provides insights into how these services were received at a practical level. It includes preliminary assessments of these initiatives by Nova Scotia and the NSHA.

The final section contains our conclusions, main findings, lessons learned, and recommendations.

Understanding Support Needs

Experiences in other countries have demonstrated that significant supports are required to meet the needs of individuals, families, and communities affected by mass casualty incidents. NSHA describes the need for support in these terms:

Some of those supports are in the category of services traditionally viewed as “health care” services, while others may be more traditionally viewed as “social” or “community” services. What category they belong to, or who is to deliver them, should not create unnecessary barriers – clearly, what is most important is that these supports reach the people and communities who need them.¹

The impact of mass casualty incidents is both immeasurable and widespread, and no two individuals will move through the trauma recovery process in the same way. In Chapter 4 we provided a detailed overview of research into and evaluation of the related needs across the circle of impact. We provide a brief recap here to frame our examination of the steps taken to meet the support needs of directly and indirectly affected persons and communities resulting from the April 2020 mass casualty and its aftermath.

The circle of impact of a mass casualty incident encompasses everyone faced with the challenge of coping in the aftermath: the families and loved ones of those whose lives were taken; survivors and their families and loved ones; first responders and witnesses; and the local community and wider population. A community-centric response to these incidents properly addresses all the harms caused by them. A full appreciation of the harms, and how they affect individuals, families, and communities, is required for an effective holistic response.

The first step in developing people- and community-centred responses is to create a space for all those affected to voice their needs. Without this first step, the resources offered are unlikely to meet needs and, in some cases, they can perpetuate harms. In particular, mass casualty incidents can have a differential impact on certain individuals and groups depending on their social situation and personal experiences, such as past traumas. **Support services should be careful not to make assumptions about whether and how people have been, and continue to be, affected.**

Bereavement and grief are human and natural responses to death, and not in themselves health problems. Unexpressed or unresolved grief, however, can have an impact on mental health. Intended violence, and homicide in particular, can result in traumatic loss and complicated grief, which in turn can have negative health impacts. Mass casualty incidents frequently give rise directly to mental health conditions including anxiety, depression, and traumatic loss that can result in post-traumatic stress events and disorder. These health impacts can cumulate and have cascading effects. For example, untreated or inadequately treated mental health conditions can have knock-on (secondary) effects such as sleep problems, substance abuse, and physical health problems including headaches and back pain. They can also impair functioning day by day.

In some cases, individuals and communities can recover on their own, but mental health support services and other forms of assistance can aid in this recovery and promote resiliency. Timely and effective support can help to prevent post-traumatic stress symptoms and, once they have arisen, intervene to prevent them from worsening. Mental health services can also support recovery where the impact of the mass casualty has created more profound psychological distress and persistent symptoms or disorders.

Again, the starting point is to facilitate spaces in which people can give themselves permission to address their experience of the mass casualty incident in a supported manner, either in private or in a communal setting.

Categories of Needs

During our roundtable on meeting the needs of family and community, Levent Altan, executive director of Victim Support Europe, encouraged us to use an expansive lens in our approach to understanding the needs that stem from a mass casualty incident. His categorization of “need” extended beyond a narrow focus on practical needs to encompass qualitative needs as well:

- The need for recognition: recognizing the intentional nature of mass casualty incidents, of their extreme violence (sometimes they are referred to as terrorist attacks regardless of the motive); recognition can take different forms – memorials, for instance, are a very important aspect of recognition.

- Respectful treatment: respecting “the way that the victims are treated in terms of the human interactions, but also in terms of the way that the structures and procedures are set up to be respectful towards victims”; for example, in some cases the use of form or template letters can be perceived as harmful.
- Protection from further harm: “including protection from secondary victimization, which is the negative impacts that victims experience as a consequence of the way individuals and societies respond to them” – the way affected persons are spoken to is one example, but procedures “can harm individuals in lots of different ways, and our procedures and our behaviours have to be designed to not cause further harm.”
- Use of different kinds of support: including access to justice and, potentially, compensation and restoration.
- Community specific needs: recognizing that affected persons may have specific needs based on their gender, race, religion, and so on.
- Individual needs: recognizing that “each individual will have their own needs based on their own personal characteristics, their history.”²

Mr. Altan explained that this range of needs can be met through comprehensive but flexible planning and service provision:

So what that means is, our responses have to be comprehensive, and there's a lot that we can do which is able to address all the – all victims and all those harmed, but it has to be individualized and flexible to be able to address the specific needs of each individual. When we talk about victims of mass casualty or victims of terrorism, we lump everyone into this big label, and every single person is different because of their entire situation, but we have to have systems in place which are able to flex according to those situations and adapt to them. And that sounds like an impossible task, but it is being done. There are good practices, those who are able to address it.³

Plans for providing post-incident support services should take into account that affected persons “will vary in their timelines for when they seek out mental health support, they also will differ in respect to the types of supports that are most effective.”⁴ One key strategy is for the lead agency or team to identify “service providers trained in each of these different types of intervention, carefully screen and vet

them for their ability to respond to the current crisis, and distribute a master list of approved providers to those affected and in need of services.”⁵ Identifying multiple individuals and agencies that can provide different types of services is key to having enough resources available for all who are affected. Plans must also include the needs of those individuals who are providing services, given the impact of a surge in referrals and the vicarious impact of the incident on these providers.

Types of Support Services

A community-centred critical incident response will include a plan to provide support services in the immediate, short to medium, and long term. Meeting the needs of affected persons and communities can involve a range of services:

Immediate Support Services and Psychological First Aid

- Psychological first aid to reduce stress symptoms, assist in a health recovery following a traumatic event, and to instill a sense of safety, of self, and of community efficacy, a sense of calming, connectedness, and hope.
- Triage and risk assessment to identify those who are in need of immediate attention and to connect them with the appropriate services.

Short- to Medium-Term Support Services

- Formalized needs assessments to identify the type of services an affected person requires based on the person's unique characteristics and situation.
- Early intervention counselling and services to help affected persons understand what they are experiencing, to provide emotional support, and to teach coping strategies in order to help reduce stress and other post-traumatic reactions.
- Connecting affected persons to other individuals and agencies that can provide additional resources and more sustained support.
- Providing culturally competent and tailored counselling services.
- Coordinating service provision to facilitate access (e.g., transportation and travel, temporary housing assistance, emergency food and clothing, employment considerations, childcare / animal care, etc.).

- Teaching stress management and mindfulness techniques to affected persons and throughout affected communities.

Long-Term Support Services

- Psychological supports, including psychological first aid, for as long as needed after a mass casualty incident.
- Traditional forms of counselling and psychotherapy, or more complex treatment, to treat the trauma and underlying issues of mass casualty incidents.
- Mental health-related services for some affected persons who initially reject help but may need it in future years.

Repeated offers of support for some affected persons who initially view crisis support as unhelpful but may need help later. **The expert reports written specifically for the Commission clearly identify the harmful consequences of unmet need in terms of cumulative and cascading health effects that can extend to impair daily living and disrupt lives over the long term.**

Community Needs

Mary Fetchet, founding director of Voices Center for Resilience, emphasized that healing after a mass casualty incident starts with the community. While mental health support services primarily focus on individuals, group processes can also promote recovery. At a minimum, post-incident support services should pay attention to community dynamics.

The impact of the April 2020 mass casualty is defined in part by the fact that it took place in a series of small rural communities. Given the geographic closeness and the interconnections among many community members, the distinctions between those most affected and others blur. As we heard during our consultations, the lines that get drawn about who was impacted, who was less impacted, who qualifies for support services, who does not qualify, can in and of themselves be harmful.

Mallory Colpitts was a resident of Portapique at the time of the mass casualty. Although she was not physically injured on April 18, 2020, the turmoil she endured

eventually forced her to sell her home and relocate. In a Participant consultation with us, she poignantly described the dilemma of being a survivor of the mass casualty but not always recognized as such:

I do not have a psychology background; however, healing or attempting to heal in a place that contributed to a sickness is not easy ... It appeared ... that the assistance from Red Cross was meant for the families of the deceased, and it cut off there. Somehow I didn't meet a criteria ... for any temporary relocation moving assistance, anything, which I would have not expected to do otherwise if it wasn't for this incident, you know?⁶

These kinds of divisions can be problematic at a community level as well. In the words of one Share Your Experience respondent: “Just to emphasize, this event has greatly impacted all communities from Portapique to Enfield and beyond, and sometimes the focus seems to be solely on Portapique, which is where it started, but a great many communities directly affected as well.”⁷

It is clear that community-centred critical incident responses should develop support plans that take into account the affected communities as a whole, as well as providing services to individuals and families living in these communities. We have reviewed research and evaluation studies of responses to other community-wide trauma and grief with a view to drawing out lessons to be learned and to assist us in developing our findings and recommendations. Our roundtable members provided additional insight. Four lessons are particularly relevant to our examination of support needs and services following the April 2020 mass casualty. These lessons focus on the importance of developing responses designed to assist affected communities as a whole.

First, the study of the impact of the 1998 Swissair Flight 111, which crashed into the ocean just off the shore of Nova Scotia in 1998, found that this incident affected the small communities involved in the rescue effort as a whole and “disrupted their community infrastructures and patterns of social support.”⁸

Second, despite the broad impact of this disaster, mental health services were not widely used in the surrounding communities. Over time, the significant unmet need for support services led to negative health outcomes. The study concluded:

The traditional stoicism of local residents, the enduring stigma associated with mental health services and the lack of a proactive and innovative

health response effort, all resulted in reluctance to speaking about the disaster and limited help-seeking behaviour despite the extreme and prolonged circumstances of this aviation disaster. A “code of silence” was developed to cope with the disaster – this continued beyond the conclusion of the recovery effort.⁹

Third, the passive help-seeking style of the responders during and following the disaster “converged with community norms of self-reliance and stoicism.”¹⁰ The researchers concluded: “The lack of a proactive post-disaster health response reinforces the finding that volunteer responders and other exposed community members were expected to know what they needed, how to ask for support, and who to approach for help.”¹¹

In the United States, many planning initiatives have been undertaken to develop resources for responding to community needs following mass shootings. A study of the 2012 Sandy Hook Elementary School mass shooting concluded that although toolkits, training, and technical assistance supports are available, they are inherently limited: “These efforts do not address service system issues, including the need to buttress existing services, construct a new and higher quality system responsive to the demands of the new healthcare environment, or address the long-term needs of communities that have experienced these tragedies.”¹²

Fourth, there is a need to develop responsive systems that include attention to rebuilding the affected communities. Two important aspects of system redesign are developing centralized supports and improving collaboration / coordination among service providers. The Sandy Hook study commented as follows:

[C]oordinated and systematic attention to implementation as a separate step in a community’s healing is essential. It involves a unique set of tasks, responsibilities, and planning. Developing a community-wide plan for implementation of networked community services needs to involve all major stakeholders sharing a common goal. It involves transparency in leadership, functions, roles, and perhaps funding.¹³

Tighter networked services can provide more rapid coordinated responses when the need arises. Some guidelines for helping communities create linkages to ensure a more coordinated community response exist.

Application of Guiding Principles

The Commission developed a rich foundation of knowledge about post-mass casualty needs and the promising ways to meet these needs. We have synthesized this information into six principles to guide the planning, preparations, and implementation of community-centred post-incident response. Consistent with our approach throughout this Report, we apply these principles in a forward-looking manner to assist us in determining lessons to be learned and in developing our recommendations. The principles also assist us to consider the continuing and unmet needs from this mass casualty and to develop proposals for what can be done now and in the longer term to provide the support needed to aid in recovery and resilience.

With this approach in mind, we set out our framework of guiding principles as a preface to our discussion of the steps the NSHA and NS Victim Services have taken and our conclusions about the experience people had with these services and their perspectives on them. We have concluded that the agencies responsible for meeting the support needs of affected persons and communities should seek to ensure that planned processes and services are consistent with the principles:

- respectful treatment of those most affected, including through recognition of their unique perspectives, experiences, and needs and their involvement in all stages of planning, implementing, and evaluating the post-critical incident support plan;
- recovery and resilience as the desired outcomes;
- trauma-informed and victim-centred service provision;
- proactive, comprehensive, and coordinated support services that include navigation assistance;
- commitment to providing services in the immediate, short and medium, and long term; and
- ongoing needs assessments, monitoring, and periodic evaluation of programs and services.

Nova Scotia Support Services

Introduction

Survivors, affected persons, and communities and their members require supports and resources after a mass casualty incident to assist them on their path to restoring health and well-being, including the re-establishment of a sense of safety. Beginning on April 19, 2020, Nova Scotia reacted quickly to provide mental health support following the mass casualty incident. The provincial response was operationalized through the provincial healthcare system led by the Nova Scotia Health Authority (NSHA) and the Victim Services programs operated by the Department of Justice (NS Victim Services).

Nova Scotia's healthcare system consists of a range of institutions and agencies. The Department of Health and Wellness oversees healthcare throughout the province to help people maintain and improve their health, including by funding the NSHA and the IWK Health Centre. NSHA provides health services to Nova Scotians, and some specialized services to Atlantic Canadians. It operates hospitals, health centres, and community-based programs across the province and works in partnership with community groups, schools, governments, foundations and auxiliaries, and community health boards. The IWK Health Centre is a major pediatric hospital and trauma centre in Halifax responsible for delivering healthcare services to women and children, including mental health services for children and youth in Nova Scotia.

NSHA was not a Participant at the Commission. However, we extended an invitation to provide written submissions, and we are grateful to NSHA for its response. These submissions provide a description of its role:

Nova Scotia Health [NSHA] is an integral partner in Nova Scotia's health care system, collectively with the Department of Health and Wellness ("DHW"), IWK Health Centre ("IWK"), Office of Addictions and Mental Health ("OAMH") and the Department of Seniors and Long-Term Care.

Within this partnership, DHW is responsible for system leadership, strategic direction, funding, and accountability, while Nova Scotia Health and IWK are responsible for managing and delivering health services, community engagement, and implementing the strategic direction set by

DHW. DHW is a Commission participant (as represented by the Attorney General of Nova Scotia) in its own right, and therefore these submissions do not focus on DHW's actions in connection with the mass casualty. IWK is responsible for delivery of health-care services to women and children, including mental health services for children and youth in Nova Scotia. The OAMH, created in 2021, works with NSH, IWK, and community partners to provide mental health and addictions education, prevention, treatment, and recovery programs. IWK and OAMH are Nova Scotia Health's partners in delivering mental health services in the province.¹⁴

NSHA is made up of four geographic management zones:

- Central Zone (Halifax area, Eastern Shore, and West Hants)
- Eastern Zone (Cape Breton, Guysborough, and Antigonish areas)
- Northern Zone (Colchester-East Hants, Cumberland, and Pictou areas)
- Western Zone (Annapolis Valley, South Shore, and South West)

The communities most affected by the April 2020 mass casualty were in the Northern Zone, and this area was the focal point of NSHA's support initiatives. However, some forms of assistance were made available across the province.

Overview of Services

NSHA Mental Health and Addictions Program

In the hours and days after the mass casualty, the Nova Scotia Health Authority Mental Health and Addictions Program (MHAP) mobilized to assess the need for supports to survivors and families of the deceased as well as within communities across Nova Scotia. NSHA then developed a plan to support the mental health and psychological needs associated with the mass casualty. Provision of services led the response, followed by the development of the plan.

MHAP developed a plan called the "Mental Health and Psychosocial Crisis Response Framework." It foresaw three phases of activity: the immediate response, the medium-term response, and the long-term response. The immediate response

involved plans for high-priority interventions to be implemented as soon as possible. The medium-term response included plans to expand support for first responders, individuals directly impacted by the event, families, and communities. The long-term plan included the interventions required to meet ongoing mental health and psychosocial needs.

The Crisis Response Framework noted that the call volume to the provincial MHAP lines had noticeably increased immediately following the initial press release and that many healthcare providers from around the province had reached out with offers of support and assistance. The framework was designed to provide an “evidence-based” response to individuals, including but not limited to this list of “affected individuals”:

- families and friends of those who lost their lives;
- first responders directly impacted by the event and its aftermath;
- NSHA staff directly impacted at affected sites, particularly Colchester East Hants Community Hospital;
- members of community institutions and organizations directly impacted, including but not limited to schools in the affected communities;
- members of vulnerable populations that may be particularly sensitive to the event and media concentration, including but not limited to veterans and citizens diagnosed with post-traumatic stress disorder and other disorders; and
- members of the general public who are experiencing a wide range of emotional responses, including but not limited to feelings of anxiety, fear, and worry.¹⁵

The exacerbating impact of COVID-19-related public health orders was seen as an important factor contributing to an understanding of the needs of individuals as well as the limitations in the responses available.

The Crisis Response Framework was based on the existing system and incorporated the governance frameworks of the organizations involved in delivering responsive services. MHAP was to provide leadership in the development of a multi-sectoral coordinated response addressing the mental health and psychological well-being of individuals with the “aim to protect and promote psychological well-being and prevent or treat mental disorders.”¹⁶ Leadership involved these “critical support functions”:

- coordination with impacted organizations / agencies and other partners and stakeholders providing mental health and psychosocial supports (inside and outside the healthcare sector) to enable a mutually enhancing and complementary response;
- community mobilization and support;
- assessment of emerging mental health and psychosocial issues;
- monitoring and evaluation of response; and
- strengthening of existing MHAP services and increasing access by implementing new service options where necessary to meet identified needs.¹⁷

The Crisis Response Framework defined MHAP's successful interventions as corresponding to three response outcomes:

- Timely supports are provided that benefit families and friends directly impacted, first responders, NSHA staff, and the general public (individuals and families) dealing with the trauma and grief associated with the event.
- Long term planning and resource availability are inclusive of planning as not all individuals who will require services will seek or require it immediately.
- Ensure community resiliency is identified, acknowledged, and nurtured as the need for Intensive Mental Health interventions will only be required by a small percentage of individuals. Other service areas (Grief Counselling, Community Organizations, other NSHA service areas) and supports play a critical role in supporting psychosocial needs now and in the long term.¹⁸

Appendix A to the Crisis Response Framework identifies a range of potential interventions under four main functions: coordination; assessment, monitoring, and evaluation; community mobilization and support; and health services. For each of these functions, interventions are listed either as “minimum response: acute phase” or “comprehensive response.”

We set out the information provided by NSHA about the approaches taken and services provided under this framework.

Immediate Response

The immediate response involved mobilizing MHAP's Crisis Response Team to provide immediate support to families, victims, and NSHA staff. Approximately six members of the Truro and New Glasgow MHAP Crisis / Urgent Care Teams were deployed to Colchester East Hants Health Centre (CEHHC) site at 1:30 pm on Sunday, April 19, 2020. The team stayed on site until approximately midnight in the aftermath of the incident to provide support for staff, individuals, and families impacted by the mass casualty event. In addition, a psychiatrist who was working in the in-patient psychiatry unit that day attended the emergency department to provide additional support.

Crisis teams worked regular hours, 8:30 am to 6:00 pm, the week of April 20-24, with availability to stay late if needed, and offered support and navigation to staff and clients / patients who came to the hospital or were referred there. Clinicians went to the units to see if anyone needed supports.

MHAP also immediately connected with the Nova Scotia Department of Health and Wellness to coordinate a response between government and the health authority. COVID-19 restrictions meant the response required special consideration of public health directives.

Five response pathways were established through the provincial MHAP Crisis Line "to the Operational Stress Injury (OSI) Clinic, the Crisis Line, Nova Scotia Health staff, School Based, and Psychology Association of Nova Scotia."¹⁹ These pathways are used by the MHAP Crisis Line and community partners to ensure that the referral of individuals to appropriate MHAP resources.

On April 19, 2020, promotions for the MHAP Crisis Line were posted on social media and shared via press release. This line provides immediate access to counselling and guidance through additional services as appropriate.

On April 28, 2020, NSHA established a phone line in partnership with the Association of Psychologists of Nova Scotia to offer a free, single psychological support session with a psychologist to those affected by the mass casualty. In many instances, psychologists offered multiple sessions.

Support to Children and Youth

In addition to these general services, a strategy was developed and implemented to support children and youth. This strategy was initiated in the immediate, acute phase and some aspects of it are ongoing.

NSHA partnered with the IWK Health Centre to offer virtual crisis and psychological support. The Department of Justice, the Department of Community Services, the Department of Education and Early Childhood Development, community-based organizations, and volunteers were also enlisted to provide services.

Colchester child / youth Mental Health and Addictions (MHA) clinicians met with MHA leaders from the IWK Health Centre immediately after the mass casualty, and every two weeks following, to support team members in their approach and in their outreach, and to work with clinicians directly involved with survivors. Colchester clinicians received Trauma Focused Cognitive Behavioural Therapy (TFCBT) training organized by the IWK Trauma Informed Care (TIC) team. This team was moved to the first cohort of training in the summer of 2020.

NSHA, through its partnership with the Department of Education and Early Childhood Development, began actively working to support youth and families directly and indirectly affected. The SchoolsPlus program offered crisis and psychological support through virtual care options. When schools reopened, MHAP offered additional in-person supports to affected schools and students through its Adolescent Outreach and SchoolsPlus teams. Adolescent Outreach offered virtual resiliency-based supports to students during the summer of 2020.

On April 20, 2020, NSHA assisted local school boards in using their “Swift Reach” communication system to send out an automated message to parents and families of the school community directing them to call the school their children attended if they were looking for support. Once in contact with the school, it would be determined what level of support was needed.

In Chapter 7, we discussed the supports provided for emergency responders, including healthcare workers.

Medium Term

NSHA developed a series of webinars focusing on coping and resiliency for the general public.

The IWK Health Centre continued to lead the work specific to children, youth, and families.

NSHA supported the development of guides about resources to be distributed by NS Victim Services. It also provided training and education to the NS Victim Services team to support their response to the community.

MHAP also did a targeted mailout in July 2020 to the communities impacted, reiterating the services and supports that are available.

Long Term

NSHA's written submissions to the Commission provide information about the steps taken to provide support in connection with the first commemoration of the April 2020 mass casualty:

- NSHA and MHAP social media channels developed a social media plan leading up to and after the anniversary to reiterate the availability of publicly accessible e-Mental Health resources and mediums for information uptake (On-Line Resources: Grief Counselling, eMental Health Tools (MindWell-U, Therapy Assistance Online, ICAN), as well as providing information regarding other community supports.
- MHAP partnered with the Association of Psychologists of NS for a second year to increase support to Nova Scotians impacted by the mass casualty. Psychologists across Nova Scotia offered free short-term therapy from April 5 to May 7, 2021. People who experienced emotions related to the mass casualty had access to sessions (up to three) to talk about difficulties they define as impacting their mental wellness and ways of coping. This service was in collaboration with the programs and services available through MHAP.
- On April 18 and 19, 2021, MHAP staff were available onsite at Colchester East Hants Health Centre for staff and physicians who required immediate in-person support.

NSHA's submissions recognize that "individuals may be impacted by grief for months or years following the event and be sparked by reminders and anniversaries."²⁰ The following initiatives were highlighted in these submissions:

- Health and well-being resources were frequently shared with managers and staff through Care for the Caregiver newsletters between April 2020 and December 2020.
- A six-week wellness series addressing grief from a trauma-informed lens was offered leading up to the first holiday season in November / December 2020
- Notifications were made to staff when a television documentary on the mass casualty was to be released and to offer information regarding available mental health supports.
- Acknowledgment and supports were provided in April 2021 at the Colchester East Hants Health Centre around the anniversary of the event; they included mental health support on site, April 16-19, for staff, physicians, and community members; a LED candle display in the prayer room; and window decals displaying hearts with the Nova Scotia tartan.
- Within Nova Scotia Health's Northern Zone, planning for the first annual observance at the Colchester East Hants Health Centre included those impacted by the event at the management level, but did not include front-line staff or physicians.

There has been some recognition that responses to trauma can be delayed and that extended supports may be required. NSHA's submissions recognize a role for the Primary Health Care program to meet ongoing needs. In collaboration with MHAP, an urgent care clinical therapist has been present one day a week at the West Colchester Community Health Centre since March 2022 to provide assessment, treatment, and support during the proceedings of this Inquiry.

Longer-term needs have been explored in conjunction with this work. In September 2022, Primary Care facilitated a community engagement session at the West Colchester Community Health Centre.

More generally, NSHA's submissions provide information about MHAP's work with a range of partners to develop and implement programs designed to protect and promote mental health and well-being. They include working with Community Health boards to develop a Mental Wellness and Resilience Tool Kit; the Municipal Alcohol Project, to try to shift the normative culture of heavy alcohol use; and bringing a health lens to the Interagency Committee on Family and Sexual Violence. We take these submissions as an indication that there has been a transition from action under the Crisis Response Framework to continuing programming.

Nova Scotia Victim Services

Nova Scotia Victim Services, which operates out of the Nova Scotia Department of Justice, contributed to the response to the mass casualty through two key initiatives:

- expanding the Criminal Injuries Counselling Program by making it accessible to as many family members, witnesses, community members, and first responders as possible (outside its normal operations pursuant to regulations); and
- establishing the “Stronger Together” Support Navigation Program, consisting of four navigation centres in the most affected communities and the province-wide navigation services via telephone and email.

Criminal Injuries Counselling Program

NS Victim Services makes funding for short-term counselling available to victims and witnesses of crime through its existing Criminal Injuries Counselling Program. As part of NSHA’s response to the mass casualty, Victim Services began providing information packages on the Criminal Injuries Counselling Program to families and others directly affected by the mass casualty.

Funding from the Criminal Injuries Counselling Program is intended to make counselling accessible to victims in a timely manner to address the psychological effects stemming directly from the commission of a crime against the person. NS Victim Services maintains a list of counsellors that offer their services, and a counsellor can be added to the list at any time provided they meet the program criteria. In response to the mass casualty, NS Victim Services added counsellors to the list.

Approvals for the Criminal Injuries Counselling Program would usually be granted within a week. Once approved, the person seeking counselling is provided with a list of counsellors. The maximum counselling fee covered by the Criminal Injuries Counselling Program is \$85 per hour. The expectation would be that the individual seeking counselling would cover the difference in cost if a counsellor has set a higher hourly fee. A varied hourly rate can be approved by the director of Victim Services. Following the mass casualty, varied hourly rates were approved.

Typically, through the Criminal Injuries Counselling Program, an individual would be eligible for up to \$4,000 in counselling fees if they have lost an immediate family member to crime. If an individual has lost someone who is not an immediate family member or the crime does not result in death, they would be eligible for up to \$2,000 in counselling. These amounts were used to assist NS Victim Services in identifying what amounts should be provided to those affected by the mass casualty. Additional funding was awarded on a case-by-case basis for those seeking further counselling following the mass casualty.

As of March 7, 2022, a total of 189 files had been received by NS Victim Services in relation to the mass casualty. Approximately \$500,000 had been awarded through the Criminal Injuries Counselling Program, and a quarter of that total has been used by individuals for counselling. Although money for counselling normally must be used within a two-year period, this time limit has been modified to accommodate people who may not have known they needed support following the mass casualty.

NS Victim Services continues to answer questions from this group of most affected persons and provided other assistance as needed.

“Stronger Together” Support Navigation Program

On May 5, 2020, NS Victim Services opened three community support navigation centres in Portapique, Debert, and Shubenacadie. In early June 2020, a fourth centre was opened in Wentworth. These centres were intended to provide support for families and communities in the four most affected areas.

Staff at the community support navigation centres were available to connect those affected by the mass casualty with available mental health services and supports. They made calls on behalf of clients and, when requested, liaised with other services on a client’s behalf. Trauma support was aided by Correctional Service Canada employees.

At the community support navigation centres, people were able to speak one on one with professionally trained support navigators who connected them to available services, including grief and trauma counselling, help with settling estates, family resource centres, supports for youth and families, and financial supports.

NS Victim Services took steps to promote public awareness about these forms of assistance. Cards providing information about the available supports were created

and mailed to all households in the affected communities. Cards were also provided to 211 (the provincial health line), NSHA, the Government of Nova Scotia Contact Centre, the municipal advisor at the Nova Scotia Department of Municipal Affairs and Housing, local MLAs, and municipal councillors.

Because of COVID-19 restrictions, those wishing to attend the community support navigation centres were asked to make appointments to minimize wait times and to adhere to public health measures. However, walk-in appointments were not turned away. Nova Scotia Sheriff Services officers were on site to help with public health restrictions and COVID screening questions, and also to help with staffing the centres when needed.

Those who could not make it to one of the community support navigation centres in person were able to access the service remotely by calling a toll-free number or contacting NS Victim Services via email.

The community support navigation centres closed on January 8, 2021. The last person to attend a centre was recorded on November 3, 2020. A space in Debert was designated for any additional in-person services needed after this date.

Description of Set Up

During our small group session with service providers, Dana Bowden, director of NS Victim Services, described the set up of support services in response to the mass casualty. Initially, the plan was to establish the four navigation centres in the “communities of harm.”²¹ The centres were to be in the community but to provide safety for those who were attending and for the staff. As noted above, they were in Portapique, Debert, Shubenacadie, and Wentworth. The first site was opened on May 5, 2020.

Staff from Victim Services served as navigators to assist people seeking support by advising them of available services. Given that the COVID-19 pandemic had recently begun, Sheriff Services supported this initiative by providing on-site management and protocols, and Correctional Service Canada provided some trauma support on site for individuals who needed it. The sites were open six days a week initially from 10 am until 7 pm, with shorter hours during the summer. Two sites closed in September 2020, and two remained open until January 8, 2021, on a two-day per week schedule. The Municipality of the County of Colchester provided

space for in-person support in Debert, on an as needed basis. A regional navigator provides province-wide support through telephone and email. Ms. Bowden described the role of these centres:

So the goal of the navigation centres really was to provide supports and services, wraparound supports, to those who were most impacted in the communities. So we were fortunate enough to have a resource guide that was modified to provide information and support for the use of the victim service navigators, which would, you know, allow them to reach out on behalf of those who needed support and services. We also had to create a third-party release of information form so that we could speak on their behalf. We didn't want people to have to try and navigate the complex system of receiving supports and services. That's the role that we wanted to take on.²²

In this regard, the pandemic facilitated the establishment of the centres because both the navigators and the sheriffs would normally have been needed at court-houses, but they were closed because of the health restrictions.

During our small group session with elected officials, Tom Taggart described some of the challenges encountered in setting up the Portapique centre. Mr. Taggart was a municipal councillor for the Municipality of the County of Colchester in April 2020 and was elected as the MLA for Colchester North in 2021. He emphasized the communal engagement involved in this task:

[T]here was this little Portapique community hall that was there that had a – and this might seem trivial, but, you know, it had a family of skunks living underneath it, and it had not much electricity, didn't have any internet, and it had a wood stove, and this was April. And, you know, every little challenge was overcome by a lot of different people.²³

One of his contributions was to get internet connection for the site:

And so I knew a guy that – that knew an RV company, and I called him up, and he calls his uncle or somebody, and the next morning we've got this 44-foot RV sitting there, you know, a fifth wheel trailer sitting in the yard. You know, there was just – like I could have asked, I honestly could have asked for the moon at that time, and I would've got it. And I really

regret to this day that I had never been – I had not been better at putting down, you know, not only that day but in the days following, and as we went down, as the weeks and you know, months kind of rolled in there, that I – that I had not kept good notes and phone numbers, you know. But I was overwhelmed, I'll be honest with you. But you know, the amount of people that called from all over Canada, it was just insane, you know. "You know, we've got a truck going there once a week to Halifax if you need this." You know, "We've got ..." you name it. I'm – it's just unbelievable the way that people in that sense turned out to support that community, you know. And even though ... there was 23 victims, I'm sorry, 22 victims, and an unborn child, and only 13 were from our community, you know, our community of Portapique was the focal point, and – anyway. I can't say enough about the way people wanted to support for sure.²⁴

Proposals for Alternative Service Models

NSHA received and considered two proposals for alternative models for service delivery to meet the needs of affected persons and communities following the April 2020 mass casualty. We include a description of them in order to provide a full account of the approaches considered during this period.

In its submissions, NSHA mentions that one of their emergency department managers formed a small internal working group including the Colchester East Hants Health Centre emergency department manager, the Northern Zone People Services director, a senior human resources consultant, the Northern Zone Occupational Health, Safety and Wellness manager, and the provincial Occupational Health, Safety and Wellness wellness coordinator. This group requested a rapid literature review to gain information on an evidence-based response to community-wide trauma and grief. This document is called, "Learning from previous experiences of community-wide trauma and grief: relevance to Nova Scotia."²⁵ It submitted a request for Workforce Psychosocial Response Team and Support in October 2020 based on the rapid review. However, the working group did not receive approval for implementation from senior leadership and NSHA's submission do not provide a reason for this decision.

Through the Commission's investigation and consultations, we also learned about a proposal for a "Nova Scotia Grief Response Strategy."²⁶ A range of stakeholders

and community members knew about this proposed strategy, and it figures in some of the feedback that the Commission received about the NSHA's approach to providing post-incident support. It therefore plays a role in the post-mass casualty narrative and is relevant to our framing of lessons learned and recommendations.

In December 2018, a bereavement, grief, and wellness coordinator term position was established to construct an innovative approach to grief, bereavement, and wellness as it applied to Northern Zone palliative care teams. This role was described as a two-year pilot project. Serena Lewis held this position, with the role of building capacity, but not providing grief counselling services. Based on her assessment, she prepared a report on the development, implementation, and evaluation of the grief, bereavement, and wellness services required within the Northern Zone. Her report, completed in August 2020, takes into consideration the needs of community members in response to both the impact of COVID-19 and the mass casualty.

Ms. Lewis's report recommended the adoption of support for the provincial creation of a "grief responsive approach" to care. This approach is evidence-based and integrates a collaborative approach in the delivery of grief and bereavement services. In her report, Ms. Lewis concludes:

A series of tragic events including the largest Canadian mass shooting have illuminated the needs for trauma-informed grief literacy. Community, health and frontline service providers must recognize the need for accelerated competencies in trauma related grief responsivity.²⁷

She also stated: "Grief Literacy, skills and mentorship are currently in demand and under resourced to meet the current and future needs."²⁸

In the fall of 2020, Ms. Lewis worked with Cheryl Tschupruk, the director of palliative care integration with NSHA at that time and now the director of the Palliative Care Network, to develop the Nova Scotia Grief Response Strategy. Preparation of this strategy included seeking input from a range of other stakeholders. The strategy was presented to NSHA senior leadership in January 2021, but it has not been adopted. In her interview with the Commission, Ms. Tschupruk confirmed that the request did not gain traction:

COMMISSION: Okay. So, in terms of the Nova Scotia Grief Response Strategy, that was put up to Executive Leadership with Nova Scotia Health,

but that was never put forward in terms of like a business model to the Province like you've just described?

Cheryl TSCHUPRUK: No. Yes to the first question, no to the second.

COMMISSION: Understood. Yes, put up to Executive Leadership; no, not put forward to the Province.

Cheryl TSCHUPRUK: That's right.²⁹

In her Commission interview, Ms. Tschupruk explained that the proposed Grief Response Strategy was not designed to meet the needs arising out of the April 2020 mass casualty. However, the proposal included the results of the rapid literature review (described above). She said that the decision to include that information was made in case it would be helpful to those working in the Northern Zone, where she recognized "there would likely be more support needed for people locally to address trauma, grief, all of those things." In her response to a question about the intent of the strategy itself, she clarified:

But given that we were not ... you know, it wasn't really my ... part of my role to be involved in the response, so, you know, I think we were trying to highlight like, we have an issue and it's a broad ... And so, I think it's ... for me, this strategy was not about Portapique; it was about what do we do if something like this were to happen again? And this is ... you know, hope ... hope nothing like this ever happens again, but communities experience tragedies and ... of different kinds and maybe not to this extent, but, you know, what kind of response should be available from a grief standpoint? So, I don't think that this was directly ... from my perspective and my involvement, this was not meant to inform a response in Northern Zone, it was meant to respond to what happens in the future and what ... how can we maybe set up a system that can be more responsive if something like this were to happen again.³⁰

Ms. Tschupruk continues to work on the proposal in the context of palliative care, which is her area of responsibility, including by further refining the model for the collaborative approach described in the proposal.

Experiences and Perspectives

Over the course of our work, we received the benefit of many insights into the impact of the mass casualty and the resulting needs for support. In this section, we provide an overview of the experiences and perspectives shared through Commission activities, including: witness interviews, public proceedings, the Share Your Experience survey, stakeholder consultations, and other community engagement activities including community conversations.

In September 2022, the Commission hosted six community conversations in five Nova Scotia communities to discuss perspectives on community safety. These conversations took place in Great Village, Onslow, Debert, Millbrook, and Truro. We also held a session with employees of the Victorian Order of Nurses in recognition of the integral role they serve in community safety in rural Nova Scotia, and the mass casualty had a substantial impact on this community. Two of their colleagues, Kristen Beaton and Heather O'Brien, were killed on April 19, 2020. In these conversations, community members spoke about their community, identified lessons learned after the mass casualty and current barriers, and shared recommendations to enhance overall safety and well-being. As explained further in Volume 7, the conversations were transcribed and staff prepared a summary report for the Commissioners (see Annex B). Participants in these sessions agreed that their contributions could be reviewed by us and shared in our report on an anonymous basis. In Chapters 7 and 9, we include some of these comments made during these sessions but they are not attributed to specific individuals.

Through our Share Your Experience survey, we learned about the extensive and ongoing impact of the mass casualty. We provided an overview of this input at the outset of our Report in Volume 1. Through this survey we found:

- There was and is a profound and long-lasting decreased sense of safety as a result of the mass casualty incident.
- Many people experienced a sense of personal loss, sorrow, bereavement, and grief; for some, the sadness and grief are persistent emotions.
- For some people, the impact was complex because sorrow was mixed with other emotions such as anger about the critical incident response.
- Many people continue to be affected by this incident; while most of them describe its impact as a decline in mental health and/or well-being, others say it has affected the way they live their lives.

- A substantial portion of respondents reported persistent post-traumatic stress symptoms.
- There has been a decline in trust in the police, particularly the RCMP, as well as in other institutions; and there is a relationship between diminished trust and a sense of security.

Community members shared different experiences of the supports that were offered in the community and, in particular, by the NSHA and the NS Victim Services. Some respondents reported they were aware of the support being offered through phone lines and navigation centres. Others said they were unaware of the services or that they heard about problems with people getting connected in a timely manner. In Volume 2, we made findings that the RCMP and NS Victim Services did not fully meet the needs of those most affected and in the community of Portapique. In this section we provide additional experiences and perspectives about the support provided through the NSHA and NS Victim Service initiatives described above.

We want to make it clear that we have not conducted a full evaluation or audit of these provincial services. Nor have either of these entities provided us with their evaluation of their own services. We share what we have heard with a view to providing a global sense of the range of experiences and perspective about these services. We set out these insights thematically.

Both NSHA and NS Victim Services representatives of the provincial initiatives were active participants in Commission processes, including by participating in Commission interviews and in our public proceedings. **The Province of Nova Scotia and NSHA both provided us with thoughtful written submissions on the issue of support needs for affected persons and communities. These submissions integrate well with the lessons we learned from Commission experts and from dialogue at our roundtables and consultations. We commend this open and reflective approach and consider it to bode well for the future.**

We provide these experiences and perspectives on the support services and the frameworks for delivery with a view to developing our lessons learned and recommendations and to assist these organizations on a going-forward basis. Some of these comments pertain to the needs and some to the services offered. Some of them specify needed improvements and omissions.

Impact of Scale

A number of people and organizations emphasized that the scale of the mass casualty was a predominant feature in shaping the response.

During the small group session with service providers, Bruce Varner, funeral director and embalmer with Mattatall-Varner Funeral Home in Truro, named some of the challenges in providing service in the context of the scale of the mass casualty and the limitations imposed by the pandemic public health orders. In his words:

When we meet with a family, a lot of the comfort and support that we can bring is established at face-to-face conversation and interaction, and that wasn't an opportunity that was given to everybody just because of the dynamics surrounding everything like this. But like I said, the work that I do was much the same, just on a larger scale and under different pressures and circumstances. There was a lot at play because there was nothing about this that was normal.³¹

Colchester County mayor Christine Blair also emphasized this point: "And we just don't fully realize how extensive the suffering is, and it still needs to be addressed."³²

Rurality

During our opening panel on the broad reach and human impact of the mass casualty, Rev. Nicole Uzans provided her perspective on the impact of rurality on grieving:

And I guess just one last example that I'll give in that regard is around – is around grief. Any grief, normal grief that happens when someone – someone in your life dies, and then having to face the people who know you, who want to talk about that, who want to know how you're doing, but it can be – it can be daunting. In rural places, one of the biggest markers that there's a transition in the process of grief is, can you go to the grocery store again, knowing that you're going to – you're going to know people, you're going to run into people there, maybe half the people in the store, and can you face those conversations that come when you're at that really tender and – and vulnerable place in your grief. So it comes

from a place of care, but it does – it does introduce lots of challenges, that level of interpersonal connection.³³

Specific Experiences

Through Commission activities, we learned about a range of specific individual experiences of seeking and receiving support following the mass casualty. As we have emphasized, people experience, grieve, bereavement and trauma in a different ways and over varying time horizons.

One respondent to the Share Your Experience survey described the counselling she received after the mass casualty:

I cried a lot and at random times. I couldn't sleep on Saturday nights. I couldn't connect with family and friends to properly grieve. It took me until June to realize I needed help. I went to one of the trauma centres to talk and to seek help. They were amazingly supportive and helped me arrange grief counselling. I was in weekly then bi-weekly then monthly sessions for 7 months. It was hard to find joy in things I once did. It just didn't seem right. It was almost like when you have the baby blues after having a baby. I never really knew what would trigger me to cry. When it was time to return to work as a teacher, I broke down on the drive on the first day of school. My life was still moving forward but Lisa [McCully]'s wasn't. I became overly obsessed with keeping my own kids safe because now I knew for sure the worst things can actually happen. I am still dealing with this – especially in the time of Covid.

Other survey respondents addressed the difficulties they experienced as providers of these services:

I was contacted by a non-profit organization, call[ed] the After Trauma Empowerment Network, which is based in Shubenacadie, Nova Scotia, where several people were murdered by the gunman. I volunteered with this organization, and for the past year I have been working on developing trauma-informed educational resources and information materials on the various types of trauma [and] their impact on people who are

affected by them, how they can receive help and support in their local communities, as well as nationally and internationally. I have a Master of Adult Education degree, and pride myself on my work in the community and in helping those that need assistance, in particular the people that were directly impacted by the mass shooting rampage that occurred in Nova Scotia on April 19th and April the 20th, 2020. I have been working on creating these trauma-informed information sheets and educational guides for the past year; however it has been very difficult to do. It has triggered my own PTSD flashbacks and the material has been very difficult to put together in a manner that is easy to understand and that has the relevant information and details and to make sure that it is presented in a sensitive manner.

Nova Institution Process

The Commission held a consultation session in the Nova Institution for Women. This session was a facilitated dialogue and provided the women who chose to participate with an opportunity to discuss their experiences with the perpetrator, intimate partner violence, and other experiences related to the mass casualty. Several women spoke about the continuing impact of this incident. One said: “It was so scary when it [the mass casualty] happened. Two of my buddies were sitting right outside. Later we realized he [the perpetrator] drove right by them. No one warned them. It’s so frightening.”

During this session, the women were encouraged to talk about their grief surrounding the perpetrator’s murder of Alanna Jenkins, who had served as a correctional officer at Nova. Several women expressed their sorrow about the lack of opportunity they had lost for grieving:

- “[After Alanna died] [w]e weren’t supposed to talk about it. Those of us who knew her well weren’t allowed to attend the memorial service that was held here, only staff attended. Later they [CSC staff] made a memorial for Alanna, but none of us can visit it. I’ve asked many times. Even though I’m in Minimum [Security], no one will walk me out to the memorial so I can have a quiet moment to remember Alanna. It’s just across the parking lot. They say, ‘Technically, it’s an ETA’ [Escorted Temporary Absence].”

- “Any grief or loss that we’ve felt has been minimized, diminished, ignored. For those of us who are here long term, there’s nothing for grief, no program. I’ve got no one left on the outside; everyone except my husband has died.”

Unmet Needs

Several respondents to the Share Your Experience survey described how their experiences related to the mass casualty were affected by an unmet need for mental health support either for themselves, others they knew, or within the wider community. One person wrote: “Myself, I wish I had of reached out sooner for support, but I felt that others were hurting worse than me and did not think I should utilize resources.” Responses about the impact of the unmet need for mental health support included these points:

- “Nobody ever asked me how I was affected except the media. Our area is without a doctor. We should have been assigned a doctor. We should have had access to ongoing consistent mental health help.”
- “I remember thinking – our community needs mental health supports and our community needs someone who reviews the literature about the long term needs from those other communities to be able to anticipate and serve our impacted community. Sadly, that has not been my experience. My 9 year old son stayed on a waitlist to see a child psychiatrist for just shy of 2 years. There was no help available for the scope of this tragedy. Sure, we have numbers to call. But to actually obtain medical assistance, we were just added onto an already long waitlist.”
- “Another friend’s PTSD was ignited. A young neighbour still cannot go to Truro to shop or work because he is re-traumatized each time he drives through Portapique. Then cottagers arrived and the constant fireworks re-traumatized the permanent residents ... None of these people I love are the same. The feeling in the area is changed. I feel that, apart from the local municipal counsellor, officials did little or nothing. The people sent to help provide psychological first aid only. There were no consultations with experts in the field who had tended to mass shooting survivors in other areas. No experts on trauma psychology were brought in. Churches were empty when they could have provided support from out-of-province.”

- “I was devastated. Watching my mom, my dad, my brother, my grandparents, my aunties and uncles and cousins, etc. ... break and fall apart was horrific. I still haven’t healed from any of it. The 3 months after the tragedy, I did turn to alcohol ... I went to therapy a couple months later. However the funding I was getting from Nova Scotia was extremely hard to deal with. I didn’t get my money for months – having my therapist wait for payments was unfair. Only having a certain amount for money for only a certain amount of sessions was unfair. I needed therapy and still do. But I cannot afford it.”
- “I am greatly concerned with the impact on mental health in our wider community. It has been my experience in the past 2 years that no investments were made in mental healthcare to assist our region. This makes it feel like our province and our country has completely forgotten about us. Waitlists are the mental healthcare we’ve received.”
- “I think there were more people who already had some sort of fragile emotional condition who were keeping the effects of this tragedy to themselves and not getting the help they needed. One person we met, who was suffering from what seemed to us as a severe case of PTSD, and who after we discovered also had some negative military experiences, we felt the need to get them help and so we took the effort to ask around about what we should do and ended up getting the police to go and talk with them to see if they needed some sort of intervention. They did so and responded back to us that they had a good talk with the person and offered some solutions to them concerning the problems they were going through. We also kept in contact with this person for a while to offer someone for them to talk with. I just wonder how many more people were suffering in private with no one to express their feelings to.”

One of these survey respondents went on to provide input about the scale of unmet need:

That is my biggest frustration out of the government response to Portapique. There are no new mental health supports added in our schools, despite how our children throughout the community were impacted. There was no investment in mental healthcare within the medical community for Colchester County. In my experience, there has been no response from the province to provide extra assistance to Colchester County in light of this event, and the results are obvious in my community. Mental health waitlists are way too long. If the deadliest mass

shooting in Canadian history is not enough to trigger an investment in mental healthcare in a region – what has to happen before extra funding is committed to assist the youth of a community? Our schools have no additional guidance counsellors or school psychologists. In fact most schools in our region share a guidance counsellor with 4-5 other schools. I know from my son's first hand experience that there are more children in our community who need mental healthcare than there are staff to treat them. This is despicable. It truly feels like Halifax has completely forgotten about us. I have advocated for 2 years to politicians and administrators for more supports for children in Colchester County and that has not yet happened. We are in for a long-term impact of this event due to the lack of treatment for affected community members. I am not the same person I was before this mass shooting. I will never be the same person I was before.

Concerns About Support Services

In this section, we provide some examples of the concerns about support services expressed to the Commission. The examples are set out under four themes: lack of knowledge about needs; awareness and accessibility; healthcare scarcity; and misaligned services.

Lack of Knowledge About Needs

During our small group session with service providers, Ms. Bowden explained that NS Victim Services were taking a trauma-informed approach but were hindered by not knowing much about the needs of those most affected and what could be provided: “[T]here was a great deal of uncertainty. We didn’t know.”³⁴ Kim Burton, who was a Victim Services officer in April 2020, served as a navigator at one of the centres. She describes her experience:

So at that time, there was two sheriffs. There was a camper trailer, I would explain it, outside of the hall, where Trauma Support was present. So what had happened, it wasn't by appointment. It was by walk in. So the

victim services navigators were inside the hall and anyone could walk in. So when someone did come in, we would find out a little bit about them. It was a completely different way of how we're used to working.

So I remember feeling at the time really unsure. The resource booklet, really good resource. A lot of government partners came together to support us. But I immediately recognized that the role of the navigator was completely different than the victim services officer.³⁵

Victim service officers normally meet their client early in the criminal process and assist them through to its conclusion. There is a certain predictability to that role. The response to the mass casualty incident was of a completely different nature. Ms. Burton provided one example:

And I remember one person coming in, they came in the door, and they opened the door and they shut the door, and I remember wondering if they were scared of covid or if they were not knowing who we were. And I remember when they came in, they said, "I don't know why I'm here."³⁶

And I have to respect the community because some people didn't know who we were. We were never in Portapique before. I was never in Portapique before, so we were strangers. So I respect the community so much for reaching out and there was some strong community members that came and said, "Can you tell us a little bit about what you're doing here so I can go back and tell the community?"³⁷

Awareness and Accessibility

We heard from a number of people that they were concerned about community awareness of the services available and their accessibility.

During our small group session with political leaders, MLA Tom Taggart provided his perspective that some community members were reluctant to access services even though they were located in the community:

Victim Services folks showed up there every day and were there for the folks. You know, not sure that – you know, it was hard to get people to

come out. It's hard for people to come out and say, you know, this is really my – you know, I've got some real mental health challenges here, you know what I mean?³⁸

Several service providers also became aware of obstacles to awareness and accessibility. Ms. Burton explained:

At the first, I don't know how many Nova Scotians know about the services we provide, in all fairness. So there is – there's that. But when you provide – when you become a service provider, one of the things that I'd like everyone to know is that service providers become better when the public tells us something. So because gaps sometimes are experienced, they're not predicted. So if people – like, the communities and families have taught us a lot. We now work differently because of that. Government agencies that we are connected with work differently because of that. So I think there's value in the Nova Scotia public, the Canadian public, to share experiences, so that service providers can be better, and I don't know – it's not that people need permission to have that voice, but it's how we get better.³⁹

Reflecting back on the experience, Ms. Burton remarked:

So at the time of the mass casualty, I remember our client base was unknown. We were relying on other agencies to refer people to us or self-refer, and I'm not sure if the public even know that they could self-refer.

So it's been really humbling attending the site here and the other sites and hearing those most affected for the very first time, and I'm wondering why didn't we – why didn't we reach them yet? I've had that experience this week, thinking, you know, there's some people out there that we still haven't helped yet, and there's community members that reached out in the last three months and said, "I think I'm ready for help now." And it could be their healing process, but it also – some community members said, "I wanted the families and those most impacted helped first."

So the challenge is to know that we can still help because we're still ongoing, so the challenge remains that there's a lot of Nova Scotians, a lot Canadians, a lot of people that we haven't reached yet.⁴⁰

Ms. Bowden noted that one of the barriers that was identified early on was the hourly rate for criminal injuries counselling. Many affected persons, including family members, commented on this limitation and its impact on seeking and finding counsellors. The amount is regulated under the *Victims Rights and Services Act*, and “the rate had not been updated in a – in a number of years.” She took steps within her authority to assist where she could to overcome this problem as well as administrative difficulties arising from the application form – which is, in her words, “cumbersome.”⁴¹ Her priority was to assist those with the greatest need as quickly as possible.

Healthcare Scarcity

During his testimony, Deputy Chief Darrell Currie was forthright in sharing the difficulties he experienced in accessing support following the shooting at the Onslow Belmont Fire Brigade hall. As noted in Volume 2, What Happened, he was able to access counselling over the course of a few months following the shooting, but his health deteriorated after his interview with the RCMP Hazard Occurrence Team about a year after the mass casualty incident. The interview “really broke the camel’s back,” making it impossible for him to continue working. He then ran into obstacles because he did not have a family doctor to authorize counselling services:

But my doctor story, which I think is important because it leads – its part of the struggles – the struggle that I had. I didn’t have a family doctor. I needed forms signed for psychologist appointments which... I attend two or three times a month. To get those covered through our insurance, I needed to have forms filled out.

I went to the walk-in clinic and he prescribed me some drugs ...

But I couldn’t get my insurance forms signed because I didn’t have a doctor. The walk-in clinic wouldn’t sign the forms. RCMP – I was dealing with RCMP Victim Services at that time. They had a couple doctors who initially offered to sign the forms for me, but then declined because they were out of county. They’re not in the same county.

So all this time, I couldn’t get counselling because I couldn’t get the insurance papers form – signed ...

I was fortunate that a woman – a doctor at the Truro Hospital – heard about my story and she – she called me immediately and met in a school parking lot and signed the forms on the hood of my car so I could have – get counselling. It was – it was that troubling and that hard, and I basically was at wit's end.⁴²

Deputy Chief Currie's difficulties continued, and he eventually wrote to his MLA for assistance:

I got to the point where I – I felt I had to have a doctor, a family doctor. You know, it's great to advocate for yourself and – and push through all this stuff, but I needed professional help. So I sent a letter to – an email off to my MLA and she's familiar with us. She's a – was a good supporter of the fire service in the county, so I ended up with a family doctor the next day. And that's been helpful because you need the family doctor to make the referrals for the psychiatrists and some of the other important things, the medications.⁴³

We heard from others who shared Deputy Chief Currie's experiences with limited access to healthcare as a compounding factor to the effects of the mass casualty. These experiences relate back to the themes introduced in Part A of this volume with regard to limited public services in rural communities. During one community conversation we organized, this theme was picked up and expanded. These conversations were organized on the principle of non-attribution. The speaker made this point: "But, you know what we need? We need social work; we need Mental Health; we need nurse practitioners; we need physicians; we need a pharmacy; we need to keep the pharmacy. We need to be able to keep the nurse practitioners."

Several Share Your Experience responses underscored the limited support available to affected persons because of the pressures on the healthcare system and the wait times for mental healthcare services. One respondent wrote:

As we were all familiar with, the Nova Scotia healthcare system is under a huge amount of pressure and it is impossible to receive proper mental health care in a timely fashion, especially following a horrific event as the mass casualty that occurred in Northern Nova Scotia ... There are still many people in the local area that need a lot of mental health support, and they are unable to access it, as they lack the financial resources to access counselling that is offered by private providers. The wait time

to see a mental health professional in a clinical setting at a local mental health and addictions Department of a hospital in Nova Scotia ranges in length from 7 months to 2 years, or this is specifically the case at the hospital here in Truro, Nova Scotia. As a result people that are needing much needed mental health help are being lost in the chaos.

This respondent described how one local non-profit group, the After Trauma Empowerment Network Association, was formed to provide services to help fill these gaps. We discuss this and other community-based initiatives in Chapter 9.

Misaligned Services

During her Commission interview, Dr. Karen Ewing explained that she referred a few of her patients to the support services provided through these initiatives. However, they returned to her for further assistance because the supports were not what they needed.

What Is Missing?

Making Space

During our Phase 3 stakeholder consultations on support services in rural communities, Charlene Boyce, communications and community relations manager for Inspiring Communities, emphasized the need for making space and finding places for members of affected communities to come together to heal through informal gatherings:

The kinds of support that folks need, I think one of the key things, there's a long term and a short term. So a short term is people need a place to gather and to know that that is a central place they find information, support, coffee, someone to talk to, and they're community. And those places don't exist in every community. I think that that is an important part of place-making, when we start planning support services

in – especially in isolated rural areas. We need to have that community centre that people know they can go to. And maybe that's a Tim Hortons. I mean, you know, it doesn't have to look like an arena in every place. But having that is a help because that's – even when people don't process that they need a grief counsellor, they will seek out where people are because, instinctively, they'll know that that's where they need to be.⁴⁴

This theme was raised in a stakeholder consultation about early childhood education by Tracey Shay, coordinator of integrated services at SchoolsPlus:

I know in our area, you know, within SchoolsPlus, we did this year try to, over the last year create a community, a practice and support for our front-line workers where we brought folks together to have dialogue and conversations. You know, when this Inquiry started we certainly brought everybody together bi-weekly to try to make sure we were supporting people. But I don't know. Like, there's really no formal – I think sometimes it's easy to say, "Well, call EAP [Employee Assistance Program] or call your mental health clinician." But it's not even – I think for a lot of folks it's not even about that. It's just being able to have somewhere to go that's again, like, creating a psychologically safe place for people to talk about what they're hearing, what they're seeing, and supporting them through that.

So I think we need community of practice. I think we need somebody who's offering training. Like, I think if you were to ask a lot of front line staff they feel ill-equipped to deal with the level of trauma that this has created. And nobody wants to do more harm. So how do – you know, we've engaged – we even talked to lots of people. We certainly consult with the IWK. We certainly, you know, consult with people in the field. But again, like, it's that – I don't want to use "experts" because I don't know that, you know, we don't need a ton of experts coming in. But you also need people with knowledge that can make sure that what we're doing is informed, researched, evidence-based, and that when we're opening up these conversations, there's a plan for what families identify as needing. I think that's the struggle.⁴⁵

Insufficient Attention to Grief and Trauma

Several individuals pointed out that the Nova Scotia response initiatives paid insufficient attention to grief and trauma. Mayor Blair also spoke about this problem during one of our small group sessions:

I agree with Tom [Taggart] in that Victim Services, the provincial government stepped up to the plate immediately. We had Mental Health and Addictions Services, we had the Victims Services, we had Community Services. Justice was there, of course.

And we appreciate that. I have a high level of respect for the people who work in those fields. However, there was a gap that was not addressed, and that gap was dealing with the trauma and the grief, understanding the education – educating people on what trauma is, educating people on what grief is. If you suffer a traumatic event, if you are dealing with trauma, that's not a mental illness. And if you are dealing with grief, that is not a mental illness.

So you need to know what your body, what your mind can go through because if it is not addressed and you are not educated and you do not have the support for those things, then you're going to start dealing with the mental illness. Then you are going to start dealing with anxiety and lack of sleep and depression and various forms of PTSD, suicidal tendencies. All of those things.

Having a child that will not walk in front of a window in the dark because there's someone out there that might shoot me dead. Things of that nature.

And this is what you're hearing in the community, so there are things that truly, truly yet need to be addressed. As much as has been done, more needs to be done, and that's going to take a special team to address it.⁴⁶

And later in the session she added:

And are we strong? Yes, we are. Are we resilient? Absolutely. But that resilience and that strength needs support of knowing what it is that is happening to us in a situation like this, and that's where the trauma and grief education and support come in.⁴⁷

And this, I don't think, is just the provincial government's role. I see this as all government's role. Something that the federal government can get involved in. Something that the provincial government can get involved in. Set a team aside separate and apart from mental health. And have that team be prepared, because we know that if a trauma is not understood, it's going to be not just a mental thing, but it's a physical thing as well. It affects you physically, it affects you mentally.⁴⁸

During her Commission interview, Ms. Tschupruk also advanced this point from her perspective as head of the palliative care network:

I can say that we offered to help. You know, I think it was ... it was a very challenging time for everyone, and I think everybody wanted to do whatever they could to help. So, my understanding is that there was an offer from the Grief and Bereavement Coordinator to support grief. And I know there were meetings held. I don't know ... I can't speak to what those were; I wasn't involved in those. But the ... the response that we had or that we got was that, you know, Victim Services were in place, the Mental Health Program was mobilizing supports. So, you know, what we offered was, you know, we do have some experience in grief and bereavement, I don't know if being from a palliative care team maybe did not feel like it was a good fit for the situation. And I think that's obviously challenging is, you know, where does grief and trauma and all of the fallouts of a traumatic event, where does grief belong in that? And my understanding, if my ... my memory serves me right, is that, you know, in the early ... well, I guess not early ... that early, but for many months that followed, there was a strong focus on an Inquiry and getting answers and a lot of anger, and, you know, I can say that I wondered if grief ... you know, how ... how would grief support fit into everything else that was going on? And again, I don't ... I don't know that a lot of people are equipped to deal with this level of trauma, so, to me, having lots of people with lots of different skills and different types of support to offer, I mean, together would have been a nice thing to see. I didn't see that, but I'm not there and I wasn't there, and so, I don't know everything that's being offered, and I don't know what type of support individuals were receiving.⁴⁹

Another person who took part in a Commission community conversation extended this point further in saying the provincial approach to providing support was marked by “trauma avoidance”:

[W]e needed to get help to the frontline professionals because we are going to continue to create more vicarious trauma in the very fact that we’re not paying attention to how those frontline workers are doing. And so we have children who are coming forward in very bad situations, and we have people who are the receiving end of those professionals who are ill-equipped at this point to navigate.

Another individual provided an example of the impact of trauma avoidance, recounting, “Right now, I have people completely disillusioned, saying, “My kids are being treated for depression. And it’s not depression; it’s trauma. But I can’t convince my doctor of that.”

Lack of Coordination

Another theme was the lack of overall coordination for the post-incident support services. During one of our Phase 3 stakeholder consultations, Tracey Shay emphasized this drawback:

So while it’s all of our responsibilities, I think where we all really struggle is who is going to own it, take it on, and make sure that we’ve got a good system in play. And so what was happening is like there was pockets happening everywhere where people were trying to respond, because that’s what we do in a crisis to help people. But that lack of coordination was really hard for families.

So every system was doing their own thing. You know, we had Victim Services come in and they were doing work. And SchoolsPlus was trying to do work. And Education was trying to set up supports, and Mental Health was trying to set up supports. Families were trying to support one another, especially in our rural communities; that’s how we operate.

But we were in a pandemic and you couldn’t get together, and then you just – like, nobody kind of knew what anybody else was doing but it’s not

really anybody's job to know what everybody else is doing. We needed a coordinator at the end of the day. I'll say it 1000 times here today. We still need a coordinator. We need somebody that can reach out to families and do this work, and this is their job, because it's everybody's work. And I think the other piece to that is why it is families' responsibility – like, I can speak for myself. It greatly impacted my family personally. We knew a fair amount of these folks. We had relationships with people.

It's hard to support your own family in your community when you're living it. So why I do think parents have a responsibility, we have to give parents the support they need to get well again themselves and to be in a place where they can then support their kids. And we know in research, and you guys – I mean, policy, you would know this; it's – we're years out from this ever – you know, 20 years from now we'll still see the impacts of this.⁵⁰

The theme of coordination was also raised during one of the Commission's community conversations. One of the contributors described the situation: "And so what we have are a bunch of sporadic organizations who are not coming together."

NS Victim Services employees Ms. Bowden and Ms. Burton, who were engaged in developing and implementing the navigation assistance centres, also commented on the need for more interagency collaboration. During our small group session with service providers, Ms. Burton noted:

[T]he communication that we rely – that I rely on comes from other government agencies. I think there is a place for some sort of model where there's representatives from different pieces of government that can come together to respond to an incident, because we share information often. And sometimes if we – if you meet regularly even in non-incident times, with a trauma-informed, high communication transparency all the time, the trust amongst the government agencies would increase, and also, they would be more aware of what we do.⁵¹

Ms. Bowden also stressed that communication could be improved through relationship building between agencies: "I think an opportunity just to build relationships at a time when you're not under pressure or under stress, to be able to have conversations and appreciate various perspectives, I think that would be helpful."⁵²

One participant in the Commission's community conversations remarked on the lack of cohesiveness and continuity in service provision:

We brought in random, short sporadic, disorganized approaches to this that became so wearisome for people, and again, it undermined; I watched it happen, it undermined our trust in systemic response. We thought we were talking to Victim Services, people who were trained counsellors; we were calling them counsellors, but they were navigators. Then we bring in psychologists, and we've just randomly been throwing these people into these people's lives. There's been no continuity.

Impact of the Mass Casualty Commission

Several commentators expressed their disappointment that the Commission had not made sufficient space for those affected by the incident to provide input about impact and the events themselves. During one of our community conversations, a resident shared this perspective:

There are people that are still waiting for the Mass Casualty Commission to come to speak to them. They thought that was going to happen. They thought it was going to be – you know, people were going to come to their doors, and ask what they saw, what they witnessed, what they know of the perpetrator, what they know of the relationships of the – in the community, what they know about the blueberry road.

Another speaker built on this point, sharing the perspective that more should have been done before the Inquiry was launched:

The order, in my mind, should have been, “What do these people need right now?” “This is what’s required right now.” We need a crisis team; we need a coordinator. We need to know where these people are, what they need, and we need to tackle that right now, first thing. After that we can find out what happened and why.

Mr. Taggart also related his views that individuals within the affected communities were negatively affected by the Commission’s work. These residents did not have access to support services and legal services to assist them in dealing with these effects.⁵³

At the same time, we heard from several individuals that Commission staff had been instrumental in helping them to access needed support.

Impact of COVID-19

The public health orders put in place to arrest the COVID-19 pandemic had a compounding negative impact of the mass casualty in the immediate aftermath and during the weeks and months that followed. During our roundtable on meeting the needs of families and communities, Ms. Lewis, who assessed the grief, bereavement, and wellness services available in the Northern Zone, described the “double impact” of the pandemic-induced isolation and the grief and loss resulting from the incident:

I was just thinking about all of the things that we would normally do around communications and gatherings and how much this has been disrupted. Processes of rituals, and funerals, and memorials, and all of the acknowledgments of the anniversaries that we've already had to face over the last couple of years that are very much from an individual perspective but also from a community, and a broader scale I think across the province and country... And during a pandemic where we have been isolated and trying to follow public health measures, I think that this has added a whole new layer to what has occurred here, which heightens the reason that people are almost living through two traumatic events in these communities, and therefore, require a lot more [support].⁵⁴

...

So the pandemic has added a lot. I have felt, in many ways myself, handcuffed at times from the things that I would like to have been able to do, and attempted to do, along the whole pathway from the night, the morning, and for the last two years.

I often have said ... we need to keep the casseroles coming because that is one of our strengths as a Maritime, rural connectiveness, but we miss the casseroles, and we haven't really received them, I think, in the ways that we needed to.⁵⁵

She expressed the concern that COVID-19 would become an excuse to avoid doing what was needed to be done, rather than spurring on additional efforts to address the continuing double impact.

In Volume 1, Context and Purpose, we examined responses to the Share Your Experience survey, which described experiences of COVID-19 as an aggravating factor during the weeks and months following the mass casualty. One common thread was that people felt they were already “reeling” from the early days of the pandemic and finding it harder to cope with the mass casualty. Some felt more fearful because of being isolated as a result of public health orders in effect at that time. Others specifically mentioned the fear that more violence could occur because of the pressures of being locked down. The majority of the responses, however, related to the impact of COVID-19 on grieving, bereavement, and access to support.

Many respondents shared their perception that COVID-19 would be more difficult for those most affected because they would have fewer opportunities to seek out and receive informal help as they grieved. Many experienced an additional sense of loss because they were unable to provide this support to those most affected. Some emphasized that the community still found ways to come together and provide assistance despite the challenges posed by COVID-19. Several mentioned that the virtual vigil led by Jonathan Torrens and others on April 24, 2020, lightened their sense of isolation and assisted them to deal with their pain and grief.

One respondent, who identified as being directly affected, shared the experience of how the pandemic restrictions complicated the process of travelling to Nova Scotia and settling issues following receipt of the notification to next of kin. COVID-19 isolation was magnified by distance: “Being so far apart from the other victim families who could provide support and from a community that is trying to heal together is hard as in another province the community support dwindled fast.”

Other responses too addressed this theme:

- “It was occurring at the same time I was trying to understand the pandemic, so I can say there was a period of mourning, both the lost persons, the lost innocence of our province and the loss of some of our freedoms.”
- “To hear the survivors, the families speak of their grief. To know that with Covid-19 they were denied grieving in a ‘normal’ way. It was and is so hard to think of them.”

- “We attended the drive by funeral for Joey [Webber]. He and his family lived where my Grandparents lived and that’s where they all stood out for the cars to go by. It was so sad and surreal to see them standing there waving to everyone going by. We could have stood with them and would have but Covid was so new and unknown so some of us just stayed in the procession. Then after a few months, we went to Truro and then Bridgewater to march with them to get the government to hold a public inquiry.”
- “I appreciated all the support from Nova Scotians and the rest of the country. I participated in a small outdoor memorial service in Portapique for Joanne [Thomas] and John [Zahl] organized by another friend. So strange to have to be restricted in the way we would normally mourn due to the pandemic.”
- “No students or staff at school due to Covid, so peers unable to grieve together in supported way via school.”
- “We couldn’t get together to grieve.”
- “It was a Living Nightmare this was on top of being disoriented from living through a pandemic.”
- “Because we were all navigating those early pandemic days, our usual methods of providing support were not available to us, so feeling really frustrated that as the days went along, we were almost just onto the next crisis for everyone.”
- “My wife and I felt a great deal of sadness in the initial weeks after the events. Especially that given in the pandemic context, the community wasn’t able to come together as it normally would have to grieve and remember the lives lost. The online tribute / memorial concert that was organized by folks like Jonathan Torrens was particularly powerful, and helped me feel a bit of a connection to everyone else back home at a difficult time.”
- “The following days were spent mostly talking to others in the community and sharing our stories. We discovered that several friends, neighbours and acquaintances were victims or involved in some other way. Two of the victims were killed in the woods behind my place of business on Ventura Drive in Debert. Due to COVID restrictions we were not allowed the opportunity to pay our respects or come together as a community. Sometimes it feels like nothing happened at all and the memorials on Plains Road are for strangers, not for my former neighbour Heather [O’Brien]. I have watched and read every bit of information that came out about the shootings.”

- “I found it challenging to come to terms with what had happened, it was a constant reminder of my mother’s passing and heartbreak from the loss of so many people and the difficulties their families and the emergency responders. That coupled with the inability to be able to gather with loved ones because of the lockdown from Covid, made it more isolating.”
- “It was very emotional. Coupled with Covid, it could not have been worse.”
- “I’ve made a conscious effort to find a way to mourn the people who were lost, which was extremely difficult given the Covid restrictions at the time which did not allow for even a hug from members outside your household. I felt isolated and scared all the time.”
- “I think ... that the Covid-19 restrictions had a big part to play in this. The fact that an emergency alert was send out the week before for Covid but not for a murderer who was on the loose who looked like RCMP. The fear that already was existing and paranoia that was building of others since everyone might be a danger as they might be carrying Covid. That we couldn’t get a hug from people outside our household when grieving deeply. That we weren’t even allowed to be walking in a public park in order to be with nature to help sort out the grief and deep feelings I was experiencing.”

The NSHA prefaces its written submissions by pointing out that the mass casualty occurred during the first months of a global pandemic. The healthcare system in general was dealing with the unprecedented demands and pressures created by COVID-19 and the public health restrictions then in place. The submissions take the view that their “response was undeniably impacted by the pandemic.”⁵⁶ In some ways, pandemic initiatives were helpful. For example, the NSHA had already created online supports for its staff and physicians during COVID-19, and these supports were also useful to some of these individuals who were affected by the mass casualty. On balance, though, the pandemic’s demands on health resources and the public health restrictions combined to create “obstacles to an ideal response.”⁵⁷

Self-Assessment and Planned Initiatives

Nova Scotia and NSHA recognize the substantial efforts taken by Victim Services and by the NSHA and its partners while also acknowledging that more work is needed. Nova Scotia states that NS Victim Services recognizes the “need to update policies and procedures so that they are more prepared to support

victims of mass casualty events.”⁵⁸ Some of Ms. Bowden’s reflections about the implementation of the NS Victim Services initiatives developed to meet post-mass casualty support needs are integrated in the section below. She also noted one positive development resulting from this work:

I just want to add that I’ve, over the past two years, really seen a shift in government in terms of the recognition of Victim Services and the value of the work that is done within our unit. We are not only providing these valuable and important services and supports, but I also feel like other parts of government are reaching out to us for even advice on how to be trauma-informed, how to be victim-centred or survivor-centred, how to even communicate in a way that is not going to do any further harm. And so I really value the fact that they recognize that we will support any organization or individual to be able to provide a service that’s going to be beneficial to those who need it.⁵⁹

Will respect to mental health supports, Nova Scotia concludes: “The Province has learned much from the response in this event and will continue to assess and improve its supports to communities whenever needed.”⁶⁰ NSHA sums up its assessment of extensive efforts made to respond to the April 2020 mass casualty:

While there were clearly lessons learned from the mass casualty and our response, Nova Scotia Health is proud of the extraordinary work done by our leaders, staff, physicians, volunteers, learners, and community partners to support their fellow Nova Scotians in the immediate aftermath of the mass casualty and in the months and years since.⁶¹

NSHA’s submissions recognize that additional steps are required “to make trauma-informed healthcare accessible, integrated, proactive, compassionate, and measurable.”⁶² Nova Scotia Health Interprofessional Practice and Learning has outlined a plan toward this end and several initiatives are underway. Applying the framework established in the Schildkraut report, NSHA identifies some specific gaps in capacity to meet the support needs following the April 2020 mass casualty. For example, NSHA recognizes that more training in psychological first aid is required, and some steps were taken to address this gap before progress was stalled. The submissions also note that the proposal for a Workforce Psychosocial Response Team was not implemented and, therefore, “there is still no proactive,

dedicated response team to support staff experiencing primary or secondary vicarious trauma through their workplace experiences.”⁶³

NSHA recognizes that there are limitations on the ability of practitioners to integrate trauma-informed approaches in their practices. These limitations contribute “to vicarious trauma for staff and physicians as they reflect on care provided in the past which was not in appropriate response to needs of those who are / have experienced violence.”⁶⁴ Going forward NSHA recognizes the following objectives to overcome these limitations:

- Standardized system-wide trauma- and violence-informed awareness and approach could be improved in healthcare and healthcare education.
- Nova Scotia Health would benefit from further investment in trauma-informed care (TIC) to further embed and sustain such care across our services and to monitor and mitigate the pressures on staff members who are working in trauma exposed environments.
- Trauma-informed care needs to be applied beyond health and across all systems, including justice, education, and community services. Otherwise, the siloed and disconnected approaches to trauma further perpetuate its impact.
- The impact of violence and vicarious trauma on service providers needs to be acknowledged with adequate supports.
- Nova Scotia needs standardized education, knowledge, understanding, and adequate resources to provide effective responses to domestic violence and gender-based violence. Specific issues include dynamics, incidence, warning signs, indicators / flags of higher risk of lethality, screening for violence / domestic violence (potential victimization and perpetration), lethality assessments, safety planning, coercive control, strangulation, and supports.
- Nova Scotia needs a safer, culturally appropriate, more accessible, and seamless response to violence – and this response should be provided in the community and alongside or by the community.

NSHA’s submissions provide an extended list of current and planned initiatives designed to meet these objectives. The list is prefaced by this statement:

Nova Scotia Health continues to make significant improvements and adjustments to our services to meet the needs of Nova Scotians. We recognize the impact the mass casualty has had on the community of

Portapique and across the province. We are committed to helping support Nova Scotians impacted by this tragedy.

In addition to building capacity and providing more effective support to its staff and physicians, NSHA's submissions describe a range of programs designed to promote mental health, wellness, and resiliency. Although it is not explicitly stated, we read these submissions as an indication that NSHA has decided to transition further initiatives to support affected persons and communities into its general programs.

Conclusion and Recommendations

In reviewing the development and implementation of Nova Scotia's programs to meet the needs of affected persons and communities we have been especially mindful of the continuing ripple effect of the April 2020 mass casualty. We note the advice Ms. Lewis gave to families and communities during the roundtable on meeting the needs of individuals, families, and communities:

I think we've all been touched by this. So as we navigate this space today, and we delve into the research and understand how this unfolds for people, I think it's very important that we have not forgotten that this is not research matter. These are people's lives. These have been people's deaths and this is all of our and trauma experience, and we don't want to lose sight of any of that today as we work this process through to be able to talk about where are we going to go with this.⁶⁵

We conclude that both MHAP and NS Victim Services took steps to try to meet the immediate needs of affected persons and communities. They did so in partnership with IWK Health Centre and other partners. The scaling up of the Criminal Injuries Counselling program did contribute to greater access to support services. When assessed in a global manner, however, these services did not fully meet the support needs following the April 2020 mass casualty. Nova Scotia and NSHA also came to this conclusion based on their self-assessments. We are unable to measure the extent of unmet need because a needs assessment was not carried out and, to our

knowledge, there has been no evaluation of the support services provided to date. We return to this issue of continuing unmet need in the next chapter.

Our mandate directs us to examine the “support provided to the families of victims, affected citizens, police personnel and the community.” To accomplish this task, we designed a process that allowed us to hear, first hand, the experiences and perspectives of those requiring support services. These insights revealed a range of challenges that coalesced to hinder the effectiveness of the support services provided. Specifically, we heard about the lack of awareness regarding support needs; a corresponding lack of community awareness about the availability of certain services; rural healthcare scarcity and scarcity of mental health services; a misalignment of needs and services provided; failure to provide spaces for the sharing of experiences among affected community members; insufficient attention to grief and trauma; lack of coordination between service providers; and lack of continuity in services. We also heard that COVID-19 and the work of the Mass Casualty Commission added to the demand for support services. We highlight these experiences not to assign blame. Rather, by identifying these challenges, we will be in a position to make meaningful recommendations for improvement.

We recognize that it is difficult to develop an effective post-critical incident response without preplanning and advance preparation. This conclusion underpins our recommendations in this chapter and ties into the recommendations made throughout Part B of this volume calling for pre-critical incident planning.

At the same time, information on previous responses to mass casualties and disasters was available to the government of Nova Scotia and, given the scale of this incident, it should have been clear that more substantial resources would be required to meet support needs. In particular, evidence suggests that a more proactive, multidisciplinary team should have been made available to affected individuals and communities. Our Commission’s expert reports provide ample evidence in support of this recommendation, and many Participants as well as local and international experts made proposals to this effect.

Creating pathways to existing support services was an important but limited response. In addition, some Participants stated that the navigation services provided were too limited. They suggested that “there must be true navigators assigned to assist victims in completing paperwork, including engagement with third parties whose input is required, and finding the right practitioner for their particular needs.”⁶⁶

We received many other submissions from Participants and the public about the need for more effective delivery of support services as part of a community-centred post-critical incident response. One prominent theme is the requirement to improve access to mental health services on an everyday basis, both within Nova Scotia and across Canada. Patterson Law, counsel on behalf of a group of most affected Participants, called for “mainstreaming and destigmatizing mental health care” and that mental health care requires better integration of these services into the health network, from both a practical service level and a funding perspective.⁶⁷

Pursuant to our terms of reference, we have focused on the steps taken to inform, support, and engage those most affected. We received submissions about other forms of support including legal services and financial assistance. For example, the Participants represented by Patterson Law also suggested that support needs have a financial dimension and that funding from governments should be made available

... to assist surviving victims with the financial impact of their losses, which include: the lost value of their properties due to the mass casualty; moving costs; temporary housing; realtor services; and other costs related to being physically displaced. To the extent that financial support is notionally made available to such individuals, there must be measures put in place to ensure that such funding actually reaches them, that these victims are not forgotten – there must be greater accountability with respect to identifying to whom funding should be available, and how. Recommendations must reflect the priority of dealing with these issues proactively in future tragedies, such that those most affected are not dealing with logistics and financial hardships, or the surprise that promised funding is no longer set aside for them.⁶⁸

In this chapter, we have endeavoured to illustrate an appreciation of the needs of affected communities as distinct from but connected to the needs of affected individuals and families. During our roundtable on the needs of families and communities after mass casualty incidents, Dr. Terry Mitchell, a clinical and community psychologist, underscored the importance of applying a community health lens and learning from community wellness theory and practice in developing and implementing a community-centred critical incident response. Priorities include

the need “to build creative supportive environments, to strengthen community action with the community, and to reorient health services.”⁶⁹ She explained:

There’s no arguing that there’s an exceptional event, a national crisis, a provincial crisis, family, individual crisis. An exceptional event that has been exceptional. We’re talking about our exceptional traumatic responses. And therefore, there is an ... exceptional need for appropriate government support for appropriate and accessible healthcare in all of that definition.

But right now, as I also live in the Maritimes, I know that accessible health care is really out of reach. But I want to say, for this community, from my personal and professional position, is this is an exceptional event, an exceptionally traumatic response, and therefore there’s an exceptional need for an exceptional response from government.⁷⁰

We build on this call for an exceptional response in our concluding chapter to Part B in this volume.

MAIN FINDING

Nova Scotia Health Authority Mental Health and Addictions Program and Nova Scotia Victim Services took steps to meet the immediate needs of affected persons and communities through a range of initiatives undertaken in partnership with IWK Health Centre and other partners. These services did not fully meet the support needs following the April 2020 mass casualty.

The extent of unmet need cannot be measured because a needs assessment has not been carried out nor has there been an evaluation of the support services provided to date.

MAIN FINDING

Factors that limited the effectiveness of support services include the lack of knowledge about support needs, lack of community awareness about and accessibility of services, rural healthcare scarcity and scarcity of mental health services, a misalignment of needs and services provided, failure to provide

spaces for the sharing of experiences among affected community members, insufficient attention to grief and trauma, lack of coordination between service providers, and lack of continuity in services.

MAIN FINDING

COVID-19 and the work of the Mass Casualty Commission were compounding factors that affected the need for and access to support services.

LESSONS LEARNED

The Nova Scotia and Canadian healthcare systems do not adequately integrate mental health care within the organization and delivery of healthcare services. These systemic inadequacies contributed to the inability of the Nova Scotia Health Authority to adequately respond to the mental health needs of those affected by the mass casualty.

Members of Nova Scotia rural communities experience chronic limitations on access to health and social services. These limitations compounded the problems in access that many residents have experienced, and continue to experience, in the aftermath of the mass casualty.

Recommendation C.10

MAINSTREAMING AND INCREASING AVAILABILITY OF MENTAL HEALTH SERVICES

The Commission recommends that

Federal, provincial, and territorial governments should develop a national action plan to promote better integration of preventive and supportive mental health care into the Canadian healthcare system, so as to ensure greater access to these services on an equal level as physical healthcare.

LESSON LEARNED

Many Nova Scotians and other Canadians have not been provided with the resources needed to foster grief, bereavement, trauma, and resiliency literacy. This lack hinders the ability of individuals and families to develop healthy coping strategies following a mass casualty, including through seeking formal and informal support and assistance.

Recommendation C.11

ENHANCE GRIEF, BEREAVEMENT, TRAUMA, AND RESILIENCY LITERACY

The Commission recommends that

- (a) The Nova Scotia Health Authority, in consultation with community-based health organizations and service providers in the affected communities, should develop a public education and awareness campaign to foster greater literacy about grief, bereavement, trauma, and resiliency.
- (b) Other Canadian health authorities, in consultation with community-based health organizations and service providers, should take steps to increase grief, bereavement, trauma, and resiliency literacy.

IMPLEMENTATION POINT

- These education and awareness campaigns should include ongoing education in schools. Consideration should also be given to include them alongside existing programs – for example, as a requirement for workplaces as part of workers compensation programs.

LESSONS LEARNED

Mass casualties give rise to extensive individual and community needs for a range of health and social service supports that require existing systems to scale up their capacity on an urgent basis.

Preplanning and preparedness is required to enable an effective community-centred response for the provision of support services to affected individuals and communities in the immediate, short, medium, and long term.

Post-critical incident support plans and protocols should be developed during the preparation phase and liaisons should be established to ensure a smooth transition to this plan as soon as practicable following a critical incident.

Like all aspects of community-centred critical incident response, the support service plan requires community engagement and relationship building during the preparedness phase.

Plans ensure a rapid and sustained response that includes the capacity to assess need from the perspective of those affected; effective systems for ensuring awareness about and accessibility of services; and the capacity to scale up support services by making additional resources available to meet immediate, short-, medium-, and long-term needs.

Recommendation C.12

POST-MASS CASUALTY INCIDENT SUPPORT PLANS

The Commission recommends that

- (a) Health Canada, in consultation with provincial and territorial health authorities and subject matter experts, should develop a national policy, protocols, and program to provide a range of health and social support services required by those most affected by a mass casualty, both for individuals and for communities as a whole.

- (b) The national policy and protocols should establish a national standard that can be adapted to the specific circumstances of the mass casualty, and the program should include allocations of funding to support their implementation.
- (c) The national standard for post-mass casualty incident support plans should be developed on the basis of, and integrate, these guiding principles:
 - (i) respectful treatment of those most affected, including through recognition of their unique perspective, experiences, and needs and their involvement in the implementation of the post-critical incident support plan;
 - (ii) recovery and resilience established as the desired outcomes;
 - (iii) trauma-informed and victim-centred service provision;
 - (iv) proactive, comprehensive, and coordinated support services that include navigation assistance;
 - (v) commitment to providing services in the immediate, short and medium, and long term; and
 - (vi) ongoing needs assessments, monitoring, and periodic evaluation of programs and services.
- (d) One of the national protocols should provide that a multidisciplinary team be established and mobilized within 24 hours to assist local service providers to initiate a support plan immediately following a mass casualty.
- (e) The protocols for post-mass casualty incident support plans should provide for the designation of a post-incident support lead with the responsibility to coordinate the implementation of the plan, including through adapting it to the specific circumstance of the mass casualty.
- (f) The national program should liaise with the National Resource Hub for Mass Casualty Responses (Recommendation C.2) to develop and operationalize a knowledge exchange network to facilitate the sharing of promising practices, research, and evaluations across Canada, including through monitoring international developments in post-critical incident support planning and service provision.

IMPLEMENTATION POINTS

- Service providers should receive training to enable them to provide support services following a mass casualty, including through modules to support the wellness of service providers who are engaged in this work.
- The national policy and protocols should include the issue of the financial assistance required to support affected persons and communities.
- The national policy and protocols should include designated liaisons for directly affected family members who live elsewhere in Canada, beyond the jurisdiction of the mass casualty, or outside Canada.
- Trauma-informed training should be integrated across public sector service delivery and be made available to community-based organizations.

CHAPTER 9

“We Will Write Our Own Story”

CHAPTER 9 “We Will Write Our Own Story”

Preface

Our chapter title is from a social media post written by Tiffiany Ward, chair of the Nova Scotia Remembers Legacy Society. Ms. Ward mentioned this post during her Commission interview and gave us permission to include it in our report. Her article, and her work through the society, emphasizes that the post-April 2020 mass casualty incident story is one of resilience, adaptability, and hope. This community perspective serves as a preface to the concluding chapter in our discussion on community-centred critical incident responses and reflects one of its main themes. A second theme, and one that is a counter-current, is that of underserved traumatized communities marked by fragility, rigidity, and despair. There is no simple straight line narrative of resilience; rather, there is a more complex nuanced story unfolding in the aftermath of Canada’s most lethal mass shooting. What is clear to us is that a resilient future for the most affected communities requires external support.

“We will write our own story,” by Tiffiany Ward (May 7, 2020)

In response to Stephen Maher’s article entitled: “The falling tides of Portapique,” published May 1, 2020, in *Maclean’s* magazine:

As a member of this community – I wanted to respond to your article and the less than positive way that you have described this area – not just Portapique but also the greater community of West Colchester.

The context in which you set the story is misleading. Calling us nothing more than a collection of houses, as one of your sources described, without an

identity, down on its luck after falling from some sort of idolized and historical “good ole day” where everyone spent Friday night at the dance hall or when wooden ships sailed the high seas. I think this comparison is unfair and a typical stereotype generally applied by those who are on the outside of rural life looking in. Let me be clear, we are aware of the passage of time, it has happened here as it has in downtown Toronto or Montreal, and like Canada’s cities we have adapted to changing realities too. I do not expect that you would view Toronto as being down on its luck since the Don Valley Brick Factory closed in 1984. Products change, demands change, industries change – and subsequently so do communities. It is quite common knowledge that the market for wooden sailing ships has declined quite steeply in recent years. To draw a meaningful comparison between our current economic situation to that of forty, fifty or a hundred years ago is rather disingenuous.

I am not sure why you built your article this way, as you know that this was not the substance of all the information that you were provided when you interviewed the sources you have named. I am not sure why you seemingly chose to frame this tragedy within a tragedy, though I suspect that the reason is likely a reflection of the current market for the negative news that has become a dominant feature of our society over the last two decades. However, in meeting demand, your article has created the perception that this community is downtrodden, without hope, almost as if this tragedy was bound to happen here – and now that is has, our slow dwindling is complete.

You could not be more wrong.

Had you expanded your research you would have surely noted that unlike many rural communities in this country, our population here in West Colchester has been relatively stable over the last ten years. We certainly have seen a decline in population with urbanization and the outmigration of significant numbers of young people that have moved on to cities or other provinces to find work since the 80s or 90s, as many rural communities have. What you failed to notice though, is that we have adapted.

Industry here has changed, and we have grown and innovated.

Since the good ole days of yore, our community has faced the challenge of rural decline head on. As times have changed, so have we. Though it is true that many of us commute to our jobs in more urban centres, our entrepreneurs along the shore are successfully building our own local economy. New companies have sprouted employing locals in a variety of industries, both traditional and modern.

From Five Islands to Debert, our residents are innovating and employing others in our community. Traditional industries like agriculture and fishing are still major employers and exporters; environmentally sustainable companies are leading in niche markets; and still others are developing products that combine traditional industries with growing tourism demand, as people from across the country and around the world have recently begun to discover this beautiful piece of coastline. All of this coupled with the expected designation of the area (along with a significant portion of Cumberland County) as the Cliffs of Fundy UNESCO Geopark, I cannot help but think we are, and have been, moving in the direction.

... and we are just getting started.

In terms of our identity, contrary to the grim picture you have painted, I can assure you that this is very much a community and a tight-knit one. New people have moved into our once very isolated communities bringing with them new perspectives and ideas that have helped to grow and evolve our collective identity. I would never claim that this integration has not been without its challenges as those who have experienced the “come from away” attitude of this region can attest. However, we are who we are because of the changes we have embraced. We are who we are because we are a blend of the traditional and the modern. We are a community of life long residents, living with and working alongside those who have chosen this place to live – and there is a reason why people have chosen to live here and it is not simply that they can buy a waterfront home for 200k.

The nature of this community became evident in the response to the tragedy that happened here a little over two weeks ago. In a time where we are so restricted in how we can collectively demonstrate our sense of community, we came together virtually and voluntarily to create a channel for the rest of the province and the country to share in our grief. We have rallied around those families who have experienced the most horrific of losses by surrounding them with our love and support, in the hope that we can hold them up and give them the space they need to heal their broken hearts. Up and down this shore (and across the province) you will see demonstrations of support for those impacted by this tragedy; signs, tartans, flags, heart and memorials abound. It is in the response to the tragic events that you can clearly see who we are and what kind of community we have built here in West Colchester.

I am so very disappointed that you chose not to share this in your article as this story of resilience, adaptability and hope is the real story here. How this

community came together in the most unprecedented of circumstances to respond to the most terrible of tragedies as a single force with love and grace really would have made for a much better article.

We will write our own story.

Over the coming months and years our community will forge its own path forward. We will create the space for grief and we will help those hurting the most move forward, when they are ready. We will do this together in our way, in our own space and time, but rest assured this community will not be defined in history by the actions of one, any more than we will be defined by some invalid comparison to a romanticized past.

Over the last two weeks we have brought our very brightest collective light to shine out of the unimaginable darkness that fell upon our community. This is who we are. Our community will not be stripped of our collective identity as a caring, close-knit, supportive group of humans who choose to live together on this beautiful shore. We will change the narrative that media seems all too happy to ascribe to us and through our collective character and cohesiveness, we will adapt and evolve, as we always have.

The next chapter of this story will describe how our community will continue to rally, take care of our own, honour those lost and move forward together. It will be a story of the little community that could, as we come through this tragedy stronger and more united than ever. We will write our own story of resilience and growth, channeling the positive light that we demonstrated for the world in the past two weeks into the beautiful and bright future we all deserve.

Introduction

We heard from many community members of Colchester, Cumberland, and Hants counties that they do not want to be defined by the April 2020 mass casualty. During the Commission’s opening panel discussion, Cheryl Myers, chairperson of Along the Shore Community Health Board, shared:

We as a community do not want to be defined by the events of April 2020. We as a community want to be known as strong, supportive, caring community that we are, that we're family oriented, that we're resilient. We will move on one breath at a time, if that's what it takes, one minute at a time, one hour, one day. We will move on. We've got the Portapique Build Up, we've had Nova Scotia Strong, Portapique Strong, Canada Strong, we are stronger together. I have a quote that was sent to me this morning, and it says, "At the very core, we understand that resilience is not armour that protects us from the pain, rather resilience enables us to feel pain and anger, anxiety and guilt, all that we're feeling now, and to move through these emotions, so that we find a way to feel joy, awe and love. Fundamentally, resilience is about marshalling that what is in us to make it through and maybe even transform what is before us." It's by Al Horne. We as a community health board acknowledge the pain in our community. We applaud our community as it moves forward. And we know the 23 are gone, but not forgotten.¹

We have received much information that supports the positions taken by Tiffiany Ward and Cheryl Myers.

Others worried there was no escaping this fate of having the mass casualty define their communities. One respondent to the Share Your Experience survey said: "I don't think I need to explain the impact on the community of Portapique. We will always be that place. I always had to explain where it was before. Not anymore. Now the entire world knows."

Building a Community Legacy

Community Impulse to Be of Service

The Share Your Experience survey also asked: "Are there any examples of your community coming together or community support efforts after the mass casualty that you would like to share?" About half the respondents who answered this question described steps they had taken or spoke of community initiatives that

had been meaningful to them. We were told there were “many individual and collective efforts to support the community and those truly affected.” Some of these efforts were formal, and others informal. One person noted how in their experience the response “highlighted the resiliency and strength of Nova Scotians.” Several respondents told us that “many people in all communities in Nova Scotia came together.” Examples of the community coming together shared through this survey can be grouped into four categories: advocacy to establish the public inquiry and other types of advocacy; general comments about support; province-wide initiatives; and specific – often local or focused – instances. Quite a few of respondents mentioned that being of service helped them to deal with their sense of grief and loss following the mass casualty. Here are a few examples of the responses:

- “I was happy to see how much our town came together and supported each other.”
- “Just in shock & feeling helpless as to how to help those involved. (I’m a quilter & a group organized a quilt that could be made to give to the survivors, so I made one & hope it gave some comfort to someone.)”
- “It was a nightmare for the entire province, as we all rallied around & behind the surviving victims (family & friends). I became a member of the “NS Strong” group & others, donated to all of them to support families with financial help, bought NS Strong decals & flags, and suffered nightmares for months.”

Quite a few people emphasized the importance of coming together to talk about the mass casualty. Several people mentioned discussions with friends and co-workers. One respondent told us, “The massacre and the effect on the people we know is still a topic of discussion.” Another said, “As a Nova Scotian, I contributed to positive dialogue in the early days post incident.”

Many respondents found symbolic expressions to be a meaningful way to support families and a way for the community to come together and begin to heal. Symbols mentioned include Nova Scotia Strong decals and tartans; broken hearts, lights, candles, and lanterns lit on doorsteps on specific occasions. One person said, “hearts and light in my window for a year.” We also acknowledge that the Nova Scotia Potters Guild generously provided the Commission with comforting handmade heart-shaped, touchstones that we distributed at our open houses and placed in the wellness rooms provided to Participants throughout our public proceedings.

We provide an overview of how these community members responded to the mass casualty through acts of service, both as individuals and in community. These

examples come from responses to the Share Your Experience survey and through other Commission processes, including witness interviews and consultation.

Immediate Support

Vigils and Community Support Groups

During our panel introducing the communities on the second day of public proceedings, Mary Teed spoke about the online vigil that she had helped to organize:

And, again, small communities, when bad things happen, we come together and we were in the early stages, scary stages of COVID, and so nobody could come together. And a group of strangers from the community got together and said we have to do something. And I was amazed that almost overnight, this online vigil took life, and was really just meant to be the online version of how we give love and support. And I was – again, you know, thousands and thousands and thousands of people participated in one way or another and virtually we came together to say we care, we’re sorry, we want to be helpful. And at that time that was the only way that we could do that.²

The Nova Scotia Remembers Legacy Society kept the online conversation going as a forum for people to share stories and express their support for the families and others most directly affected by the mass casualty.

Ms. Teed also explained that she and a group of her friends organized a “Moms Stronger Together” group inspired by mothers and in honour of the mothers whose lives were taken in April of 2020. The purpose of this group is “to support family and support communities.” According to Ms. Teed, this is but one example of a widespread practices: “So individually, collectively, organizations, groups, that’s the kind of support and activities that happen in small-town Nova Scotia.”³

The Nova Scotia Remembers virtual vigil was held on Friday, April 24, 2020. It paid “tribute to victims and lent support to all friends, family members, and mourners. The virtual vigil included musical tributes and messages of support and hope from dignitaries and notable figures who have a special connection to Nova Scotia.” The

vigil included messages from the Governor General of Canada, the Lieutenant Governor of Nova Scotia, the Prime Minister, then Nova Scotia Premier Stephen McNeil, hockey player Sidney Crosby, and musician Natalie MacMaster. Ms. MacMaster played along to a video of Emily Tuck playing the fiddle. Ms. Tuck recorded the performance for the “Ultimate Online Nova Scotia Kitchen Party (COVID-19 Edition)” Facebook page, less than a month before her life was taken in the mass casualty.

Fundraisers and the Red Cross

The Commission also received information about a range of fundraisers organized by community members to benefit those most affected by the April 2020 mass casualty. For example, the Debert Tim Hortons organized a doughnut fundraiser for families most affected. All Tim Hortons franchises in Canada created a “Nova Scotia Strong” doughnut to “raise money to support people affected by Canada’s worst mass shooting.” All proceeds were donated to the Canadian Red Cross Stronger Together Nova Scotia Fund. Several GoFundMe campaigns were set up for specific families most affected by the mass casualty.

During our consultations with those most affected, questions were raised about the role of the Canadian Red Cross Society (the Red Cross) and, in particular, the need for transparency in the disbursements of the funds raised following the mass casualty. The Red Cross is an independent, not-for-profit humanitarian organization guided by its own principles and objectives, including neutrality. Although the Red Cross was not a Participant at the Commission, we invited it to provide submissions, and we are appreciative of its efforts to do so.

The Red Cross submissions state:

In total, Canadians generously donated \$6.2 million to this fund. All funds are or will be used for those impacted and none of the funds have or will be used for administrative purposes. All administration costs incurred by the Canadian Red Cross for administration of the fund were supported by the Government of Nova Scotia, meaning that 100% of funds raised will be distributed.

As of August 31, 2022, 99% of donations had been distributed or committed. At the time of this letter, the CRCS [Canadian Red Cross Society] is continuing to work with a small number of impacted individuals and

families. One per cent has been retained for contingencies as we worked through final and complex cases but once all cases are closed, those remaining funds will also be distributed pro rata. Specific details of who received payments, amounts and for what purposes will remain confidential in keeping with our commitment of confidentiality to those impacted.⁴

The Red Cross also undertook a review of the work it had carried out in disbursing these funds and, in the process, identified lessons learned. We summarize this review as follows.

The Red Cross established the Stronger Together Nova Scotia Fund “in response to an outpouring of support and sympathy from across Canada and a desire by individuals, groups, businesses and other organizations to help in some way.” Given the unprecedented nature of the mass casualty, it faced unique challenges, including “many legal complexities around estate administration and guardianship that had to be addressed by those impacted.” However, despite these and other challenges, the Red Cross has acknowledged that, in the future, its goal would be to administer the funds more quickly.

The Red Cross noted that some needs were being addressed by other support networks and, going forward, “ensuring government authorities at all levels have a greater understanding of these services prior to events occurring would support rapid activation.” It added that, in future, the Red Cross “would also seek to be clearer with those impacted both in terms of the length of time it will take as well as the fact that we are not able to set specific targets and deadlines as it is so dependent on others in the group.”

In its review, the Red Cross also explained how it used its case management expertise “to provide critical navigational support, referrals, and supportive conversation in addition to the distribution of monies.”

The review concluded with an expression of appreciation to the Government of Nova Scotia for covering all administration costs, thereby ensuring that 100 per cent of the fund benefited those impacted. In the future, it would encourage other governments to do the same.

Other Types of Support

Private practice psychologists and counsellors offered pro bono services organized by the professional provincial associations. The Association of Psychologists of Nova Scotia and the Nova Scotia Health Authority collaborated to increase support to Nova Scotians impacted by the mass casualty. This service, which was free, was available from April 5 until May 7, 2021. Psychologists offered up to three free sessions per person. The service could be accessed by calling an appointments line between 9 am and 2 pm, Monday to Friday, to arrange a psychological support session appointment with a psychologist within 48 hours.

The After Trauma Empowerment Network (ATEN) was formed by Margaret Mauger and Vida Woodworth shortly after the mass casualty. A community-based not-for-profit organization, it was developed to empower and improve the quality of life for individuals, families, and communities affected by trauma. Currently based out of Shubenacadie, Nova Scotia, ATEN serves all people in East Hants and surrounding areas.

Commemorative Memorials

Memorials and Resiliency

In her expert report prepared for the Commission, Dr. Jaclyn Schildkraut explains that memorials and annual remembrance events can promote resiliency and reduce the traumatic impact among mass shooting survivors. Communities often respond to these tragedies through the creation of temporary memorials, candle-light vigils, and marches. Along with funerals, these actions “provide opportunities for impacted individuals to gather to share in their grief.” Based on her research, Dr. Schildkraut concludes:

Both planned and unplanned rituals such as these can have a significant effect on survivors of mass casualty events, particularly when they are struggling to make sense of what just happened. One study following a mass casualty event found that 70 percent of people felt more connected with others in the community in the immediate aftermath, likely due to such rituals. The unity fostered by participating in these

community-based events can improve feelings of belongingness that serve to promote well-being, recovery, and solidarity, all which can promote more positive coping mechanisms.⁵

Over time, these rituals can transition from spontaneous to permanent efforts and, in some cases, continue long after the mass casualty incident. Annual observances can have the same impact as the immediate collective experiences, providing an avenue for collective grief and promoting a sense of belonging and well-being. They can also serve to “buffer any potential trauma-related symptomology stemming from the year mark and the recalling of events.”⁶ Steps should be taken to solicit input from those directly affected in planning these observances and ensuring that they take place through a trauma-informed lens.

Some communities choose to establish a permanent memorial to commemorate the mass casualty and to recognize those most affected by it. Dr. Schildkraut notes these sites can “provide centralized places for impacted individuals to grieve as well as for outsiders to pay their respects.”⁷ Permanent memorials take considerable planning and should involve both those directly affected and the broader community. Dr. Schildkraut’s research shows “the opportunity for survivors (particularly those who are most impacted) to assist in the planning can help further promote well-being and positive coping by giving them a creative outlet and a way to ensure that their loved one’s memory is honored.”⁸ Establishing memorials some distance from the location(s) of the mass casualty incident can be helpful in two ways: It provides some space between those who are most affected and individuals who may come to the space to mourn; and it may be less triggering for those most directly affected to grieve away from the site.

First Commemorative Memorial

On April 18, 2021, a memorial to honour the victims of the mass casualty was held at First United Church in Truro, Nova Scotia. This memorial was livestreamed and started with a moment of silence. The hour-long service was organized by a committee of the Nova Scotia Remembers Legacy Society, led by Jenny Kierstead, whose sister Lisa McCully’s life was taken on the night of April 18. At the front of the church was a blue platform, on which painted rocks displayed a single rose and the first name of each victim. At one point, relatives placed flowers next to each stone as each victim’s name was read aloud.

Earlier in the day, hundreds of people took part in a series of memorial walks and runs in and around Truro. The atmosphere in Victoria Park, where the races ended, was one of both sad reflection and optimism, as the crowd cheered and clapped for the runners crossing the finish line – many with reddened eyes. Money raised from those events will help pay for a permanent memorial, the plans for which are still in the early stages. Denise Burgess, one of the organizers, said the events were aimed at healing and remembrance: “We want to turn the lens away from what happened to who these people were ... It gives us a chance to reflect on their lives – that they were full, beautiful lives and they were wonderful, giving people who contributed to our community.”⁹

A large art installation in the park pays tribute to the victims. Crafted by welder Wayne Smith, the statue features hearts with the name of each victim, including an unborn child.

Looking Forward

Community members have also taken steps to build a positive community legacy through future-oriented initiatives. These initiatives include: Heart’s Haven Memorial Park in Debert; the Debert Elementary School Playground Upgrade; memorial benches in Wentworth Park; a memorial garden in Shubenacadie; the Heidi Stevenson Scholarship; and annual awards for practical nursing and continuing care students in memory of Heather O’Brien and Kristen Beaton, established by their families, the Victorian Order of Nurses, and Nova Scotia Community College Alumni Relations.

The largest of these projects is the Portapique Build Up+ Project. The Rotary Club of Truro initiated this project as a way to support Portapique. Community consultations followed. As the chair of club’s Rotary Cares Committee explains, the project involves “both an upgrade and addition to the existing Community Hall in Portapique, which is over 200 years old. We’ll be adding a new structure which will house dances, weddings, and other community events such as children’s programs, and yoga.”¹⁰ Andrew MacDonald, who survived being shot by the perpetrator on April 18, 2020, “has led efforts to determine what his community needs.”¹¹ A playground, which has been built on an existing plot of land, will be a multipurpose area for sports, flea markets, and the like. The project is called “Community Build Up +” because “the intention is for the residents to rebuild their community with

our support.”¹² Daniel Holland, CEO of the Community Foundation of Nova Scotia, described the ambitions for this project: “Our hope is that through the We Rise Again Fund the community of Portapique and the surrounding areas, the people who live here and the people who visit here feel that this is a place [where] they are comfortable and they are safe.”¹³

During the Commission’s Community Conversation in Debert, we learned that the Portapique Build Up+ Project has generated a lot of excitement but that progress was slow. At present, community activities take place in a range of different spaces, including the Bass River fire hall. One community member provided this perspective:

So if I had a magic wand, I would absolutely, you know, have the building built and have it be an open door public space and have it staffed with a person who is a mental health liaison who is there all the time that somebody can literally walk through the door and say, “I need somebody to talk to” and they’re there, and whose number can be shared within the community and people know who this person is and they’re a trusted person and they can pick up the phone and they can say, “Hey, I’m at home. I really need a ride and I need to come talk to you.” That that person and the staff who run the space can bring out some of these supports to empower our community and to put on classes and to allow access to all these things that we’re talking about that could really change the way this community feels supported, they feel supported both from outside and from within.

Another person spoke about the unmet needs for support services, especially for children, and then expressed this hope:

So my experience has been very much like, okay, this thing happened, we want to rebuild our community. It’s been very forward focused. It’s been very, yeah, sort of rejuvenative and there’s been a lot of talk within the circles that I’ve been a part of, of reconnecting the community and sort of like creating a space for resilience.

So for me, what I’ve seen is an effect of hey, this thing happened, so let’s bring our community together in a way that we can heal and reconnect and bring people back together so that we can feel safe at some point. Yeah.

Healing Deficit and Broken Trust

In Volume 2, What Happened, we conclude that Nova Scotia has not fully met the information and support needs of survivors and affected individuals, families, and communities following the April 2020 mass casualty. We also noted that we are not in a position to measure the extent of unmet need because a needs assessment has not been carried out, nor has there been an evaluation of the information and support services provided to date. **We are firmly of the view, however, that the unmet need is substantial. We base this conclusion on the totality of the information received through the Commission process. It is clear to us that the grief, loss, and trauma caused by the mass casualty and the response to it continues to cause harm to a great many individuals within the affected communities and to these communities as a whole.**

We cite one example of this significant community concern in support of this conclusion. In May 2022, the Commission interviewed Dr. Karen Ewing a family doctor who had provided care to several generations of families in the most affected communities over many years until her retirement in September 2020. She provided information about the patterns of “stress response” and consequent mental and physical health issues that became evident in her family practice during the first few months after the mass casualty until her retirement.¹⁴ In speaking of the mass casualty incident she said: “the destruction, the continued destruction, the continued pain is very difficult to bear for all of us, and I would include myself in that. I think we need to remember that this happened to all of us, and we need to recognize what’s happening in our bodies and in our psychology based on this trauma.”¹⁵

Dr Ewing has been working with other community leaders to inform themselves about what is needed, potential approaches to meeting needs, to advocate for increased access to support by affected community members, and to find solutions. She sums up the situation this way:

So, when you have this type of an intended mass casualty, what is needed afterwards? So, the research says... that I’ve come across since, you need an approach, you need a team, you need local, trusted professionals that have been trained in going out to meet the people who have been impacted, to recognize where they are, to listen to them to find out, you know, what their proximity to the victims were, if they were in danger themselves, what their support system is, what their mental health is,

what their history of abuse, substance abuse, their history of violence either against themselves or their history themselves, to listen to them, to find out where they are, and to provide education and support for the trauma for what is happening inside their bodies, the changes that they are feeling because of the stress response.

And to start monitoring and watching out for the increases that we expect to see in all of those areas, whether it's substance abuse, whether it's the worsening in a mental health condition, either in themselves or in family members, worsening addictions, worsening violence, fear. The fear response or the stress response comes in many forms, and it's important and necessary to have local, trusted professionals, but people who are trained in that. And initially we were looking for additional grief counselling, but it isn't grief counselling, it is education and support for the trauma that has happened to them and that is ongoing in their bodies.

I think it's important as well to be able to say this is [there was a]... need for an immediate response, which unfortunately we have missed, an intermediate response, but also a long-term response. People that have experienced this type of trauma need to have professionals involved in their lives for years as they need to check in and as the professionals need to check in with them. So, there is a different need. I think the link can be made in our minds with COVID. When COVID happened, we looked to research, we found the research. It was a public health emergency, we recognized it as such. We didn't do anything until we had the research. Once we had it, we formulated a plan, we formulated vaccines, we got them out to the people. This is also a public health emergency.¹⁶

In speaking with Nova Scotians, Dr. Ewing reported that she was hearing that many people continue to experience the impact of the mass casualty. She explained that unmet needs varied according to degrees of closeness to the victims and to the events and were dependant to some degree on the individuals themselves, their own strength and their own support systems. One thing is clear, she stressed: "it is painfully obvious that there are many people that are still suffering."¹⁷

Dr. Ewing's voice is rightfully seen as an echo of the many voices we have heard throughout the Commission's proceedings and engagement processes: from the community meetings in late 2021; to the February 22, 2022, opening panel of public proceedings on the human impact on wellness; to our Phase 3 consultations and engagement activities in September 2022 – the consultative conference with

Indigenous people, the stakeholder conversations, the community conversations in Great Village, Debert, and Onslow, and ending with our small group sessions and group consultations with those most affected. In the words of Colchester County Mayor Christine Blair: “We still have people suffering out there.”¹⁸

During her Commission interview, Serena Lewis, who has also been a steadfast advocate for more support resources for the affected communities, emphasized how important it would be to have this system in place at the time of the release of the Commission Report:

I think the emotional response to the grief and trauma was the critical step that’s been missed, right. So we needed to come together. We needed to talk about kind of how we’re navigating our feelings and our supports, what does this look like in our families. So I think about work that I’ve done in the past helping to prepare people emotionally or what’s this going to be like, right. And knowing that at the end of December of 2022 we’re still going to be continuing on grieving and healing this trauma in so many intersecting ways, but we need to make sure that we’ve got a really great safety net of people and resources available that as this starts to surface – and I think to me that’s what I think the step that we missed, right. Like I think the emotional support for the long haul imbedded in this and then people start to become more prepared to hear the things that they’re going to need to hear. And again I recognize that people do need to hear truths through this process. But again did we really look at what we needed to resource ourselves with to help be prepared for what we’re going to hear.¹⁹

Given all of the information we have received and heard, we recognize that, in some ways, our recommendations on meeting the needs of affected individuals, families, emergency responders, and communities come too late and into a situation marked by broken trust arising from the failed responses to the April 2020 mass casualty, including deficiencies in support systems. Urgent steps are required to make up for this lost time. Further delays would be unconscionable.

Fostering Resilience

The 2020 report on the 2019 mass casualty in Christchurch, New Zealand, recognized that family, survivors, and witnesses will need ongoing well-being support for years to come. **This report specifically recommended that those most affected should be able to define and design their own recovery. We endorse this recommendation and add that there is an important communal aspect to this recommendation.**

The Commission's record contains a wealth of evidence, information, and practical suggestions that could be considered in this process of defining and designing recovery on the path to resilience. These include, among many more resiliency centres, peer to peer support networks, and empowering training such as psychological first aid. Community safety and well-being require a supportive ecosystem, and the upheaval wreaked by the April 2020 mass casualty demands **proactive and supportive steps to rebuild safety and well-being.** During our opening panel on human impact, Robin Cann, a registered social worker in Cumberland County, proposed the idea of collective care as an organizing concept. Dr. Megan McElheran, the CEO and chief clinical psychologist at the Wayfound Mental Health Group, expressed the view that priority should be on providing the means “for a community to have to find ways to recover together. And that I underscore, the coming together and the finding ways to truly build bonds off of trust and a deep desire to seek to understand the experience of community is essential.”²⁰ **Ultimately it will be up to the members of Colchester, Cumberland, and Hants counties to decide on the right course. Our collective responsibility is to ensure that they have the resources, support, and assistance they require to do so.**

Conclusion and Recommendation

Members of the most affected communities have come together to support each other, to contribute to community healing, and to build a positive community legacy in the aftermath of the April 2020 mass casualty. They have been assisted in these efforts by many Nova Scotians and other Canadians. Nova Scotia, and to a lesser extent the rest of Canada, has also taken steps to provide support and

assistance. However this governmental support has been inadequate, leading to a healing deficit and, at least from the perspectives of some community members, broken trust. Our research and consultations provide ample evidence that communities affected by mass casualty incidents require substantial support to foster resilience. This evidence also calls attention to the long-term negative implications of failure to meet needs, including the potential to lead to further cycles of violence and trauma. Given the long-term implications of unfulfilled support needs following mass violence, we call for recognition of this situation as a public health emergency.

We close with the words of community member Serena Lewis, who reflects a perspective voiced by many individuals heard in Commission processes:

I believe that our physical safety has been completely disrupted in these communities. I also think our psychological safety has also been disrupted. This is an identity that we’re all struggling with at this time. I want it to be an identity that we can re-create.

....

I want our approaches here to be integrative, recognising our historical trauma as well, and knowing that this is cumulating for all of us across this province in so many ways. So if anything can come out of this crisis, please help us make it an opportunity for growth, not only for my kids, but for everybody else’s as well.²¹

LESSONS LEARNED

The Province of Nova Scotia has not fully met the needs of the communities most affected by the April 2020 mass casualty, resulting in a health deficit and public health emergency.

The long-term impact of unresolved complicated grief and traumatic loss can be devastating to individuals and is counter to the community deep-seated need to build a positive community legacy.

Recommendation C.13

REVERSING THE COURSE: ADDRESSING THE PUBLIC HEALTH EMERGENCY IN COLCHESTER, CUMBERLAND, AND HANTS COUNTIES

The Commission recommends that

- (a) By May 1, 2023, the Governments of Canada and Nova Scotia should jointly fund a program to address the public health emergency that exists in Colchester, Cumberland, and Hants counties as a result of an unmet need for mental health, grief, and bereavement supports arising from the April 2020 mass casualty.
- (b) This program should be developed and implemented by a local multidisciplinary team of health professionals with the ability to draw on external resources as needed.
- (c) The program should provide concerted supports on an urgent basis and transition to long term care over time.
- (d) Mi'kmaw communities should have the opportunity to participate in the program either on a joint or an independent basis.
- (e) The program should be funded to carry out needs and impact assessments in 2023, 2025, and 2028.

IMPLEMENTATION POINTS

- The program should consult with members of marginalized groups living in the most affected communities to determine how to best meet these needs.
- The plan should include assessing and meeting the needs of women at Nova Institution for Women who have been affected by the mass casualty.
- Organized and supported peer-to-peer networks should be developed as one element of this plan.
- To the extent that sufficient resources are available, consideration should be given to the provision of services in other parts of the province.

Part C:

Community-Engaged Safety and Well-Being

Introduction

Introduction

In Volume 1, we described Nova Scotia's public safety system as having many components, including both the institutions, organizations, and actors that have a formal responsibility to ensure everyone's safety as well as the community-based organizations, groups, and individuals that also make a substantial contribution. We explained these autonomous and largely independent organizations become a "system" when channels and practices are established and used to ensure regular and consistent communication, co-operation and collaboration. In Volume 2, we found there were systemic inadequacies in the provincial public safety system's response to the April 2020 mass casualty. In Volume 5, we examine these systemic inadequacies and make recommendations to enable effective critical incident responses in the future. In Part B, above, we addressed inadequacies in the post-event response, again with a future focus.

A public safety system's ability to respond to a critical incident and the way it operates on a day-to-day basis are connected in a deep and intrinsic way. In Volume 3, we examined the operation of Nova Scotia's public safety system in the years leading up to the mass casualty. We found this system was inadequate in preventing, intervening in, and responding to the perpetrator's violent and otherwise unlawful patterns of behaviour over many years. The core of our findings concerns systemic failures to address gender-based, intimate partner and family violence, the unlawful ownership and transport of firearms, and inadequate regulation of police paraphernalia. As required by our mandate, we delved into the causes, context, and circumstances of these systemic failures and set out what we have learned about gender-based violence and its escalation to mass casualty incidents.

Our Volume 3 recommendations emphasize the importance of taking a public health approach to violence prevention. (See Recommendation V.2, A Public Health Approach to Preventing Mass Casualty Incidents.) **With respect specifically to mass casualties, a public health approach prioritizes studying patterns of behaviour and addressing the root causes of mass violence rather than seeking**

to predict the risk presented by specific individuals. Similarly, we concluded that ending the epidemic of gender-based violence requires an understanding of the patterns of individual and institutional behaviour and the social and economic conditions that allows this forms of violence to flourish. Community-wide intervention strategies hold the greatest potential for prevention, and these strategies must be developed on a community-by-community basis.

A public health approach requires meaningful and sustained society-wide engagement that involves prevention, early intervention, response, recovery, and healing. Implementing this approach **necessitates a fundamental shift in how we think about and deal with violence, and a rebalancing of the roles of community and police in ensuring safety and well-being. Police services and police agencies will remain important, but they will no longer be at the centre of our public safety system. The public safety system involves many actors beyond police agencies. Police services and police agencies must be seen as only part of the community safety ecosystem, which is a framework of governmental, institutional, and agency and service provider relationships, including processes for community engagement.**

In Part C, we consider ways to implement public health approaches so as to contribute to enhanced community safety and well-being. In Chapter 10, we outline the Canadian experience with community-based policing and more recent, contemporary approaches to community policing. We pose two questions: What makes communities safe? What makes rural communities safe? Our response is that system-wide planning for community safety and well-being holds the greatest potential to achieve these objectives. In Chapter 11, we review methods to facilitate community engagement in these areas in the initial planning stages and on an ongoing basis through all the processes, through implementation, and through evaluation. In Chapter 12, we return to the concept of “whole of society” response and appraise the extent to which we need to reshape roles and responsibilities of individuals and organizations that together comprise Canadian and Nova Scotian society. In Part D, Chapters 13 and 14 apply the public health approach to two of the issues most closely connected to the commission of the mass casualty incident: access to firearms; and the regulation of police paraphernalia, including the use of police disguises. In Chapter 15, we summarize information gathered by the Commission about a public health approach to preventing male violence through an exploration of approaches to cultivating healthier masculinities.

CHAPTER 10

From Community-Based Policing to Community Safety and Well-Being

CHAPTER 10 From Community-Based Policing to Community Safety and Well-Being

Introduction

This chapter provides an overview of community-based policing approaches. **We begin by examining the history and evolution of community-based policing and obstacles to effective implementation of community-oriented models. We conclude that this approach has not lived up to its full potential, including its crime prevention promise. We also provide an account of the RCMP's history of community-based policing.** This analysis leads us to recalibrate the question of first principles to clarify the focus on what makes communities safer. We also consider this question from the perspective of rural communities.

Community-Based Policing Models and Experience

Canadian police services have been pursuing community-based policing strategies in various forms since the 1970s. Several Participants and roundtable members noted that although the concept is frequently promoted, its implementation has been fraught with difficulties.

Numerous commissions of inquiry and reports have concluded that strong relationships between police and communities are central to improving community safety.¹ Despite repeated recommendations to adopt community-based policing strategies, a community-oriented approach has not been successfully entrenched

across all Canadian police agencies, leaving policing styles subject to changing leadership and ad hoc programming.

In an expert report prepared for the Commission, Dr. Chris Murphy from Dalhousie University and Cal Corley from the Community Safety Knowledge Alliance, provide a history of community-based policing in Canada. Community-based policing was introduced in the United States in the 1970s in response to growing dissatisfaction with the relationship between police and the communities they served. **In many respects, the early iterations of community-based policing in Canada reflected the notion, often ascribed to Sir Robert Peel, that police derive their authority from the public's continual consent.** Dr. Peter Somerville, professor of social policy at the University of Lincoln in the UK, explains community policing in the following way:

There are numerous definitions of community policing but they appear to have three common features: police-community partnerships, a problem-solving approach and organisational decentralisation. Oliver's (1998, p. 51) definition seems most comprehensive:

A systematic approach to policing with the paradigm of instilling and fostering a sense of community, within a geographical neighborhood, to improve the quality of life. It achieves this through the decentralization of the police and the implementation of a synthesis of three key components: (1) ... the redistribution of traditional police resources; (2) ... the interaction of police and all community members to reduce crime and the fear of crime through indigenous [i.e., community-specific] proactive programs; and (3) ... a concerted effort to tackle the causes of crime problems rather than to put band-aids on the symptoms.

To this should be added the argument that policing is a concern not just for the police in interaction with communities but also for other agencies with responsibilities for preventing and reducing crime.²

In Canada, federal, provincial, and municipal levels of government have supported a variety of community-policing programs and projects, including the reintroduction of foot patrols, the establishment of police substations and storefronts, and the expansion of crime prevention programs.

By the 1990s, nearly all major urban police services in Canada had introduced some form of community policing. Some police services have embraced these principles to a greater extent than others. For example, Dr. Hugh Russell, a social psychologist, and Dr. Sulaimon Giwa, chair in criminology and criminal justice at St. Thomas University in Fredericton, explain in the second edition of their book that the Toronto Police Service's neighbourhood officer program has been successful because officers "who, before this program, only appeared in the neighbourhood in response to a call for service, now patrol the neighbourhood full time; get to know all of the principal players in the neighbourhood; and develop durable relationships with these neighbours, which helps them resolve their own problems."³ This example also hints at a limitation: many of the strategies that are regarded as best practice for community-engaged policing are best suited to dense urban neighbourhoods or small towns. Adapting these approaches to rural and remote policing has proved particularly challenging.

Principles of community-based policing were not a natural fit with RCMP culture and values as a paramilitary organization. The RCMP was one of the last police agencies in Canada to adopt the model. In 1989, the RCMP decided that community policing would become its "central organizing philosophy" for delivering police services. Dr. Donald Clairmont and Dr. Anthony Thomson, in their study of small-town community policing, explain that community-based policing was a departure for the RCMP. The previous approach "provided a 'legalistic' style of policing which endorsed maximum social distance between the police and the community rather than intense community involvement, claimed to offer non-discriminatory treatment for all, and focused on crime-fighting and the legalistic laying of formal charges rather than service."⁴

In their report for the Commission, Dr. Murphy and Mr. Corley explain how RCMP management introduced this new style of policing. RCMP members learned of this change through a directive issued from national headquarters in Ottawa. Detachment commanders throughout Canada were instructed to establish community consultative groups. Members of the Commission's contemporary community policing roundtable recalled that beyond the directive itself, little support or guidance was provided by national headquarters about how to implement community policing. Mr. Corley recalled that for front-line members, "there was the sense that what's this about, we've been doing this for ... a hundred years so to speak." He explained that it was not clear to front-line members what headquarters wanted them to do differently and, as a result, there was "a lot of angst in terms of how to go about this." Four years passed before RCMP executive appointed an assistant

commissioner to lead the implementation of community policing in a “more rigorous and thoughtful way.”⁵ Until then, implementation depended heavily on the inclinations of particular detachment commanders and other key personnel. This pattern of RCMP leaders making public announcements without a clear internal communications and implementation plan persists today, as we explain in Volume 5, Policing.

Over the past 50 years, demands on police have increased, owing in large part to government initiatives to cut social spending and withdraw supportive and preventive programming for marginalized populations. In the 1970s, widespread closure of psychiatric institutions without corresponding investments in community-based support meant that individuals with medical and mental health needs had no recourse and communities lacked the capacity, skills, and support to manage these needs effectively in the community. The lack of mental health services was compounded by other shrinkage of social programs: “[C]ommunities have [been] defunded in relation to their ability to meet the needs of community members, whether or not that’s housing, family supports, recreational opportunities, or healthcare services.”⁶ Consequently, police were increasingly relied on to act as first responders when these individuals fell into crisis. As we explain in Volume 5, Policing, the police are not well trained or equipped to respond to health crises. This problem, in turn can make “people reluctant to call 911 if someone has overdosed, or if someone is in mental health crisis, or if the caller is in mental health crisis, out of worry and fear of what might happen during the interaction.”⁷ However, in the absence of alternative avenues, police are frequently called on to respond to such crises.

By the early 2000s, many foot patrols and community stations were abandoned so officers could focus on responding to calls and investigating crimes.

During our roundtable on contemporary community policing, in his remarks about the RCMP, Mr. Corley noted that most members will say community policing is “our central organizing philosophy, but it hasn’t engrained in the culture.”⁸ Dr. Donald Clairmont and Dr. Anthony Thomson support this observation and would apply it more generally to many Canadian police services. They describe community-based policing in Canada as more imagined than real:

Nowhere does CBP [community-based policing] fulfil its potential as a movement making policing accountable to and reflective of diverse community interests. Corresponding with the more critical literature on

Community-based Policing, it could be argued that CBP has a legitimating function ...

In Canada, CBP originated largely as a federal government initiative, a constructed social movement which, however, has succeeded in becoming the accepted morality ... [T]he philosophy of CBP becomes not so much a legitimating myth as an ideology which can serve a strategic function. For more than a decade, small town Police Chiefs have been successful in maintaining or increasing the resources allocated to them by political elites on the basis of claims that they would deliver CBP. But the RCMP makes the same claim, so replacing town police with the federal force does not jeopardize the rhetoric of doing community policing.⁹

This is not to say that community-based policing has had no effect on Canadian policing. In their expert report, Dr. Murphy and Mr Corley conclude that despite difficulties with the implementation and maintenance of community policing strategies, “the community policing era had at least established that communities had a right to hold the police accountable, especially in marginalized and diverse communities of interest.”¹⁰

Based on what we have learned through Commission processes, it is safe to say that the original promise of community-based policing has faded away. With some exceptions, community-based policing shifted away from genuine community engagement with the public to a preoccupation with being seen as engaging with the public.

The Unfulfilled Promise of Community Policing

Canadian society is at a critical juncture with respect to the future of policing. The road forward must include a reckoning with the unfulfilled promise of community policing. Learning about factors that contributed to the lack of successful implementation will assist us to attain the underlying objectives of crime prevention and enhanced community safety and well-being through transforming past strategies.

Obstacles to New Models of Policing

During our Phase 3 proceedings, we canvassed experts, Participants, and other stakeholders for their views on obstacles to broad and consistent integration of community-engaged policing models. The central obstacles identified are:

- **Institutional factors:** Challenges in shifting the culture of policing from the command and control model of authority traditionally employed in police services to collaborative authority models that underpin community policing; challenges in interagency collaboration.
- **Organizational-cultural factors:** How police services and policing institutions see themselves; how police officers understand their role; lack of commitment from police leadership; the valuing of some police roles as “real” police work (e.g., catching bad guys, chases, intelligence) and seeing others as “more feminine”, lesser roles (e.g., developing strong relationships in the community).
- **Knowledge gaps:** Poor understanding of what constitutes community policing; difficulties with measuring the efficacy of community policing; understanding which practices work best under which conditions; inadequate training.
- **Political factors:** Inconstancy of political support; variation in crime enforcement agenda; “failures of political will.”
- **Limited resources:** Chronic staffing shortages; allocation of police budgets.

More fundamentally, we heard from a number of people that the unfulfilled promise of community policing can be attributed to an unresolved public policy debate about the fundamental question, “What is policing for?” We address this question squarely in Volume 5, Policing. In the context of the present discussion, however, it is necessary to recognize that the ultimate goal is community safety and that securing community safety involves many actors beyond police agencies. In other words, police must be seen as only part of the community safety ecosystem and allowed to perform the roles for which they are best suited. As Dr. Russell and Dr. Giwa explain, **“The core lesson here is that police are good at traditional policing, but they have significant shortcomings when it comes to solving community problems.”**¹¹

The decision whether to emphasize community safety or community policing is not binary, but the consequences of which purpose predominates are significant. This

is most apparent in conditions of relative scarcity of resources, when public policy decisions must be made about where to invest limited community safety budgets.

Current Situation: Pressure and Costs Rising

The contraction of the welfare state over the past 50 years in Canada and the United States has meant that police have had to fill in the gaps to maintain order and control crime among increasingly stressed populations. **Many of the social conditions driving crime and disorder are complex and require society-wide solutions. As one group of primary responders, police are stretched too thin to develop the expertise or spend the time to engage in community-engaged preventive strategies, which require building and sustaining relationships and collaborative problem-solving. Instead, police are called in to maintain public order destabilized by antisocial behaviour and to assist people who have been put at risk by inadequate social services, including access to healthcare.**

As police have been called on to do more, they have needed more resources, resulting in higher police budgets. Dr. Murphy and Mr. Corley report:

Canada spends more on public policing, on fewer police per capita, than almost any country in the Western world. Given the increasing demand for police services to deal with both conventional and new policing demands, the cost of policing presents a significant challenge for all levels of government. As a result, police are increasingly rationalizing their services by giving priority to more serious “core” crime and disorder problems, while limiting their resources and responses to non-core community policing issues and problems.¹²

The result is a setting aside of the commitment to community-engaged policing in practice, though not in principle. During our roundtable, Stephen Mills, a retired RCMP officer, described the burden this puts on individual officers:

It’s much more difficult to be a police officer today than when I was in. I will give credit to the men and women that are out there right now, it’s a tough sled. And they’re torn in different directions and they just don’t have the time to get into the community like we did and had the luxury of time to do.¹³

Police today are called on to provide a diverse range of services in an increasingly complex social environment. The consequence is almost diametrically opposed to the crime prevention orientation of the community-engaged policing ideal. Police services spend more and more resources responding to individual incidents, leaving fewer resources to contribute to community-engaged crime prevention which, where successful, would lead to fewer incidents.

Recalibrating the Question

We have been encouraged to consider the question of the purpose of policing in light of our findings about the causes, context, and circumstances of the mass casualty. We do so in Volume 5, Policing. Given the lessons we have learned, however, it is clear there is another bridge to be crossed before we get to policing. The first step is close scrutiny about the underlying premise. We need to recalibrate the question about first principles: Our collective starting point must be to learn what makes communities safe. It is only on the basis of a shared understanding of the requirements for community safety that we can decide on the role of police within our public safety system. The resolution of issues such as the role of police, the organization of police services and policing institutions, and the education and training of police officers flow from resolving this initial question about community safety. As we learned through our dialogue about obstacles to implementing community policing models, allowing existing police institutional structures and organizational cultures to continue to determine the shape of policing will not increase public safety.

During our roundtable on contemporary community policing, Dr. Giwa asserted this point and explained how starting from a police perspective can be especially problematic for marginalized communities:

As a final point, I guess what I want to advance is that a lot of what we know about community policing comes from how it has been used in the past to deal with primary social disorder. And because of this, most of the strategies that have been developed and also utilized dealt with these problems based on the idea of primary, secondary, and also tertiary crime prevention.

So the issues that lead to these situations are inextricably linked to structural, political, economic, cultural factors that make certain bodies and communities vulnerable and which bring them to the attention of the police and the criminal justice systems. And when we define criminal policing only or mostly in terms of crime and disorder, we also limit the possibility of what community policing can actually do. And I think it also makes it hard for police practitioners and police operators to also see communities as anything but full of problems.

So I think when we work in the opposite direction, we begin to actually involve our communities, especially those where police are called most often, in ways that can begin to address some of the issues that we've been talking about here today.¹⁴

We have concluded that the community policing model, as it has been employed over the decades, has had it backward. **The community and not the police must become the focal point of community safety. In other words, the communities must determine the role of the police, and not the other way around.**

What Makes Communities Safe?

Community policing models advanced the idea that crime prevention should be a primary focus of policing, or at least have equal status with enforcement of the criminal law. In her expert report, "Crime Prevention and Community Safety in Rural Communities," Dr. Karen Foster from Dalhousie University explains that community safety "has moved to the centre of crime prevention discourse and policy worldwide."¹⁵ Dr. Foster describes two aspects of this move:

In part this shift is because the criminological theories that are dominant today draw attention to how community contexts – including built environments, social networks and relations, and structural factors like social inequality – influence crime. The movement toward community safety also reflects the fact that community engagement and bottom-up approaches have become the norm across policy and governance domains, from health to economic development. Unlike crime responses of decades gone by, which prioritized punishing criminals, the community safety approach prioritizes prevention, and not just "situational"

prevention but rather the creation of the general conditions known to enhance community safety.¹⁶

This shift coincides with, and is informed by, the central role that public health approaches, with its ability to understand and address social and economic determinants of outcomes such as individual and community health.

Dr. Foster goes on to explain that focusing on community safety enlarges how we think about prevention to include risk factors such as “unemployment, bad housing and low educational attainment” as well as more intangible things such as “quality of life,” which derives from community members’ “personal safety and their sense of security in everyday life.”¹⁷

In 2014, the United Nations updated its Guidelines for the Prevention of Crime, and their new international definition of crime prevention is a good starting point for understanding what makes communities safe. We paraphrase the components of this definition to help identify the requirements of community safety:

- Taking social, economic, health and educational measures that promote the well-being of people and encourage pro-social behaviour.
- Changing neighbourhood conditions that facilitate crime, including through better environmental design.
- Supporting victims.
- Working with offenders to prevent recidivism.
- Facilitating active participation of communities and other segments of civil society, including in identifying crime prevention priorities, in implementation and evaluation, and in helping to identify a sustainable resource base.¹⁸

These guidelines are premised on an inclusive understanding of social development as a major component of community safety – one that calls on governments to address risk factors for crime and victimization by:

- (a) Promoting protective factors through comprehensive and non-stigmatizing social and economic development programmes, including health, education, housing and employment;
- (b) Promoting activities that redress marginalization and exclusion;
- (c) Promoting positive conflict resolution;

- (d) Using education and public awareness strategies to foster a culture of lawfulness and tolerance while respecting cultural identities.¹⁹

These guidelines help us to understand the general conditions that contribute to community safety but it will be up to community members to determine what they need to attain safety and well-being. During our roundtable on contemporary community policing, Dr. El Jones, assistant professor at Mount Saint Vincent University, emphasized that it is crucial to refrain from seeing community in monolithic terms:

The final thing I wanted to say is that as we speak about community and policy, I think it's also incredibly important. We've had some discussion on the way that safety means something, right? And safety is, of course, increasingly being tied to security, whether that's in police, whether that's in schools, and all kinds of institutions. We've increasingly come to associate the notion of safety not with things like housing, food, well-being, but with security measures. And that's another example of normalizing a certain policy that was unusual only decades ago and has now become very normal to think about so-called safety measures.

But I also want us to problematize community, because we tend to talk about community as a kind of monolith, whether that's the Black community, or the community of Halifax. And, of course, communities have many different power relations within them as well. Who is considered to be inside and outside of community? Who has a voice? Who matters? Who speaks? Who gets to the so-called table are all matters of power, often class, race, marginalization, et cetera. And I just put a pin in that because we tend to make policy from the top, those who are academics, those who are policy experts, those who are politicians, and that policy does not usually encompass the voices of those at the so-called bottom, who are going to be most affected by these policies themselves. So part of the problem in terms of political will or in terms of implementation is we end up with an elite class of people who make recommendations without the voices of those who are often not included in our communities and are not being thought of when we speak about things like safety, punishment, policy creation and so forth.²⁰

Within this context, Dr. Russell raised the issue of recognizing that some community members and communities experience “persistent trauma stress environments” (PTSE) and indicated this must be taken into account to ensure inclusive approaches to community safety. Dr. Shawn Ginwright, professor in the Africana Studies Department at San Francisco State University, developed this concept, which Dr. Russell described during our roundtable dialogue: “The fact that there are persistent sources of stress in these neighbourhoods sets up very critical and special dynamics for dealing with it in a constructive way, which dynamics don’t exist in other neighbourhoods where police are also responding.”²¹ Dr. Ginwright describes the difference between post-traumatic stress disorder (PTSD), which is experienced by individuals in response to an event or series of events, and persistent traumatic stress environments, which results from being exposed to harmful conditions on a frequent, often daily, basis. Addressing PTSE requires different approaches:

[T]rauma-informed care requires that we treat trauma in people but provides very little insight into how we might address the root causes of trauma in neighborhoods, families, and schools. If trauma is collectively experienced, this means that we also have to consider the environmental context that caused the harm in the first place. By only treating the individual we only address part of the equation leaving the toxic systems, policies and practices neatly intact.²²

The American Psychological Association refers to these conditions as “continuous traumatic stress”:

Continuous traumatic stress offers one possible way of describing the psychological impact of living in conditions in which there is a realistic threat of present and future danger, rather than only experiences of past traumatic events, and foregrounds the difficulties of addressing past exposure in the context of an accurate appraisal of the potential for current and future harm.²³

Dr. Ginwright identifies some of the “upstream causes of on-going trauma – causes such as racial bias, sexual orientation, immigrant status, or even certain neighborhoods / living conditions – that may create greater exposure to trauma.”²⁴ **Community safety requires taking steps to effectively address these upstream causes and persistent trauma stress environments.**

What Makes Rural Communities Safe?

Many of the factors that contribute to safe urban communities are also likely to apply in the rural context. The salience of the factors will vary from community to community, however, and there may be important differences between what makes urban and rural communities safe. Research has shown, for example, that social factors can be more important in preventing crime in smaller communities. Dr. Foster explains that the presence of “personal, face-to-face, stable interaction around a familiar and shared set of norms” is greater in rural areas and there is a connection between this social factor and safety. In urban areas, economic indicators are better predictors of crime. These findings do not mean there is no connection between poverty and crime in rural communities; only that the relationship between poverty and crime is easier to discern in cities.

In Part A, we set out our findings about rural communities, crime, and well-being. Our conclusion was that rural community well-being is constrained by limited access to services, by poverty, and by under-inclusion. Urban bias in policy-making and service delivery contributes to inadequate public infrastructure and services in rural communities. Addressing these factors will contribute to safer rural communities.

We examine one example of how limited service delivery negatively affects community safety in Nova Scotia rural communities today. We learned that access to mental health services is highly constrained in these communities. In Part B, we examined the difficulties rural residents encountered, and continue to encounter, in seeking out and receiving support services following the mass casualty. These limitations on access to related services are part of a broader pattern. During our roundtable on contemporary community policing, Dr. Jamie Livingston, associate professor in the Department of Criminology at Saint Mary’s University, provided his assessment of Nova Scotia’s approach to mental health crisis response in rural communities, which we reproduce in the text box. The situation is bleak and undermines safety in these communities. Dr. Russell noted that persistent trauma stress environments can also exist in rural areas but, compared with an inner-city neighbourhood, would present differently.

Mental Health Crisis Response in Rural Nova Scotia

Comments made by Dr. Livingston during the Commission's Roundtable on Contemporary Community Policing, Community Safety, and Well-being (September 7, 2022):

Frankly, it's terrible. When you look at what's required for a functional and effective mental health crisis service system and the components that are required within that system, hardly any communities have one element of that continuum of services that's required. So what that means is that people are in situations with no support and very little access to support.

So in our rural communities, it's – police are our mobile crisis response and our emergency rooms are a mobile crisis system. And that's not a functional continuum of crisis services and it really puts people who have mental health needs in really terrible situations that escalate – and can escalate into criminal situations, when that's unnecessary.

I'm working with a group in West Hants to develop a grant in which we're looking to increase the capacity of their community to build civilian services to meet the needs of people – young people who are experiencing mental health crisis in a way that's trauma informed, that follows harm reduction principles, and all of those good sorts of things, and in ways that don't involve the police.

And other rural communities in other areas are doing this sort of thing. Prince Edward Island even established a mobile crisis service that involves clinicians being dispatched to mental crisis calls, rather than the police.

So quite frankly, we're really far behind here in Nova Scotia compared to other jurisdictions in ways that create a whole bunch of terrible situations for families, for young people, and for adults with mental health issues.

I guess one of the strengths that we have is that we have access to a provincial mental health crisis line that's province wide and accessible to anyone, where they can get phone-based services by mental health professionals.

There's some questions about the quality of services that people receive when they call that crisis line, but beyond that, there's very little that exists within our rural communities for people with mental health needs.

In Dr. Foster's opinion, the connection made between social development, inclusion, and safety, as encapsulated in the 2014 United Nations Guidelines, is particularly important in the rural context:

This influential set of guidelines points toward the kind of social cohesion that actually works to prevent crime and keep communities safe for all residents. It is not the social cohesion that can “naturally” occur in rural communities – the tight bonds based on strict, protected differentiation of insiders from outsiders or set by influential families. It is a kind of social cohesion that, in theory, underpins greater social capital and community capacity, insofar as it is premised on inclusion and the prevention of stigma and marginalization. While the urban bias of the research on which these guidelines are based must be borne in mind, it stands to reason that these generic principles work, perhaps with some local modifications, in rural communities.²⁵

Conclusion

We conclude that it is time to transform the conception of community policing by focusing on community safety and well-being and the primary role of other institutions and agencies, including community-based organizations. This conclusion is interrelated with our earlier recommendations about the need for public health approaches to violence prevention and the consequent need to decentre the criminal justice system as our primary response. **Police services will continue to have a vital role within this rebalanced public safety system but, in some ways, it will be a secondary one.**

The 1970–80s premise of a community-based policing model was based on the flawed assumption that police services are equipped to take a lead role in crime prevention. In effect, this model doomed the police to fail. During our roundtable on contemporary community policing, safety, and well-being, Dr. Russell described the outcome of this mismatch between expectations and institutional capacity:

What I'm suggesting is that the research on the effectiveness on community policing has not turned up positive results. **Police are generally too late, after all something bad has already happened, people have been**

victimised; police oversimplify the problems by virtue of their perspective. This is not a blame game, by the way, this is necessary by the way we restructure it. There are cultural barriers brought to the whole equation by police. Police are unequipped to deal with the profound conditions that lead to crime and social disorder in the first place. We don't train them well enough; we don't resource them well enough to do this work. And of course, treating community policing as a job for a police means that we expect them to accomplish all this, and yet we have a system that does not accommodate that.²⁶

Dr. Giwa posited that moving the focus to **community-engaged safety and well-being** entails supporting the police to do what they do best: “And I would like to emphasize as the last point that one aspect of transformation is not simply decentering or removing police from critical roles or functions that they perform, but also recognizing the strength that they and the community bring to the issue of crime, disorder, safety, and well-being.”²⁷ At the same roundtable, Insp. Kurtis Kamotzki, district policing officer in RCMP H Division, spoke about the importance of changing our terminology: “I think when we talk in general about community policing, it's a terminology issue. I think we need to move it from the policing lens more to the security lens or the safety lens and say community safety engagement, community security engagement, something to that effect.”²⁸

This rebalancing is especially important to marginalized communities, which have continued to bear the brunt of overpolicing, even during the heyday of community policing initiatives. Dr. Jones asserted that community-based policing worked for some communities, particularly white privileged ones, but it was not “evenly received by all communities. And, of course, all communities are not equal.”²⁹ Dr. Livingston spoke about the harms experienced by marginalized communities as a result of policing practices and the need to recognize and transcend this history:

.... to envision community safety and meeting community needs that we know contribute to people's lack of safety, to address those things in ways that decentre the police and ensure that community services and programs are sufficiently resourced, rather, to attend to those issues in ways that are effective, appropriate, and don't contribute further harm.

And from a sort of social justice and equity lens, this is certainly an important goal in relation to people who have histories of individual and collective trauma stemming from police violence and systemic racism

discrimination around police practices, in which they don't find the police to be particularly helpful and won't reach out for help for situations in which they're feeling themselves in distress or in crisis.

So recognizing all of this, this is why many communities and municipalities are turning to other solutions and other ways of addressing sort of root causes and so-called social disorder, and problems that people are facing within the community in order to enhance well-being and the health and safety of communities.³⁰

Dr. Foster also cautions on the ways in which community policing can result in widening the net of governmental surveillance of some communities and widening the reach of police.

Safety and security have been the primary focus of crime prevention efforts. More recently, public safety systems have enlarged the focus to community safety and well-being (CSWB). In Canada, this transition is described in the following way;

As the growing interest in collaborative models unfolded across Canada between 2011 and 2016, the language used was very important in attracting and reconciling differences among the multi-sector adopters and their respective stakeholders. For the police and criminal justice actors, the term community safety was easily recognized, and it also connected to the work of others in human service sectors, such as those in housing and in victim supports. But in frequent discussions with educators, child development specialists, health, mental health, and public health actors in particular, it was their attention to the well-being piece that ultimately led us to the combined term CSWB, first in Ontario and then more widely. It offered a terminology in which every sector could see themselves and the needs of their clients.³¹

In 2017, this approach was codified by the Ontario Ministry of Community Safety and Correctional Services in its *Community Safety and Well-Being Planning Framework: A Shared Commitment in Ontario* (Booklet 3). This booklet describes community safety and well-being as “the ideal state of a sustainable community where everyone is safe, has a sense of belonging, opportunities to participate, and where individuals and families are able to meet their needs for education, health care, food, housing, income, and social and cultural expression.”³²

This transformed approach to community safety and well-being is well underway in several provinces, including Nova Scotia. Hayley Crichton, executive director, public safety and security division, Nova Scotia Department of Justice, advised us that the revised Nova Scotia policing standards will include ones on community safety and well-being. Dr. Amy Siciliano is the public safety advisor for Halifax Regional Municipality and leads the municipality's initiative designed to foster holistic, collaborative approaches to community safety and well-being. We examine this initiative in the next chapter. During this roundtable, Dr. Siciliano spoke about how this initiative is “flipping” the relationship between the police and community-based organizations, which she refers to as “the not-for-profits.” She referred to an example that had been raised earlier about how community policing works:

It was an example where, you know, he talked about going out for a call for service and relying on those not-for-profits, calling them in to support, you know, an incident in the community.

And one of the things that I'm lucky enough to be involved in right now is kind of flipping that around and saying, okay, so **let's imagine that the not-for-profit is the one that's the first responder and then, you know, if they need to, they can call police for back-up.**³³

Dr. Siciliano cautioned that this initiative and others like it, will succeed only if lead agencies, such as municipalities, and community-based organizations, have the sustainable resources to carry out these safety functions. **We are a long way from making the type of investments required.** As Dr. Siciliano pointed out:

And at that time in 1993, [Bob Horner, chair of the House of Commons Standing Committee on Justice and the Solicitor General] said **if we're going to do things differently, we need to invest the same amount of resource in prevention that we do in enforcement.** And I think we haven't gotten to the point where we're even having conversations about investing those same resources in the same way on those things that we know address root causes of harm in community, so. But I'm hopeful that ... we're moving toward a better future.³⁴

In his roundtable remarks, Chief Mark Kane, Chief of the Annapolis Royal Police Service, spoke about the need for services to be equally available around the province: “So I truly believe whether you live in Halifax or whether you live in

Yarmouth or in between that you should have the same level of service and the same standard no matter what that is, whether it be health care, social services, support groups, advocacy groups, any type of – any type of information.”³⁵ He was equally clear about the essential next step: “The condition for success is legislative changes that also have a major impact as well as getting government buy-in and having a – instead of saying it’s a four year plan, it’s a 10-year plan so that the next level of government, if it comes in, if it changes, we continue to move forward.”³⁶

In her expert report, Dr. Foster discussed concerns that the shift toward community-led safety and well-being initiatives could lead to the “responsibilization” of municipalities and community-based organizations. She explained this concern as being “about devolving responsibility for crime prevention down to the level of communities, or worse, to individuals, without adequately resourcing them to take on this work.”³⁷ During our Phase 3 consultations with Participant gender-based violence organizations, Kaitlin Geiger-Bardswich, the communications director at Women’s Shelters Canada, spoke about the greater resources required for service provision in rural, remote, and northern regions of Canada and that funding allocations for these areas should not be determined by population size.³⁸

In Volume 3, Violence, we made a recommendation about sustainable funding for the gender-based violence advocacy and service sector as an essential strategy to address the epidemic of gender-based violence. Our recommendation applies with equal force to the overarching goal of ensuring community safety and well-being.

LESSONS LEARNED

Early iterations of community-based policing models failed to live up to their promise because of a range of institutional, cultural, and societal factors.

This early model was based on a flawed concept of what constitutes police community relations and a flawed premise that police-led directives and initiatives alone could be the basis of a shared understanding of the requirements for community safety.

Community-based policing failed to become entrenched in policing culture.

The concept of community policing needs to be transformed and replaced by a focus on community safety and well-being recognizing the primary role of other institutions and agencies, including community-based organizations.

The community, not the police, needs to be at the centre of a modernized community safety and well-being model, with the police serving as a collaborative partner, not as the primary actor in this social system.

The economics of policing requires a broader discussion through the lens of the economics of community safety and well-being.

CHAPTER 11

Facilitating Community Engagement

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Introduction

In this chapter, we recommend that federal, provincial, and territorial governments enact frameworks for community safety and well-being and resource them through long-term sustainable funding. These frameworks provide the structure but it is community engagement that will be their animating force. It is community members and their organizations across Canada who will determine what is required to meet their needs for community safety and well-being. In this chapter, we examine some of the parameters for moving forward centred on the question: how do we collectively create community safety and well-being? **The focus should be on creating the right conditions for change, not on coming up with the right program or strategy.**

In the first section, we set out what we have learned about the steps required to create the conditions and structure for substantive community-engagement: committing to equality, establishing planning frameworks, and leading guided processes for the generation of a shared vision of community safety and well-being. We outline one example for each of these steps: Scotland's national plan, Ontario's province-wide frameworks, and the Halifax Regional Municipality's visioning process.

In the second section, we briefly describe mechanisms to build the infrastructure required to facilitate the implementation of plans for community safety and well-being, including through continued community engagement. These are: ongoing collaboration, multi-sectoral approaches, and evaluation.

Creating the Conditions and Structure

Commitment to Equality and Inclusion

In Chapter 1, we introduced the 2014 United Nations Guidelines on Crime Prevention and highlighted the centrality of a commitment to equality and inclusion as foundational principles for community safety and well-being. These principles are central to Scotland's national plan for the delivery of public services. During our roundtable on contemporary community policing, Dr. Denise Martin, professor of criminology, Abertay University, Scotland, and associate director of the Scottish Institute for Policing Research, spoke about the plan and how it is in effect the Scottish framework for community safety and well-being. In our view, this plan serves as an illustrative example of the potential inherent in a principled approach to community safety. We briefly describe the background to the plan, some of its primary features, and an evaluation of the first ten years of progress made under it.

In 2011, the Christie Commission reported its findings on the future delivery of public services in Scotland. The commission, chaired by Dr. Campbell Christie, had been established to inquire into opportunities to be more effective and to improve the quality in how public services are delivered.¹ The mandate was shaped by the key challenges of the day, which continue to resonate today: strains on public budgets, rising inequality and the impacts of welfare reform, demand on public services with an ageing population, climate change, and a challenging economic context.

The Policy Scotland institute at the University of Glasgow describes the main features of the Christie Commission's recommendations:

The agenda for reform set out in the Commission report was nuanced, setting out priorities and recommendations across the entire field of public service reform to address the 'systematic defects' and 'fragmented' system that hampers joint working to deliver better outcomes. These sophisticated principles have evolved into what has become known as the '4 Ps' – people, partnership, prevention and performance:

People: Reforms must aim to empower individuals and communities by involving them in the design and delivery of the services

Partnership: Public service providers must work more closely in partnership, integrating service provision to improve their outcomes

Prevention: Expenditure must be prioritised on public services which prevent negative outcomes

Performance: The public services system – public, third and private sectors – must reduce duplication and share services to become more efficient.²

The centrality of community, community engagement, and equality to this report are evident in the main themes identified: service built around people and communities; working together to achieve outcomes; and “prioritising prevention, reducing inequalities, and promoting equality.”³ Scotland started work on its fourth National Planning Framework in 2020. Completed in February 2023, it is designed to operate until 2045. The National Performance Framework describes Scotland’s purpose, values, and national outcomes on a variety of national indicators in areas such as human rights, education, health, work, poverty, economy, children, and communities. It includes the UN’s sustainable development goals as guideposts aligned with Scotland’s own national indicators.

During our roundtable on contemporary community policing, safety, and well-being, Dr. Martin shared her insights into how this “prevention first” model is working on a practical day-to-day level. She described the ways in which the Christie Commission report had led to the creation of an “ecosystem” in which a large range of organizations work collectively toward goals of “making Scotland a country” which focused on welfare, human rights, social equality, and social justice. She explained how the intention or “the shift in thinking underpinned by the National Performance Framework is about equality and social justice, and that informs or underpins everything” that agencies overall are trying to achieve. The Scottish police are one of the agencies implicated by the framework.

Dr. Martin focused on how the integration of these “core values” has changed the way police officers carry out their responsibilities. She mentioned the example that police training for critical incident management is “based around equality, diversity and inclusion” and that as part of their training police officers have recognized the need to ensure “that community participation and external voices” are heard even

in the learning and development for officers “particularly where they’re involved in critical incidents.”⁴ She expanded on this point by describing a specific instance:

So again, for example, when there’s a critical incident, not just making assumptions about what that approach should be, but ensuring that there’s clear community engagement strategies from the outset to recognize the local context, you know, to ensure that there’s an inclusive approach to all those communities.

So one of the examples that we were working on an incident the other day where there had been a murder – quite a violent murder of an elderly lady who was really engaged in the community. This was a diverse community, students, you know, a high Asian population, but this incident had created a lot of fear.

And the Divisional Commander within that area had recognized that there was a need, you know, not just to deal with the investigation, the criminal investigation of that incident, but actually there was a need to think about the community. They brought the community officers who knew that local community from the outset, so I think – and that was very similar within the prevention first approach, was making sure that those on the front lines or the frontline practitioners who would engage with the community are brought in from the outset, but also an awareness that they have a critical role and that they are the ones that have the local knowledge.

So you know, you have people who are experienced in the investigation – the criminal investigation part, but actually, you do need to value those members of your team who have those local connections and can be included within the community.

So I think it’s taking a more holistic view. Rather than just being focused on the kind of operational investigative part of policing, it’s actually thinking – again, going back to what we started off the conversation of, taking a much more holistic approach and thinking about those broader ecosystems.⁵

Dr. Martin’s example underscores how police responses to critical incidents can integrate a holistic, future-oriented preventative approach. Rather than focusing only on investigation and withdrawing when that was concluded, the Scottish

police post-incident community engagement strategy recognized and sought to assist with vulnerabilities and trauma resulting from the violent incident in that community.

The Scottish National Planning Framework has made steady gains in the first decade since the Christie Commission report was released. We share one perspective on the progress and challenges in the text box. We underscore the value of focusing on Dr. Martin's reflections on the development of an ecosystem working toward enhancing community safety and well-being. In particular, we stress the positive outcomes spotlighted in her description of the substantial changes in policing practices guided by a holistic approach centred on equality and inclusion. She emphasized that this example was but one example brought about by the Scottish National Planning Framework:

So I think it's having those overarching principles that everybody has to work for or towards, and that's – if you look at the document I think that's been added about the national framework, this is key, you know, national performance targets, but they're really holistic. They're not just about reducing crime. They're not just focussed on very kind of narrow indicators. They're actually, again, thinking about people's welfare, people's – improvements to people's lives fundamentally underpinning this approach. And it drives a responsibility, it drives responsibility across all agencies, that all agencies and government are responsible for meeting these targets. It's not just one agency.⁶

In her view, this fundamental shift is real and is having a substantial positive impact:

So I think it's having those underpinning values, but it is a journey, but what you've seen I think [is] that police protect – the police is my area, so it's who I work with, and so that's my area of expertise, so that's probably why I'll use the police as example. But even having sort of crime as their key organizing principle is gone. Community safety and welfare is now their organizing principle. So they've changed the narrative. So, you know, it's actually changing the narrative and that's what's driven it forward is they've completely changed the narrative of what they want to achieve as a government and as organizations, and I think that's been part of it, so adopting a set of values that cuts across all organizations.⁷

The Christie Commission 10 Years On: Reflections on Progress and Areas for Action

In 2021, University of Glasgow / Policy Scotland and the University of Edinburgh hosted a roundtable discussion to reflect “on progress and the pace and scale of reform.” The roundtable discussion highlighted progress made under the plan at the national level as well as local successes “where new programmes and partnerships have aimed to embody the principles of the Commission by creating new ways of working.” This group “also affirmed that the principles of Christie are as important today as a guide to how public services should function in communities.” Despite these successes, progress has been insufficient. A main cause of concern is that the budgetary shift necessary in order to focus on more prevention activities “has not occurred at the scale needed to move the needle.”⁸ Monitoring and evaluation have also lagged and, in particular, there has been less scrutiny and performance measurement on:

- how public services and communities work together;
- what service users think about public services and how service users can challenge public services if they do not meet their needs;
- how and whether prevention is embedded in public services;
- and the quality of collaboration between and within the public sector and the third sector in service delivery.⁹

Furthermore, “[a] missing piece in the jigsaw is how decisions, on reform and budgets, feed through to tracking on National Performance Framework.”¹⁰

Many of the Canadian experts we consulted voiced concerns that community safety and well-being plans could contribute to further marginalization and exclusion rather than confront systemic inequalities.

In her expert report, Dr. Karen Foster, professor in the Department of Sociology and Anthropology, Dalhousie University, voiced the concern that this potential is especially worrisome in rural communities. She wrote, “if the objective is to strengthen community safety in rural Nova Scotia, it must be done without stigmatizing and marginalizing certain groups or activities that are not inherently criminal; without reinforcing an exclusionary, individualistic, nostalgic idea of community; and without downloading responsibilities that exceed community resources.”¹¹ She developed this point further:

The problem with appeals to community is that they may be conservative. In other words, they may lament a loss of a former kind of community (e.g., where social cohesion came from rigid gender roles and ethnic and religious similarity) and fail to appreciate the ways in which community is simply evolving. They may also draw attention disproportionately to the way individuals in a community interact with one another and thereby downplay more structural issues such as poverty and inequality.¹²

Dr. El Jones, assistant professor at Mount Saint Vincent University, raised similar concerns about the ways in which community safety initiatives, which she referred to as “community-controlled policing,” have historically had a disproportionately negative impact on Black communities:

So we see white communities, for example, or middle-class communities, or gated communities, however you want to put them, privileged communities that, for example, are into neighbourhood watch and they’re engaging in this kind of neighbourhood surveillance alongside the police, or things like Crime Stoppers. And these kind of community implementations become quite popular with privileged people, but of course also include things like now you’ve involved the neighbourhood in calling the police on a Black person who is walking on the street. So it actually starts to implement not just community policing as putting police into communities, but instrumentalizing communities against other people. So this is what Black people talk about with “walking while Black”. You know, that we can’t even be on the street, and be perceived as out of place, without experiencing people calling the cops on us, or, you know, seeing us as some kind of disturbance.¹³

During our roundtable on contemporary community policing, community safety, and well-being, several other experts shared this concern and emphasized the only way to avoid replicating discriminatory and exclusionary community safety plans is to acknowledge and challenge historical and ongoing processes of marginalization.

Dr. Sulaimon Giwa, chair in criminology and criminal justice, St. Thomas University, Fredericton, and associate professor and associate dean of social work, Memorial University, spoke about lessons to be drawn from a review of the inadequacies of the Toronto Police Service in investigating a pattern of incidents where members of the 2SLGBTQI+ communities in the City of Toronto went or were reported missing and were later identified as victims of serious violence. In particular, he referred

to what he learned through the research about the intersection of police interaction with racialized people who identify as 2SLGBTQI+, commissioned by that review; namely *Missing and Missed: Report of the Independent Civilian Review into Missing Persons Investigation* (2021) by the Honourable Gloria Epstein:

I think the lessons that I drew from the – from my work with the Commission and the report that was produced was really about trying to get police to recognise some of the longstanding issues that the communities have been facing. To recognise that the enactment of policing has been done in a way that have not been responsive to the needs of community members on an equal footing. That there are certain community members, community groups within our society that have the benefit and the privilege of policing in ways that responds completely to some of the challenges and the means that they have identified, and when it concerns groups that are on the periphery of society that are marginalised within societies and mainstream, that the same level of accountability and responsibility in terms of how we ensure safety and security for those individuals are difficult to combine.

You know, we might think of the LGBTQ2S+ community as being just that, but within that category are also people whose lives and identities are also cross-intersecting, you know, they are overlapping in significant ways that I think that the murders of the gay men that were really leading that Commission's work were actually really pointing us to, you know, particularly when we think about the cross-sections of immigration status, when we think about, you know – you know, some of them engaging in perhaps sex work as well, the precarity of the lives that those men were living put them in a situation where they ... became victims of an individual who really wanted to do them harm and to do that community harm.¹⁴

Dr. Giwa also spoke of ways to overcome this marginalizing pattern of interaction:

And I think that the lesson that we were hearing – that the report was trying to gesture us to was that, you know, we need to be doing better in terms of, one, how we communicate to communities that are marginalised and are at the periphery of society, how we communicate to those communities that we actually care about, the issues that are of importance to them, and that we want to pay attention and we want to know

more about how we can effectively work with those communities. That we recognise that as an institution that we haven't been responsive for the longest time on this issue and we are prepared to do better.¹⁵

Dr. Jamie Livingston, associate professor in the Department of Criminology at Saint Mary's University, also spoke in favour of founding community safety and well-being initiatives on principles of equality and inclusion: "And for me, it's a matter of, like, health equity, so creating services in which everyone, regardless of their experiences with the police, have – feel safe in accessing services including health-care services. And those are kind of the principles upon which these programs are being developed."¹⁶

Overarching Frameworks

Overarching frameworks can provide a structure for the development of a community safety and well-being ecosystem. In this section, we focus on the illustrative example of a provincial framework proposed in Ontario.

This framework (originally in the *Safer Ontario Act, 2018*, now in the *Community Safety and Policing Act, 2019*, not yet in force as of March 1, 2023), requires municipalities to prepare and adopt community safety and well-being plans in partnership with a multi-sectoral advisory committee. The Act focuses on policing but places responsibility on municipalities to develop the plans. Section 1 of the Act is a declaration of principles:

- 1 Policing shall be provided throughout Ontario in accordance with the following principles:
 1. The need to ensure the safety and security of all persons and property in Ontario, including on First Nation reserves.
 2. The importance of safeguarding the fundamental rights and freedoms guaranteed by the *Canadian Charter of Rights and Freedoms* and the *Human Rights Code*.
 3. The need for co-operation between policing providers and the communities they serve.
 4. The importance of respect for victims of crime and understanding of their needs.

5. The need for sensitivity to the pluralistic, multiracial and multicultural character of Ontario society.
6. The need to be responsive to the unique histories and cultures of First Nation, Inuit and Métis communities.
7. The need to ensure that police services and police service boards are representative of the communities they serve.
8. The need to ensure that all parts of Ontario, including First Nation reserves, receive equitable levels of policing.¹⁷

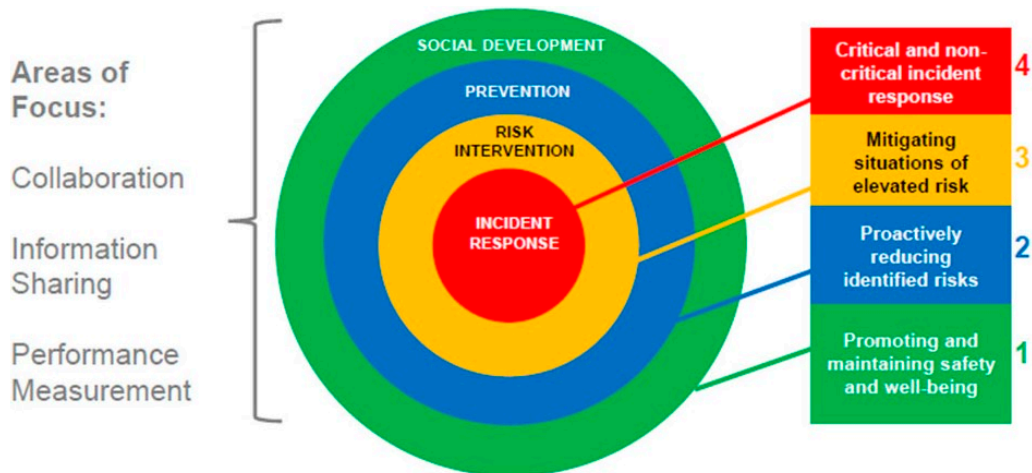
The Ministry of Community Safety and Correctional Services has developed resources to assist and guide municipalities, First Nation reserves, and their partners to develop community safety and well-being plans. Based on prior research and community engagement sessions, the ministry anticipates the benefits of this approach to be:

- enhanced communication and collaboration among sectors, agencies and organizations
- stronger families and improved opportunities for healthy child development
- healthier, more productive individuals that positively contribute to the community
- increased understanding of and focus on priority risks, vulnerable groups and neighbourhoods
- transformation of service delivery, including realignment of resources and responsibilities to better respond to priority risks and needs
- increased engagement of community groups, residents and the private sector in local initiatives and networks
- enhanced feelings of safety and being cared for, creating an environment that will encourage newcomers to the community
- increased awareness, coordination of and access to services for community members and vulnerable groups
- more effective, seamless service delivery for individuals with complex needs

- new opportunities to share multi-sectoral data and evidence to better understand the community through identifying trends, gaps, priorities and successes
- reduced investment in and reliance on incident response.¹⁸

According to 2021 guidance from the Ministry of Community Safety and Correctional Services, Ontario policy provides municipalities with “the flexibility to engage in community safety and well-being planning individually, or in partnership with neighbouring municipalities and/or First Nation communities to develop a joint plan.”¹⁹ Factors that may assist municipalities to determine whether to develop individual or joint plans include existing resources and boundaries for local service delivery. First Nation communities are also encouraged to undertake this type of planning; however, they are not required to do so by legislation.

Plans are expected to address four areas: social development, prevention, risk intervention, and incident response. The relationship among these four areas is illustrated in the Community Safety and Well-being planning framework diagram (based on the Ontario Association of Chiefs of Police’s model) an example of which is reproduced below:



The ministry’s planning booklet includes this definition of social development:

Social development requires long-term, multi-disciplinary efforts and investments to improve the social determinants of health (i.e., the

conditions in which people are born, grow, work, live, and age such as education, early childhood development, food security, quality housing, etc.) and thereby reduce the probability of harm and victimization. Specifically, social development is where a wide range of sectors, agencies and organizations bring different perspectives and expertise to the table to address complex social issues, like poverty, from every angle. The key to successful social development initiatives is working together in ways that challenge conventional assumptions about institutional boundaries and organizational culture, with the goal of ensuring that individuals, families and communities are safe, healthy, educated, and have housing, employment and social networks that they can rely on. Social development relies on planning and establishing multi-sectoral partnerships. To work effectively in this area, all sectors need to share their long-term planning and performance data so they have a common understanding of local and systemic issues. Strategies need to be bolstered or put into place that target the root causes of these issues. Social development in action will be realized when all community members are aware of the services available to them and can access those resources with ease. Knowing who to contact (community agency versus first-responder) and when to contact them (emerging risk versus crisis incident) allows communities to operate in an environment where the response matches the need. Communities that invest heavily in social development by establishing protective factors through improvements in things like health, employment and graduation rates, will experience the social benefits of addressing the root causes of crime and social disorder.²⁰

The ministry encourages municipalities, First Nations, and their partners of the need to refocus existing efforts and resources in a more strategic and impactful way to enhance collaboration, information sharing, and performance measurement.”²¹ Planning is envisioned as a continuous process.

We have included this description of the Ontario community safety and well-being planning frameworks as an illustrative example. We acknowledge that there was a change in provincial government three months after the Act received Royal Assent in March 2018 and that the Act did not reflect the approach of the new provincial government in some respects. Nonetheless, we include it in our report as a potential model for the kind of shift in policy approach that is needed in order to focus on preventive approaches to community safety.

Building the Vision

Throughout our report, we have drawn attention to the fact that the needs and priorities of every community are different and, as a result, successful community safety and well-being initiatives cannot be imposed from the top-down, but instead must be determined by communities themselves. In her expert report, Dr. Foster concludes: “This insistence on community partnerships and bottom-up definitions of priorities and appropriate and effective responses reflects the new “norm” in community safety.”²² **Substantive community engagement will be key to these plans both at the outset and on an ongoing basis.**

In this section, we discuss community-engagement processes that led to the development of a comprehensive community safety needs assessment and a vision for the plan. Here our example is the Halifax Regional Municipality’s Public Safety Strategy (HRM Strategy).

The HRM Strategy was developed in response to concerns that violent crime was escalating in this urban centre. In 2006, the mayor created a Roundtable on Violence to provide advice on how to address these rising concerns. In 2008, HRM Council commissioned Dr. Don Clairmont, a professor in the Department of Sociology and Anthropology, at Dalhousie University, Halifax, to prepare a report identifying and analyzing patterns of violence. The Clairmont Report, “Violence and Public Safety in Halifax Regional Municipality,” contains a number of recommended actions and has been instrumental in setting HRM’s approach to community safety and well-being. During our roundtable on contemporary community policing, Dr. Amy Siciliano, public safety advisor for Halifax Regional Municipality, describes the report as showing “how we could do things differently within the municipality, and really focused on the role of municipal government and community partners in the area of violence and community safety, and specifically talked about organizational changes that could enhance the municipality’s ability to create safer communities with community.”²³ HRM responded to this report by creating a Public Safety Office, originally located at Halifax Regional Police (HRP) and led by a police officer, and developing a public safety strategic plan. In 2014, HRM Council retained Dr. Clairmont to prepare a follow-up report “that provided an analysis of local data on violence and public safety, reviewed progress made and identified persisting and emerging public safety issues.”²⁴ It was at this time that the Public Safety Office was moved to the HRM Chief Administrator’s Office with a civilian lead. A broader community-engagement process was initiated leading to the Public Safety Strategy 2018–2022.

The consultation process was framed by these questions:

- What situation do we wish to change?
- What are the main aspects of this problem?
- What are its causes?
- What should our objectives be?
- What action should we take?
- How do we measure whether we have achieved the objectives set?²⁵

This public consultation resulted in the establishment of the HRM Strategy's four priorities: (1) building resident resilience; (2) ensuring safe places; (3) strengthening communities; and (4) preventing and reducing crime. From these strategic priorities came 76 actions, the majority of which identified non-profit organizations as the key service providers. The principles guiding the implementation of these actions are outlined in the text box.

Halifax Regional Municipality, Public Safety Strategy, 2018–22

Guiding principles and assumptions

Halifax's Public Safety Strategy is guided by a vision of a safe city where we collectively create, and continually improve upon, the conditions that enable all of us to enjoy the highest level of safety and security possible. Several guiding principles and assumptions have shaped the development of the strategy and will continue to guide the work as it moves forward.

Holistic understanding of public safety: The social determinants of health form the building blocks of healthy, liveable, safe cities.

Proactive and upstream oriented: Our approach to public safety must be grounded in upstream thinking and prevention needs to be given priority.

Safety and well-being for all: A "for all" lens will help ensure that we pursue initiatives that are inclusive and focused on those most vulnerable to trauma and victimization.

Safe environments: All people have the right to live in a safe environment, secure from threats to their personal safety and well-being.

Respond promptly to acute crises: We must be prepared to immediately respond to urgent incidents to stop harms, minimize victimization and hold individuals responsible.

Adapt to emerging trends: As the public safety landscape changes, we must adapt and evolve our responses to new and emerging public safety threats.

Resiliency is key: Public safety increases when we enhance the capacity of individuals, communities, and organizations to survive and become more resilient.

Monitor, evaluate, and communicate: We need to track metrics to assess our progress, make changes based on evaluation, and communicate the results.

Public safety is everyone's business: Safety and security must involve the broader public, private and civil sectors, and include meaningful involvement of those most affected.

Evidence-based action and investment: Priority will go to investments and actions that are grounded in evidence, realize value for our efforts, and move us toward meeting our targets.

Enable collective impact: Our efforts need to be collaborative and coordinated – both among municipal business units and with external partners.²⁶

Dr. Amy Siciliano currently serves as public safety advisor to the HRM, but the first plan (2018–22) was developed before she began her work with the municipality. During our roundtable on contemporary community policing, she described some of her colleagues going “door to door asking community what we could do differently, what we needed to do differently.” One of the initiatives that came out of this community engagement is the Public Community Mobilization Teams, which became active in 2017 ahead of the first plan. We describe this initiative below.

Dr. Siciliano emphasized that other main steps taken by the HRM are attributable to community-engaged processes:

You know, even going back to how my office came to be, really, you know, it was political will, or sorry, community will that translated into political will for change, created an office to think differently about community safety outside of policing... Dr. Clairmont's vision really was to establish

a centre of responsibility high enough in the municipality that people would take it seriously, but outside of policing so that people would see something else besides that traditional kind of centre for ways to do things differently.²⁷

She described the way in which HRM reframed its consideration of community safety as it renewed its Public Safety Strategy:

So for instance, you know, one of the things that we've done with the new Public Safety Strategy, which I'm happy to talk about in more detail a bit later, is asking, you know, why would there – why is there an absence of other responses related to violence in our community and what would a more holistic community-centered approach look like? What strengths do we have to build on? Where are the gaps? What are the barriers? And I think most importantly for the discussion we're having with the renewal of the Public Safety Strategy is, you know, what is the infrastructure necessary to build an alternative response or a more holistic response, to really build up that eco-system approach so that, you know, in the future, we're not asking the same question, we're looking at it, you know, when things do go wrong, looking at it in a more holistic way and trying to refine a more holistic approach.²⁸

There are strong similarities in approach between the Scottish National Planning Framework and the HRM Strategy. Like the Scottish framework, the HRM Strategy also refers to the need to build an ecosystem that creates a system shift toward a holistic approach to community safety. During our roundtable on contemporary community policing, Dr. Siciliano describes the HRM strategy as “both a long-term goal and a practical policy framework for putting community at the center of safety and foreseeing all of our municipal services and programs and policies as capable of assets of building safer communities.”²⁹ Furthermore, the HRM Strategy “takes, or aspires to take, an ecosystem approach to community safety and well-being, with police as one layer in a much more holistic approach to building safe communities”.³⁰ She defined the “ecosystem of community safety”:

By ecosystem I think that what we're trying to do is really decentre the approach that we take to community safety. So traditionally we would think of police at the centre with partners around that kind of centre. And how we like to approach it is really putting community at the centre and

looking at all of the different assets we have, resources we have, that can contribute to safer communities, with police just being one part of that equation.³¹

In September 2022, Dr. Siciliano reported that the renewal process for the HRM was well-underway. Community-engagement processes have again been central to these efforts:

And I think that that's kind of the approach that we're taking with – we're at the point right now where we're renewing the Public Safety Strategy and I think, you know, starting from that point where you're kind of trying to reframe the question is really important because as we've seen even in the trajectory of this office, police are traditionally seen as the centre for responsibility when it comes to first response or community safety responses, and we focus the discussion on the strengths and weaknesses within that response, rather than kind of reframing the question, stepping back and allowing us different definitions of the problems that we face related to community safety.

So for instance, you know, one of the things that we've done with the new Public Safety Strategy ... is asking, you know, why would there – why is there an absence of other responses related to violence in our community and what would a more holistic community-centred approach look like? What strengths do we have to build on? Where are the gaps? What are the barriers? And I think most importantly for the discussion we're having with the renewal of the Public Safety Strategy is, you know, what is the infrastructure necessary to build an alternative response or a more holistic response, to really build up that eco-system approach so that, you know, in the future, we're not asking the same question, we're looking at it, you know, when things do go wrong, looking at it in a more holistic way and trying to refine a more holistic approach.³²

It is anticipated that the renewed HRM Strategy will be initiated in April 2023 and run through to 2026. The draft strategy is based on four key principles: actionable, equitable, intersectional, and sustainable. The key strategic priorities identified are to (1) provide expert advice to promote public safety across municipal programs and services; (2) create safer and more inclusive spaces; (3) promote healing from trauma; (4) enhance supports for people experiencing homelessness; (5) broaden the spectrum of emergency and crisis response; (6) reduce harms associated with

alcohol and drugs; (7) build infrastructure for a collective impact approach to public safety. The draft strategy identifies 13 initiatives as priority action areas, including enhancing community mobilization teams, promoting investment in municipal infrastructure that supports community safety, and developing a community crisis response service model for the municipality.³³

**Public Community Mobilization Teams (CMT) Mission Statement
(Halifax Regional Municipality, Public Safety Office)**

Community volunteers working together to support families and communities by bridging the gap with service providers during times of critical incidents. Through healing and spirituality, we facilitate meaningful connections to ensure community safety.

CMTs work toward preventing violence by reducing distress, restoring unity, and building resilience. There are three areas of action that guide the CMT:

Crisis Preparation

Developing local safety networks which can provide cohesive and collaborative responses to critical incidents. This is done through mapping resources, education and training, conducting needs assessments, and protocol development sessions.

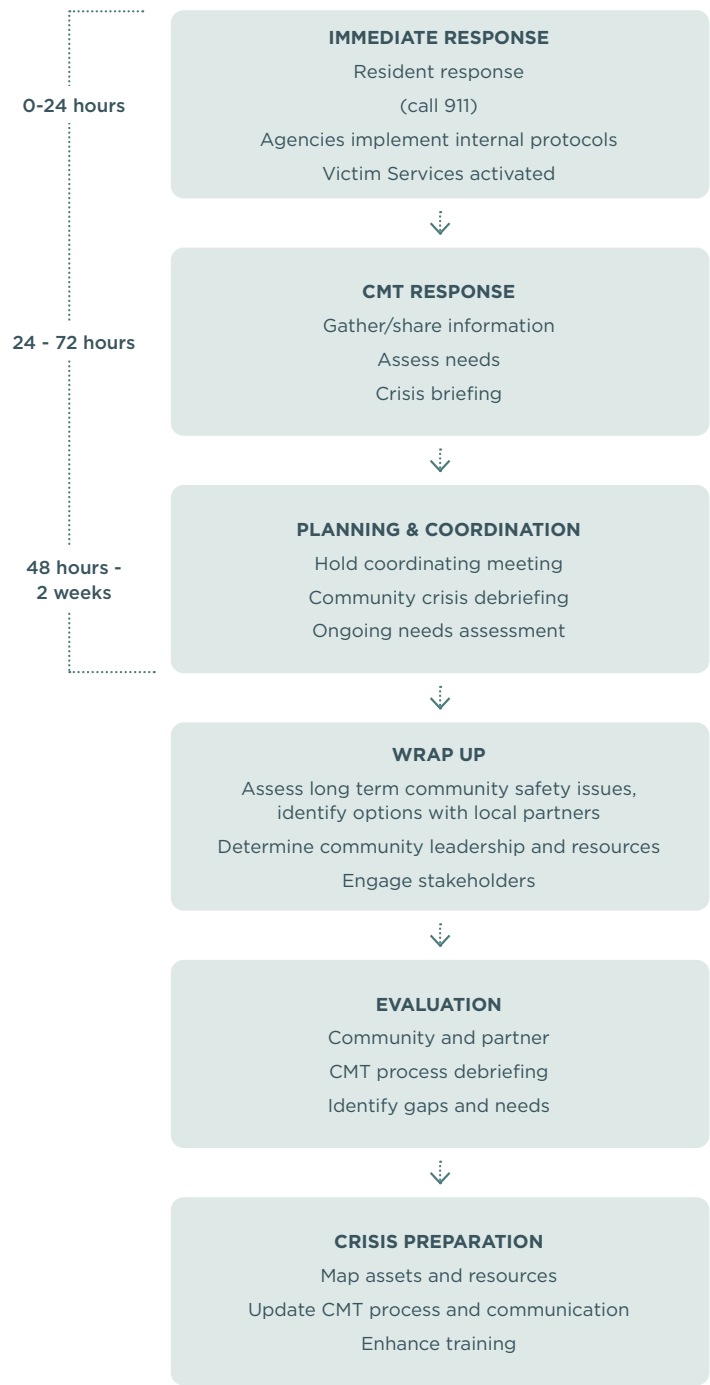
Crisis Intervention / Response

Working with communities after a violent or traumatic incident to determine the level of support needed for recovery and identifying appropriate interventions (such as opening of a comfort centre, community debriefing, healing circles, etc.).

Crisis Prevention

Supporting community by helping develop strategies and methods for crisis prevention, while making systemic recommendations that may prevent future violent incidents. Community members identify and implement local capacity building initiatives, healing activities, and safety audits.

Community Mobilization Teams Stages and Process



Challenges in a Rural Context

In her expert report, Dr. Foster emphasized that little is known about how community safety and well-being plans could work in the rural context. This approach has been developed almost exclusively in urban centres where police and community resources can be mobilized: “Less is known about the challenges and opportunities for crime prevention in sparsely populated rural and northern communities.”³⁴ As mentioned above, attention also must be paid to the heightened potential to exclude or marginalize some groups in smaller communities. Dr. Foster’s report refers to Australian research which found:

Many rural communities have an “establishment” group – people who have been there longer and wield more social, economic, and political power. These “established groups not only treat others as inferior, but also make them feel inferior, which can have a paralyzing effect on groups with less power and cohesion.”³⁵

In her view this research is applicable here. She writes: “While there is scant research on such processes of defining crime in Nova Scotia, the link between how crimes and social problems are defined and the marginalization of particular groups is, without a doubt, relevant to the local context.”³⁶

During our roundtable on contemporary community policing, Dr. Hugh Russell, a social psychologist, provided an example of how a community-engaged process can develop outside a broader community safety and well-being plan. He framed his comments about this initiative as an example of “political will” and underscored “the critical role of police in getting the political will that’s necessary to support them and others in community to do the right thing.”³⁷ He provided this overview:

The example came from a rural municipality which turned to the local detachment and said, “We have a severe problem with theft in our large box stores. Please fix it.” And we had a wise police detachment commander who said, “We can’t, without your help. Would you please, Mr. Mayor, convene those business owners in municipal hall to talk about the problem with us?” And the mayor – in other words, using the Mayor’s power, the political power of the municipality to bring the business people together, who were much too busy competing with each other to talk about a common problem, which generated tremendous insight and collaboration among all of them, and a municipality.

One of the interesting side effects of this was the emergence over less than a year of a monthly community safety and well-being committee chaired by that municipal council, at which they then convene agency partners to talk about whatever the hot issue is about safety and well-being. And, of course, those issues are brought by police in all their occurrence data, and other frontline responders, like mental health. And in that way, the agencies are guiding the political will to focus on problems which are priorities for that broad community, and that same political will then is turned to all of the agencies to collaborate in finding a planned solution.³⁸

Dr. Russell's example is a partial answer to Dr. Foster's question about how community safety and well-being planning could work in a rural community. We recognize this example was merely sketched out and not fully described. From the overview provided, though, it does not appear to address her underlying concern about who gets to decide on community safety priorities and the lack of attention that is likely to be paid to the participation of marginalized communities in making this determination.

Infrastructure of Community Engagement

In the last section, we focused primarily on the conditions and structures for developing community safety and community plans. Here we provide an overview of what we have learned concerning the infrastructure required to facilitate ongoing community engagement in implementing these plans. While the focus is on engagement at the level of local communities, the supporting infrastructure could be built on a larger scale at the regional, provincial, and national levels. In the Ontario example provided, the Ministry of Community Safety and Correctional Services invites municipalities to consider developing joint plans, particularly where doing so would map the delivery of related public services.

We identify three components for this infrastructure: ongoing collaboration, multi-sectoral approaches, and evaluation.

Ongoing Collaboration

Collaboration and communication within the community, and with specific groups and agencies and service providers are essential aspects of the effective implementation of community safety and well-being initiatives. Community engagement begins during the initial needs assessment and continues through information-sharing, awareness raising, and recruitment and involvement in specific actions and strategies under the plan.

There is no single best model for collaboration. Each community, region and province must fashion its own framework based on the specific needs and circumstances of its members. Although the details of individual frameworks will vary, it is instructive to consider key characteristics of collaborative frameworks described in roundtable and stakeholder dialogues and commissioned reports.

During the roundtable on contemporary community policing, Dr. Russell underscored the challenges to collaboration as the public safety system is currently structured. He said:

On the other hand, I think their goals of collaboration and, to pick up on the very recent comment about communication and so on, while admirable, are stymied by a broader structure that we have set up in society that means other agencies don't really collaborate well. After all, why do you think all agencies and technical areas use acronyms? It's so that nobody else will know what they're doing.

The thought of collaborating, of partnering, of sharing information, not just competing for scarce resources, but melding those resources for a common goal for Amy [Siciliano]'s community at the centre of this whole thing is anathema in the broader context that we have established.³⁹

At the same time, many people we consulted provided us with advice on how collaboration can and is being fostered. Many resources exist to support building effective collaborative networks. These include, for example the *Canadian Journal of Community Safety and Well-Being* founded in 2016 which serves as a forum for “knowledge exchange and dialogue, one anchored in and aligned with the widest scope of these collaborations.”⁴⁰

During our Phase 3 Participant consultation with gender-based organizations, Dr. Katreena Scott, clinical psychologist, professor, and director of the Centre for

Research and Education on Violence Against Women and Children at Western University in Ontario, described what is needed:

[O]ne of the ways to start to develop flexible services is to really empower communities to build this work. That means bringing leaders of communities together, leaders in the public sector, leaders in the child protection sector, leaders in the justice sector to make sure that they, first of all, have the training on domestic violence and they understand the magnitude of the problem, and then can collaborate to decide what is needed in their community to move the dial. So in some communities that might be housing-based, in some communities that might be developing linguistically and culturally appropriate services, in some communities it may be expanding or working with the mental health plus domestic violence services so that communities can have some power to implement the changes and gradually build in a way that makes sense for moving the dial in their communities.⁴¹

In this intervention, Dr. Scott describes three steps that are required to facilitate collaboration: bringing together leaders from across sectors, providing education where needed to develop a common understanding of the community safety issues, and focusing on priority issues to empower communities to make changes and gradually build up from that foundation.

During the roundtable on contemporary community policing, Chief Mark Kane, chief of the Annapolis Royal Police Service, emphasized the importance of active participation by police within these collaborative frameworks: “presence and visibility equals accountability and trust.”⁴² He clarified that his statement “doesn’t mean presence and visibility on the street. I’m talking about presence and visibility at meetings, at the table when we’re talking about roundtable discussions on the future in an area.”⁴³

Dr. Martin asserted that meaningful collaboration must include the willingness and capacity to participate in challenging conversations on a continuing basis. She described a recent experience involving a dialogue between community members and the police:

[W]e talked about institutional racism and, you know, a member of the community challenged the police and said, “Why are we still having these issues? Why are still experiencing, you know, those kinds of cultural

barriers? And, you know, I think that even using the term “institutional racism” for the police officers in the room is still difficult.

They felt actually it was – you know, people were saying that they were, you know, they were individually, you know, racist or biased. And actually, it’s not about that. It’s understanding that, you know, this is embedded in organizational processes, institutional processes, and actually, we can’t resolve this as individual organizations. Actually collectively we have to work towards changing our analysis and our thinking and embedding that within an organizational sort of structure so we have change. And that takes, you know, the continuation of challenging conversations, which I think some people have. And listening to different voices.⁴⁴

She concluded this point by saying: “You know, things are sometimes uncomfortable, but we have to have those uncomfortable conversations to kind of move and change the narrative.”⁴⁵

Multi-sectoral Approaches

One of the central features of community safety and well-being approaches is the move toward building up the capacity of the network of public safety agencies to operate as a system. Importantly the public safety system is broadly defined to include governmental and nongovernmental bodies that contribute to social development and respond to a broad range of safety issues. These bodies operate across sectors and an important part of the infrastructure for implementing these strategies is to transcend the uncoordinated, siloed approach that has beleaguered past reform efforts.

Dr. Martin shared her experience with the development of the National Performance Framework in Scotland, which brings all service providers together to decide on and implement a community safety strategy. The approach has two key elements that have done much to shift culture and reorder hierarchies within and between organizations in Scotland:

1. Organizations’ priorities are driven by common core values of equality and social justice to maximize community safety and welfare (rather than police alone pursuing the priority of crime control).

2. Leaders from all sectors belong to a body called Collective Leadership Scotland that formulates strategies for addressing social issues together; the effort is not driven by any one organization, but instead facilitates shared responsibility for addressing social issues. One benefit of this approach is the variety of perspectives and areas of expertise brought to complex social problems.⁴⁶

The Scottish National Planning Framework further supports multi-sectoral approaches at the service delivery level through the establishment of multi-agency teams, joint partnerships and by assisting local councils (similar to municipalities) to build and sustain local multi-sectoral approaches.

Information-sharing and coordination across agencies and sectors is an important first step toward a full multi-sectoral approach. Mechanisms for information sharing include regular meetings, frequent informal communication, co-location of services, and cross-agency secondments.

A Nova Scotian example of a similar approach is that of independent non-profit organization Engage Nova Scotia, which has played an important role in convening people of diverse sectors around common goals, thereby building community capacity including in rural areas. They have also started to collect and report on well-being and social development data.

Evaluation

Community safety and well-being initiatives should be “evidence-based and best practice-informed.”⁴⁷ In her expert report, Dr. Karen Foster noted that it is difficult to point to successful examples of community-safety initiatives in Canada because no initiative has been sustained long enough to evaluate it.

Evaluation is essential to learning about what works to promote community safety and well-being, for whom and in what circumstances. The design of community safety and well-being plans should include provision for data sharing among all partners, as well as metrics to assess the impact and outcomes and processes for monitoring and evaluation. This approach will help to identify the most promising actions and strategies. Longitudinal studies may be particularly important but they are the most difficult for many organizations to carry out

because they are hampered by funding cycles that are too short to permit the required long-term commitment.

One obstacle is the lack of community capacity and competition for scarce funds: it is hard to prioritize research and evaluation over service provision. Dr. Foster posits that a national strategy is needed to support research-based community action and to build community capacity particularly in “high-crime areas where it is most needed” and there is the most to be gained through increased knowledge.⁴⁸ She identifies the work of an American non-profit organization, the Aspen Institute, as one of several “positive models of community capacity that lay out the activities and initiatives that build capacity, as well as the indicators that show where capacity is actively being built.”⁴⁹

Conclusion and Recommendations

Planning for community safety and well-being requires a transformative shift in our public safety system, not just in policing. Under this approach it is the community that takes centre stage in a system consisting of a broader universe of actors and agencies. Police will continue to play a vital role but it is a subsidiary one. This shift requires not only a reorientation in our approaches to safety but the development of the conditions, structures, and infrastructure to facilitate sustained and meaningful community engagement.

Recommendation C.14

ENACTING COMMUNITY SAFETY AND WELL-BEING LAWS

The Commission recommends that

- (a) The federal government should enact legislation within six months to create a statutory framework designed to support and enhance community safety and well-being in every province and territory. This national framework would be based on guiding principles central to the delivery of public services that include:

- (i) the centrality of a commitment to equality and inclusion as foundational principles for community safety and well-being;
 - (ii) a prevention-first approach to safety;
 - (iii) an understanding that social determinants of health are also the social determinants of community safety and well-being;
 - (iv) an understanding that police and corrections are layers of this approach to community safety and well-being as decentred and collaborative partners;
 - (v) community-informed municipal / provincial / territorial multi-sectoral processes to ensure more efficient collaboration between different agents of community safety and well-being;
 - (vi) an essential focus on community engagement, including input from and consultation with historically overpoliced communities, in any legislative initiative focused on community safety and well-being; and
 - (vii) the sharing of personal information between public sectors (including police, education, health, social services, and corrections) when necessary to achieve the success of these community safety and well-being initiatives, while respecting the privacy rights of an individual.
- (b) Where they have not already done so, provincial and territorial governments should each enact laws within a year to create a statutory framework for community safety and well-being initiatives. These frameworks should include provision for:
- (i) the establishment within a year of a Community Safety and Well-Being Leadership Council composed of leaders from all sectors, including non-police sector partners (e.g., leadership from health and community-based organizations, gender-based violence advocacy and support sector, historically marginalized communities). This council would be parallel to the federal counterpart and include liaison or joint members;
 - (ii) municipalities (individually or jointly) to prepare and adopt community safety and well-being plans in partnership with a multi-sectoral advisory committee;

- (iii) community safety planning to address four areas: social development, prevention, early intervention, and incident response;
 - (iv) engagement, collaboration, and communication between the community, groups, agencies, and service providers;
 - (v) community engagement, beginning with the development of comprehensive community safety needs assessments, followed by information sharing, awareness raising, and involvement in specific actions and strategies under the plan;
 - (vi) the sharing of personal information between public sectors (including police, education, health, social services, and corrections) when necessary to achieve the success of these community safety and well-being initiatives, while respecting the privacy rights of an individual; and
 - (vii) each community, province, and territory, in alignment with the fundamentals of a national framework, to fashion localized frameworks to best meet the unique needs and circumstances of their communities.
- (c) Federal, provincial, and territorial governments should ensure these laws are supported by adequate long-term public funding that puts crime prevention on an equal footing with enforcement of the criminal law.

Recommendation C.15

COMMUNITY SAFETY AND WELL-BEING LEADERSHIP COUNCIL

The Commission recommends that

To further strengthen federal, provincial, and territorial initiatives that may already be underway, we recommend that the federal legislation include the establishment within a year of a Community Safety and Well-Being Leadership Council composed of leaders from all sectors, including non-police sector partners (such as health and community-based organizations, gender-based

violence advocacy and support sector, and historically marginalized communities). This council should not be driven by any one organization but should facilitate shared responsibility for addressing social issues. It should

- (a) formulate strategies for addressing social issues together; and
- (b) lead a multi-sectoral approach that centres prevention by collaboratively addressing the social determinants of community safety and well-being.

Recommendation C.16

COMMUNITY SAFETY AND WELL-BEING FUNDING ALLOCATION

The Commission recommends that

Federal, provincial, and territorial governments should

- (a) adopt funding allocation methods for community safety and well-being initiatives that take into account rural and remote contexts, and
- (b) shift budgets to focus on prevention activities.

IMPLEMENTATION POINTS

These laws should

- recognize gender-based, intimate partner, and family partner violence as a central inhibitor of community safety and well-being;
- prioritize safety and well-being in marginalized communities, recognizing the past and ongoing collective trauma resulting from systemic racism, colonialism, and other processes of marginalization and oppression; and
- ensure that rural communities have an active role in planning for safety and well-being in their communities.

The laws should be accompanied by public and institutional education on community safety and well-being to ensure that there is an understanding

of the correlation between properly funding initiatives for prevention and increased overall community safety. This public and institutional education should explain that current funding is being applied in fragmented ways in different government departments and agencies but would be more efficiently used if coordinated under an overall approach. It should reinforce the concept of the economics of community safety and well-being, that is, that the responsibility and economic weight for public safety does not rest solely at the feet of, or in the hands of, the police. Community Safety and Well-Being Leadership Councils should

- assist municipalities, provinces, and territories to build and sustain local multi-sectoral approaches at the service delivery level through the establishment of partnerships among multi-agency teams; and
- support information-sharing and coordination across sectors through mechanisms such as regular meetings, frequent informal communication, co-location of services, and cross-agency secondments.

Monitoring and evaluation mechanisms should be adopted with a defined timeline for implementation:

- Community safety and well-being initiatives should be evidence-based and best-practice informed.
- The design of community safety and well-being plans should include provision for longitudinal studies, data sharing among all partners, as well as metrics to assess the impact and outcomes and processes for monitoring and evaluation, and to identify the most promising actions and strategies.
- A national strategy is needed to support research-based community action and to build community capacity.

All governments should adopt the main features of the recommendations for public service reform made by the Scottish Commission on the Future Delivery of Public Services (chaired by Dr. Campbell Christie):

People: Reforms must aim to empower individuals and communities by involving them in the design and delivery of the services.

Partnership: Public service providers must work more closely in partnership, integrating service provision to improve their outcomes.

Prevention: Expenditure must be prioritised on public services which prevent negative outcomes.

Performance: The public services system – public, non-profit and private sectors – must reduce duplication and share services to become more efficient.*

* Scottish Government, *Commission on the Future Delivery of Public Services* (Dr. Campbell Christie, chair) (June 2011)

CHAPTER 12

Rethinking Roles and Responsibilities

CHAPTER 12 Rethinking Roles and Responsibilities

Introduction

We are all responsible for keeping each other safe. In Volume 3, we recognized that ending gender-based violence requires sustained collective action, which we refer to as a “whole of society” response. The promotion of community safety and well-being necessitates the same approach; indeed, the two are inextricably entwined. In the preceding chapter, we accentuated the need to establish a community safety and well-being ecosystem, which is a framework of governmental, institutional, and agency and service provider relationships, including processes for community engagement.

The safety ecosystem is a way to manifest collective action among organizations and actors that have a formal responsibility for public safety conceived broadly, as consistent with a public health approach. To be effective, this ecosystem must operate in a comprehensive, coordinated, and holistic manner and in cooperation with active community members. Our mandate requires us to focus on gender-based violence and its escalation to mass casualty violence as one central component of community and public safety. We recognize that some actions and strategies will overlap and reinforce each other, but stress that concentrated and specialized efforts are needed to end the epidemic of gender-based violence.

Recommendation V.14 calls upon a range of actors to take action, including federal, provincial, territorial, municipal, and Indigenous governments; the health sector and the justice system; the non-governmental and community-based social services sector; businesses and workplaces; media; schools and educational institutions; communities; and individuals, including survivors and perpetrators. We recognize that the gender-based violence advocacy and service sector and some additional community-based and governmental service providers are already

making significant contributions. This recommendation converts the abstract phrase “whole of society response” into more tangible terms, terms that apply to each and every one of us.

Putting into effect a whole of society response, facilitated by a safety and well-being ecosystem, requires a rethinking of the roles and responsibilities of all involved.

In a paper prepared for the Community Safety Knowledge Alliance, Dr. Chad Nilson, a criminologist affiliated with the Centre for Forensic Behavioural Science and Justice Studies at the University of Saskatchewan, has proposed steps that actors can take to build momentum in the realm of community safety and well-being. These steps integrate a robust view of these actors’ roles and responsibilities. We include his suggestions in a text box, as they provide an expanded conception of roles and responsibilities. In Volume 5, Policing, we examine what this approach means for the roles of police services and policing institutions.

Suggestions for Future Momentum in Community Safety and Well-Being¹

Audience	Suggestions
Academics	Work with practitioners and policymakers to finalize a set of indicators that can be used not only for evaluation purposes, but to guide initiative development and bring focus to what the state of CSWB really means and what impacts are occurring
Advocates/ Special Interests	Generate broad interest and commitment among your target groups toward collaborative generation of pragmatic solutions, evidence-based innovations, risk mitigation, and shared community outcomes.
Practitioners (government)	Explore opportunities for both inter-government and government to non-government collaboration around meeting client need, building organizational capacity, and generating shared community outcomes.

Audience	Suggestions
Practitioners (non-government)	Pursue an agenda of capacity-building that positions your organization to participate in and/or lead engagements of multi-sector collaboration, community mobilization, shared problem ownership, and sustainable commitment to innovative solutions.
Indigenous Government	Consider CSWB an exercise in holistic nation-building, where the core principles of self-determination are embodied in initiatives driven by the pursuit of pragmatic solutions, evidence-based innovations, risk mitigation, and shared community outcomes. ²
Municipal Government	Support and/or engage in CSWB planning, program development, investment and policymaking that generates a direct measurable impact on your community.
Provincial Government	Pursue a truly all-of-government approach to promoting, funding, enabling, and measuring various types of CSWB initiatives—including those spearheaded at the community level and those designed by your own departments and ministries.
Federal Government	Support the policy, partnership, and funding needs of all other audience members listed in this table; while also making a shift away from short-term single sector investments to longer-term multi-sector investments that are made available to bottom-up, evidence-driven, socially innovative CSWB initiatives.

In this chapter, we examine what this collective responsibility approach means for some of the actors and entities that do not have a formal role within the safety ecosystem: individuals, businesses, and the media. We also consider the role and responsibilities of professionals who deliver public services to individuals who are marginalized by their low-income status and through other oppressive processes including systemic racism. This focus flows from our earlier findings about the perpetrator's pattern of predatory, violent, and intimidating behaviour toward members of the African Nova Scotian community in Dartmouth and the North End of Halifax (in Volume 3 Part A). Our analysis extends more generally to government

oversight of public service provision by independent professionals to members of marginalized communities. We pay particular attention to reassessing these roles and responsibilities as they relate to the April 2020 mass casualty. This reassessment also serves as an example of the type of recalibration that will enable an effective whole of society response.

Individuals

In Volume 3, we acknowledged the tendency for people whose lives are not touched by gender-based, intimate partner, or family violence to think of it as an issue that does not engage them because it is “over there” or a “private family matter.” We made the case for why and how this is a misperception and encouraged everyone to actively take on individual and community roles by seeking out opportunities to contribute to ending gender-based violence. We shared some ideas from the Australian National Plan to End Violence against Women and Children 2022–2032 about steps we can each take in our everyday lives to contribute to prevention: educating ourselves about steps we can take; becoming an ally to people working in the gender-based violence advocacy and support sector; challenging the condoning of violence against women in our workplaces and social settings; challenging gender stereotyping and traditional forms of masculinity; strengthening positive, equal, and respectful relationships between all people in our homes, communities, workplaces, and other settings; and championing broader prevention efforts.

In this section, we focus on one specific strategy from among this diverse list of possibilities. **The objective is to encourage a new approach to how individuals see their role and responsibilities within the community through one specific and accessible action: bystander intervention.** We have found that in the years leading up to the mass casualty, many community members witnessed the perpetrator’s violent, coercive, and intimidating behaviours but experienced barriers to intervening in support of the individuals he victimized and in reporting his concerning and dangerous behaviour to authorities.

Bystander Intervention

Bystander intervention has been defined as the choice to respond in a way that could positively influence the outcome when encountering a potentially harmful situation or interaction. Bystander intervention can take many forms, from making at-risk individuals aware of services and resources, to respectfully speaking up for and modelling appropriate behaviour.

We heard from several organizational participants and roundtable members who identified bystander intervention as one of the most effective and widely available methods for improving safety. During our roundtable on personal and community responses to gender-based, intimate partner, and family violence, for example, Pamela Cross, legal director of Luke's Place in Oshawa, Ontario, reported that many of the women survivors she has consulted say they experience having someone keeping an eye on them is the most powerful form of prevention.

Bystander intervention only works when it is available, that is, when community members practise it. Ideally this form of intervention will become a daily practice: actions that we take on a regular basis and that we see as an integral aspect of our everyday communal lives. Fostering a culture of intervention is an important aspect of rethinking individual roles and responsibilities to contribute to enhanced community safety and well-being. This form of intervention requires an individual to make a series of determinations before deciding to intervene: noticing, interpreting, taking responsibility, deciding to help, providing help. Awareness and information is required at each stage of this decision-making process. We examine barriers to bystander intervention and ways to overcome these barriers so as to support this cultural shift. Be the Peace Institute, a Participant at the Commission, compiled a list of resources about bystander reluctance to report intimate partner violence to police, which has assisted us in developing this section.

Barriers to Intervention

Research studies have identified five obstacles to bystander inaction: failure to notice, failure to identify risk, failure to take responsibility, skills deficits, and audience inhibition. These deficits affecting an individual's decision-making process "are heavily influenced by the situation, characteristics of the bystander, their perceptions and their relationship to the victim and the perpetrator."³ Perceptions,

decisions, and actions are in turn shaped by a range of social, cultural, personal, and environmental factors. **We have identified three sets of barriers to developing bystander intervention as a daily practice: cultural assumptions about masculinity and intimate relationships, cultural norms of non-interference, and individual and collective situational factors.**

Cultural Assumptions about Masculinity and Intimate Relationships

In some cases, concerning behaviour may not be recognized by bystanders as problematic because it has been normalized. For example, degrading, sexually explicit, misogynistic, and/or violent conversation between men may be minimized or dismissed as “locker room talk.” Perceived cultural norms may inhibit bystanders from speaking out against conduct that is contrary to their personal values if they perceive that such conduct is broadly accepted by society. As Matt Schaaf, MANifest change coordinator at the Ottawa Coalition to End Violence Against Women, testified before the parliamentary Committee on the Status of Women:

[Men] are taught to look the other way for a friend, to keep our head down at work when we suspect harassment is happening, or laugh along with rape jokes in the locker room, whether or not we believe those things. For many men, they value respect and nonviolence towards women.⁴

Cultural constructs about gender and intimate relationships may also cause bystanders to misconstrue what they are witnessing. Julie Lalonde, a women’s rights advocate and public educator who was stalked by her ex-boyfriend for ten years, described to the Ontario Office of the Chief Coroner’s 2022 inquest into the murders of Carol Culleton, Anastasia Kuzyk, and Nathalie Warmerdam (the Renfrew County Inquest) the difficulties she encountered when trying to seek help from neighbours and police:

People really think it’s unconditional love. That it’s someone who just is so profoundly in love with you that they will move mountains to get to you. Isn’t that somewhat beautiful? That is a rampant myth that I saw play out in my experience, where, for example, at one point I was living in a building. That was the one that he ended up moving behind my house, and I warned the people in my building, please don’t let this person in.

I showed up one day and I had a huge bouquet of flowers on my front stoop, and I thought okay, well someone let him in the building. Sure enough, when I went to collect it, I did like a, of course. An older woman who was living in my building came out and said oh my god, this young man came with flowers, and I just thought chivalry is not dead. Here's this beautiful man.

I was like, huh. She didn't recognise him as a threat. She didn't see this person as a threat because to her it was just romance. This young man, he was young, he was white, he was good-looking, he was extremely charming. He loved elderly people so he could schmooze them. He had everyone convinced that he was just madly in love with me.

...

So, when we don't allow men to be vulnerable in all kinds of different spaces, abusers manipulate that and know that oh, all I've got to do is cry and I'll have this police officer wrapped around my finger. I'll have her neighbours wrapped around my finger. I've just got to look heartbroken and then I'm not threatening at all. He played that game and people play that game all the time.

So, it's really important that folks understand what stalking actually is. What it looks like, and that it's a massive pre-cursor to homicide. It is a massive, massive red flag that tells you your life is at risk, and people still believe that it's romantic. That it's just about obsession or love or that I should be flattered. The amount of people that think I should have been flattered that this person couldn't get over me was astounding.⁵

Cultural Norms of Non-interference

Community safety is created by paying attention to those around us. Presently, bystander intervention is not a common, culturally expected practice. Canadians may feel uncomfortable initiating conversations or “getting involved” in someone else's business. Moreover, research shows that many individuals believe that intimate partner violence “is a private matter.”

Culturally, in Canada and elsewhere, there is a tendency to avoid asking questions that could cause embarrassment or discomfort. Several experts and organizational

Participants at the Commission stressed the importance of asking such questions anyway. During our Phase 3 Participant consultation with gender-based organizations, Linda MacDonald, of Persons Against Non-State Torture, remarked:

How are we ever going to be able to talk about it on the street corner, or in the bus, in the beauty parlour, you know, at the dinner table, at a party. How are we ever going to really get cultural transformation if we don't go beyond the fear ...

[W]e have to get it out of these little dark corners that we're talking. And it can – anybody, you know, this doesn't apply to doctors, and police, and to social workers, or nurses, or – it applies to all of us, you know, wherever we are, in any of our work, at work, or with children, or with our neighbours. That's where the social transformation happens ...⁶

As part of their domestic violence initiative, several Nova Scotia government departments and partners provide an online resource, “How to Talk to Someone Who Abuses Their Partner,” that addresses cultural norms of non-interference in the context of intimate partner violence:

If you're unsure about helping

You may think:

- it's none of your business
- you don't know what to say
- you'll make things worse
- it's not serious enough to involve the police

...

- if they wanted help they would ask
- it is a private matter.

But know that:

- it could be a matter of life or death
- saying you care and are worried is a good start
- doing nothing could make things worse
- police are trained to respond to domestic violence

- you can speak to the person you are concerned about privately, but in a place where others are nearby if needed
- they may be quite traumatized and having trouble making decisions, but they will know you care
- one person is being abused and lives in fear
- they may be too afraid and ashamed to ask for help
- it isn't "private" when someone is being abused.⁷

Friends, families, and neighbours often need guidance about how they might assist if they have concerns. During our consultation with gender-based organizations, Dr. Katreena Scott, of Western University, explained that because people do not have confidence about what steps to take, they fail to intervene:

If we do recognize the warning signs and risk factors, we often don't know how to lean in and have a conversation. What are our scripts to say, "Hey, what's going on? Are you okay? How do we – how can I help? How – I'm concerned about what I'm seeing." And even if we do have some of those scripts to lean in and have those conversations, we don't know who or where to call to get specialized help.

...

[W]e often then lean away and guard against the impact, the result of abusive behaviours, or at worse, we blame the victim for their own victimization. We may lean away and reduce ties, thereby increasing victim isolation.

We may, very harmfully, encourage people to work it out and to solve it themselves, which doesn't recognize the danger and the risk that a survivor or victim faces. And fundamentally, by not saying anything, by not doing anything, by not noticing, what we do is we empower perpetrators to continue to behave abusively.⁸

Individual and Collective Situational Barriers

Situational barriers are those that prevent a bystander from speaking up in a given moment. The cultural impediments described above often give rise to the

personal decision to not speak up. For example, bystanders may worry they do not have the full context of the concerning conduct they are observing or that they are misinterpreting what they are witnessing. They may also be concerned that intervening will hurt their relationship with either the abuser or the abused person or with both. Another personal situational barrier, more common to female bystanders, is fear that they will be injured or retaliated against by the abuser. The Nova Scotia online resource “How to Talk to Someone Who Abuses Their Partner” also recognizes the concerns that the abuser could “hurt you or your family” and that “the abusive person, or the other person experiencing the abuse, will become angry with you.”⁹ Other bystanders express concerns that their intervention might inadvertently destroy evidence or make matters worse. Bystanders also may be hesitant to intervene because of the nature of their relationship with the perpetrator and/or the perpetrator’s status and role in their community.

Situational barriers can also be collective in nature. For example, collective efficacy, which is defined as willingness of individuals to work together toward a common goal such as crime reduction, may be lacking where socio-economic stressors are high and violence is prevalent. However, bystanders also have been found to be less likely to intervene where there is high neighbourhood cohesion (i.e., where there is a strong sense of community, high degree of interaction, and a desire to live harmoniously). As we discussed in Part A, these dynamics of social cohesion are pronounced in many rural communities.

Another collective situational barrier is the phenomenon of diffusion of responsibility; where several bystanders are present, each assumes that one of the other bystanders will intervene. A related concept is referred to as pluralistic ignorance. **Pluralistic ignorance occurs when bystanders base their decision to intervene on the behaviour of others; if no one else is intervening, then other bystanders will not either. It may give rise to perpetrators’ mistaken belief that their conduct is acceptable and condoned by observers.**

Policies and Programs to Overcome Barriers

Public education can help to shift cultural tolerance of abusive and violent conduct, especially against marginalized populations. Education also may promote the societal expectation that bystanders have a legitimate role to play in stopping or mitigating the violence.

Research indicates that effective bystander programs with a social norms component meet the following criteria. In addition to fostering positive relationships, they are:

- comprehensive;
- of sufficient length and duration;
- underpinned by theory;
- delivered at the right time;
- socioculturally relevant;
- evaluated for effectiveness (including monitoring for unintended backlash effects); and
- administered by well-trained staff.

There are many examples of past and ongoing programs to foster bystander interventions approaches. We provide a brief overview of some Canadian and United States examples to illustrate the methodology and scope of the work carried out to date. Where available, we also include evaluations of these programs.

Bringing in the Bystander

The Bringing in the Bystander program was developed for post-secondary students and has been used by more than 500 colleges, universities, and other institutions of higher education, as well as by the US military. The program has been evaluated in several peer-reviewed articles and found to be effective in shifting attitudes, cultivating participants' sense of bystander responsibility, and increasing the likelihood of intervention. Bringing in the Bystander has been offered in Nova Scotia by Every Woman's Centre in Sydney.

Be More Than a Bystander

The Be More Than a Bystander: Break the Silence on Violence Against Women bystander intervention campaign has been particularly effective at reaching men. The program, which started in British Columbia and was subsequently incorporated into Manitoba's multi-year domestic violence prevention strategy, partners with professional football teams whose players provide public education and

public service announcements regarding bystander intervention. As described by Tracy Porteous, executive director, Ending Violence Association of British Columbia:

This is my favourite program after 31 years of working in the field. Women can talk to groups until we're completely exhausted, as many of us have, but men don't listen to women. Men will listen to men.¹⁰

The Bystander Approach

The Bystander Approach was developed in the early 1990s by Dr. Jackson Katz in the United States. The program is intended to “invite, not indict,” and is centred on the idea that everyone has a role to play in challenging and interrupting violent behaviour. In each peer culture, individuals should take responsibility to uphold social norms that condemn violent behaviour. The approach has the goal of teaching participants how to react and intervene when they see incidents of gender-based violence.

The Bystander Approach was discussed at length in a 2015 parliamentary report of the Standing Committee on the Status of Women, and its integration into high school curriculum has been proposed by at least one school in Sydney, Nova Scotia.

“Don’t Be a Bystander” and “Don’t Be That Guy” Campaigns

“Don’t Be a Bystander” was a public awareness campaign launched by the Halifax Regional Municipality and Halifax Regional Police in 2012 as part of Sexual Assault Awareness Month. Similar to the BC-based program “Be More than a Bystander,” local celebrities and sports figures participated in a series of advertisements. The RCMP joined the campaign in 2014.

The “Don’t Be That Guy” public education poster and video campaign was originally launched in Edmonton, Alberta, in 2010. It was launched in Halifax during Sexual Assault Awareness Month in 2012 by the Halifax Public Safety Office in collaboration with Halifax Regional Police Public Affairs, Avalon Centre for Sexual Assault, Bryony House, and the Nova Scotia Status of Women Office. Cape Breton Regional Municipality adopted the poster campaign in 2015. The posters depict

inappropriate conduct and were intended to spark conversation and change the way men talk about domestic violence and sexual assault.

Green Dot

Green Dot training has been widely used on university and college campuses to help participants recognize and intervene in situations of sexual, partner and stalking violence.

[Green Dot] aims to shift campus culture and increase proactive preventative behavior by targeting influential members from across a community with basic education, skill practice, and reactive interventions to high-risk situations. Every choice to be proactive as a bystander is categorized as a 'new behavior' and thus a 'Green Dot.' Individual decisions (green dots) group together to create larger change.¹¹

Green Dot speeches raise student awareness, while the six-hour training is intended to provide participants with tools for safe intervention.

A peer-reviewed evaluation of Green Dot in 2011 found that trained students had significantly lower rape myth acceptance scores and were more likely to engage in active bystander behaviours than students who had only heard a Green Dot speech. Both groups (students who had attended training or a speech) were more likely to engage in active bystander behaviours than students who had no exposure to Green Dot.

Bringing in the Bystander

Dr. Charlene Senn at the University of Windsor, Ontario, has spent many years researching bystander intervention and, along with colleagues, developed the Bringing in the Bystander workshop, which aims to reduce the incidence of sexual assault on campus. The workshop is offered to undergraduate and first-year law students and is "the most rigorously researched university-level prevention program of its kind." It identifies everyone as a potential bystander with the ability to take action to prevent sexual assault. The goal is to produce a shift in campus culture and create an "anti-rape campus ethos by a critical mass of student who are

willing and able to shut down rape jokes, challenge rape myths, and disrupt sexual assaults in-the-making.”¹²

I Step Forward to End Violence and Abuse in My Community, Workplace and Home

In 2014, the City of London, Ontario, in collaboration with the London Abused Women’s Centre, launched a training program – I Step Forward to End Violence and Abuse in My Community, Workplace and Home – for all its employees to improve understanding of violence against women and encourage employees to respond safely to situations of violence at home, at work, and in the community.

Neighbours, Friends and Families Campaign

Neighbours, Friends and Families has been a popular educational campaign across Canada to help community members recognize warning signs of violence and get help. In Nova Scotia, a toll-free number is available for bystanders to access help. A series of videos and brochures is also available online regarding warning signs, safety planning, recognizing high risk, and how to initiate conversations with perpetrators and targets.

This program originated in Ontario, and was introduced in Nova Scotia in 2010 when the RCMP provided funding for three facilitators from the Ontario program to train representatives from across Nova Scotia. The provincial Department of Justice then incorporated the program into Nova Scotia’s Domestic Violence Action Plan, 2010, and offered additional facilitator training.

Waves of Change

The Waves of Change Bystander Intervention Program is a peer-facilitated violence prevention program designed by Johannah May Black, bystander intervention program coordinator at the Antigonish Women’s Resource Centre & Sexual Assault Services Association. The program was launched at St. Francis Xavier University in 2017, and was expanded in March 2020 to universities and colleges across Nova Scotia upon receiving funding from the provincial and federal governments.

The program is divided into five modules:

1. Basic bystander
2. Alcohol and sex
3. Advanced bystander intervention
4. Creating communities of accountability
5. Creating social change¹³

Tools for Bystander Intervention

Bystander intervention does not always look like direct confrontation. In her testimony before the Renfrew County Inquest, Julie Lalonde provided evidence about the separate evidence-based tools that may be relied upon when navigating a situation of potential abuse-in-progress. She developed bystander training with the non-profit organization Right to Be. These are referred as the “5 Ds” of bystander intervention: Distract, Delegate, Document, Delay, Direct. These strategies or tools exist on a continuum and may be used together or individually, depending on the situation. We briefly explain and discuss these tools here.

Distract

Distraction is an indirect way to potentially de-escalate a tense situation. Distraction takes the focus off the concerning behaviour by raising an unrelated subject with either the perpetrator or target, or by causing a distraction to break the tension. Asking for directions, dropping something, spilling a drink, or tripping may be enough to interrupt the situation. The technique is particularly popular with women because it is non-confrontational. However, some resources suggest that failing to directly acknowledge the abuse is problematic, as it may create the impression of condonation (i.e., that abusive behaviour is acceptable).

Delegate

Delegation means involving a third party in the situation, preferably with some real or perceived authority. Such person could be a service provider, specialist, or

police officer. Alternatively, delegation to someone with lesser authority may help de-escalate a situation. Ms. Lalonde provided an example during her testimony at the Renfrew County Inquest. If she and her brother were together and witnessed a concerning situation, it would be less intimidating if she approached the female target than her brother:

My brother rolls up there, she doesn't know if this guy is here to help, or he is another problem that she has to deal with. He might be concerned that guy is going to try to fight him versus if I went to intervene. So, does that mean that my brother has no options? No. It just means he should delegate maybe to another woman and say hey, that woman looks super uncomfortable. I'm worried that if I go over there, she's going to be intimidated by me. Do you mind checking in on her and I'll just hang back? I've got my phone if you need anything, but I feel if I go over there, it's just going to turn up the volume on what's going on. So, again, you're doing something, but you are doing it in a way that keeps everybody safe, including yourself.¹⁴

Document

The non-profit organization Right to Be identifies documentation as an important tool of bystander intervention. Memories fade, and documenting incidents may increase the chances that a target will be taken seriously and establish a pattern of behaviour.

It is recommended that when a bystander witnesses an incident, they should let the target know they saw it, documented it, and could provide an account, if necessary. Documentation should include when, where, what happened, and who was present. While a bystander might also take pictures or video, decisions about how such material should be used lies with the person who was harmed. Bystanders should not post such documentation on social media.

Delay

If it is not possible to intervene in the moment, a bystander may check in with the target later to offer support and suggest resources. Delay is a helpful tactic when it might be unsafe in the moment to intervene (for example, if the perpetrator is big

and scary). When the volatile moment has passed, the bystander can validate the target's experience by telling the person that they witnessed the incident, that it was not the target's fault, and they are checking to see if they can be of any help to the target. Ms. Lalonde explained:

[T]he power of delay is that when we get validation that our pain is real, it literally changes where that experience sits in our brain ... When we validate that people's pain is real, they don't blame themselves which means that they are less likely to be traumatised by the experience when it's confirmed right away that it wasn't your fault.¹⁵

Direct

Ms. Lalonde testified at the Renfrew County Inquest that a bystander should use the tool of direct intervention last; the objective of direct intervention, she says, is not to educate the perpetrator, but to help the target get safely out of the situation.

If a bystander decides it is safe to speak directly with a perpetrator, then it is important for the bystander to remain confident, calm, and assertive. The bystander should avoid arguing, sympathizing, or being judgmental. Instead, the bystander should describe to the perpetrator what the bystander observed, and tell the perpetrator that they are responsible for how they act and that such conduct needs to stop. If the interaction is in a public setting, then the bystander should invite the perpetrator to step away from the scene to speak privately to avoid causing the perpetrator embarrassment, which could lead to further escalation and cause risk to the bystander and target.

Addressing Concerns

Alternatively, bystanders may not directly witness potential abuse, but notice warning signs. In such cases, a bystander may wish to have a conversation with the perpetrator or the target. It is recommended that such a conversation occur in a private setting when the individual is calm.

Perpetrators may deny or minimize their conduct, or try to blame others. According to Nova Scotia Domestic Violence online resources, if the person tries to deny the abuse, bystanders should:

- keep the conversation focused on concern for perpetrator's family's safety and well-being;
- repeat that abuse is never OK; and
- help the person find ways to get support to change their behaviour.¹⁶

When speaking with a friend or loved one who may be in an abusive relationship, Ms. Lalonde emphasized that it is important to make the individual feel seen but not judged. She recalled her own experiences:

[P]eople thought they were intervening and helping in the case of me and Xavier ...[they would say] I don't know why you let him talk to you like that. Why do you let him talk to you like that? You're smarter than this.

That was them being truly confused as to how I was allowing someone to talk to me like that. But that feels like a judgement call. It feels like you are calling me stupid, which he also calls me stupid so now you are just reinforcing all of these things that are nasty under the guise of helping me.

...

[W]e think someone's just got to get her to snap out of it, not understanding that you are contributing to that shame and humiliation and if I was smarter, I wouldn't be here and if I was stronger, I would leave.¹⁷

Another way that friends and loved ones might help in a long-term abuse situation is to keep a written record. For example, a friend or loved one may note when a target habitually stops attending social engagements or keeping in touch.

Bystanders also may provide important assistance to a target by offering to keep the target's documentation safe so it is not at risk of being found by the perpetrator, and so that a record can be produced to authorities if necessary.

Conclusion and Recommendations

Over the past several decades, bystander intervention programs have been instituted to varying degrees in a range of jurisdictions in Canada and worldwide. Yet barriers to this important preventive measure continue to exist and have impeded it from becoming a widespread daily practice. These barriers, as discussed above, include cultural assumptions about masculinity and intimate relationships, cultural norms of non-interference, and a range of individual and collective situational factors.

Be the Peace Institute's review of the literature identified the top four proposed recommendations for better bystander intervention programs: addressing distorted beliefs, challenging norms and myths about violence against women, decreasing the normalization of intimate partner violence, and working toward stronger engagement of men.

Many of the experts, Participants, and other stakeholders who participated in our Phase 2 and 3 proceedings recommended that bystander intervention awareness campaigns be integrated with education about gender-based violence (GBV), intimate partner violence (IPV), and family violence. We received many public submissions that accorded with these perspectives. In their closing written submissions, the Participant coalition of Women's Shelters Canada, Be the Peace Institute and Transition House Association of Nova Scotia underscored this consensus:

As discussed during the July roundtables and phase 3 consultations, there is a need to integrate into the core elementary and senior school curricula learning about gender equity and expression, emotional and relational intelligence as core competencies in life, GBV, IPV, and family violence, including violence prevention, healthy relationships, consent, and rape culture, and to address toxic masculinity more generally. We ask the Commission to call on provincial governments to require elementary and senior school curricula to include learning about GBV/IPV, family violence, violence prevention, and toxic masculinity at every grade level in sequential and developmentally appropriate ways. We strongly suggest that all school regions be mandated to create stand-alone policies, guidelines, protocols, and accountabilities for reports of sexualized violence and harassment. Further, curricula for teachers should include mandatory courses in engaging youth in discussing these materials, so that all teachers are prepared to address these sensitive issues in their classrooms, including any disclosures from students or colleagues.¹⁸

Along the same lines, in its written report, Avalon Sexual Assault Centre recommended: “The Province should be responsible for introducing mandatory gender-based violence and bystander intervention training curriculum in the school system commencing in kindergarten and continuing until grade 12. The core curriculum should include education on sexual exploitation and trafficking.”¹⁹ This recommendation was adopted by Avalon’s coalition partners in their written submissions.

Similarly, the Participant coalition of Women’s Shelters Canada, Be the Peace Institute, and Transition House Association of Nova Scotia called on “all levels of government to support the development and implementation of bystander intervention training for children and youth in schools, and for adults in all applicable settings including universities, workplaces, health care settings, and throughout the justice and corrections system.” This coalition also recommended that “all levels of government prioritize the need for GBV prevention so that GBV will be actively and effectively negatively sanctioned at the personal, interpersonal, community, and societal levels.” They specifically recommended that the federal government develop and fund a public education campaign in support of this goal of informing “the general public about warning signs and risks for IPV and GBV, how to intervene safely, and whom to turn to for support.”²⁰

We conclude that concerted steps must be taken to bring bystander intervention to “a whole new level.”²¹ As underscored by Dr. Deborah Doherty, former executive director of the Public Legal Education and Information Service of New Brunswick, in her testimony, the bystander component is really important because: “if you do nothing, you’re doing something and it’s typically showing support for the perpetrator.”²² Collective action is required to develop strategies to enable individuals to take actions “to stop violence, to create a culture of accountability, and to engage in shifting power towards more equity.”²³

In our view, **this will require a widespread and enduring public campaign to encourage the cultivation of bystander intervention as daily practice.** We use the analogy of a daily practice as something that we do automatically when the need arises. We compare the level of change required to other society-altering campaigns that resulted in stopping or reducing harmful behaviour or replacing it with new preventive behaviours on issues ranging from littering to driving sober, seatbelts, and smoking, and a more recent example, physical distancing, hand hygiene, and vaccinations related to the COVID-19 pandemic. Today, the majority of people engage in preventive practices in these areas, thereby contributing to community safety and well-being. Someday soon, the majority of people should understand

the personal, communal, and societal costs resulting from gender-based violence and be prepared to take steps to safely intervene, either directly or through a third party.

LESSONS LEARNED

Bystander intervention is an effective means to prevent gender-based, intimate partner, and family violence, and individuals of all ages should understand how to safely employ this strategy when they learn about or witness these situations.

Cultural, social, individual, and situational factors act as barriers to effective bystander intervention.

Recommendation C.17

PROMOTING BYSTANDER INTERVENTION AS A DAILY PRACTICE

The Commission recommends that

- (a) The federal government should:
 - (i) renew and extend bystander intervention awareness and education campaigns and support their implementation in a wide range of settings, including in education, in workplaces, and in the provision of public services; and
 - (ii) develop and implement a longitudinal evaluation of these campaigns.
- (b) Provincial and territorial governments should develop and implement a mandatory gender-based violence and bystander intervention training curriculum in the school system commencing in kindergarten and continuing until Grade 12.
- (c) Municipal, provincial, territorial, and Indigenous governments should develop and implement gender-based, intimate partner, and family violence bystander intervention training for their workplaces and staff.

- (d) Colleges, universities, and other education and training institutions and workplaces, to the extent they are not already doing so, should provide practical training in support of effective and safe bystander intervention.

IMPLEMENTATION POINTS

- These campaigns and programs should be designed to effectively counteract cultural barriers to bystander intervention.
- These campaigns and programs should be designed to effectively prevent violence in the moment and address social and cultural factors that contribute to condoning gender-based violence.
- These campaigns, programs, and evaluations should be developed and implemented in collaboration with the gender-based violence advisory and service sector.
- These campaigns, programs, and evaluations should be developed and implemented in collaboration through community engagement processes, particularly with members of marginalized communities and with rural communities.

Businesses

Businesses of all sizes, including family-owned and -operated businesses, also have a role to play in addressing gender-based, intimate partner, and family violence, thereby enhancing community safety and well-being. These responsibilities engage four spheres of activity: ensuring that workplaces are safe and promote well-being, supporting employees who are dealing with violence outside of the workplace, being an active part of the community safety ecosystem, and contributing more generally to the promotion of gender equality and the eradication of systemic inequities. Our rationale for promoting a proactive role for businesses is rooted in our mandate of making recommendations to prevent violence and promote safety, but there is also a strong business case to be made for this role:

Among their many negative effects, domestic violence and sexual harassment interfere with women's full and equal participation in the workforce. They impair employees' physical and mental health and well-being, leading to stress, anxiety, loss of self-esteem, motivation, and even job loss. It contributes to the gender pay gap, and affects women's opportunities for advancement and career progression. Women usually bear the brunt of gender-based violence, although others are at risk, including men and members of the LGBTQI community.²⁴

Ensuring Workplace Safety and Well-Being

The Avalon process identified that it can be very difficult for members of marginalized communities to report violence in the workplace when it is perpetuated by co-workers, supervisors, and managers. The Avalon Report states:

Reporting as a marginalized staff person, who relies on their job for basic needs, will potentially jeopardize their employment. Workplaces too often fail to adequately address violence when it is reported. Managers and supervisors resist investigating and dealing with violence, especially if that violence was perpetrated by a person in a position of power. Too often men and individuals with privilege and power will not experience any consequences of being a perpetrator of sexual violence. Marginalized women know that they will not likely be believed, especially if the sexual violence is perpetrated by a white individual in a position of power.²⁵

This report also found that workers' processes for reporting violence and making complaints about this behaviour were "rarely visible" and "rarely discussed," both in unionized and non-unionized workplaces. During Avalon's consultations with survivors they heard comments like these:

- "Workplaces are protecting managers and employees in positions of power, and covering up violence"
- "I was told to sign an NDA [non-disclosure agreement] and was paid to remain silent about the sexual abuse"²⁶

One welcome development is that new legal frameworks are emerging that require more action and accountability from businesses than ever before. For example, there is a greater recognition of how intimate partner violence can affect the workplace and of the steps that are being taken to respond to this connection. Provincial occupational health and safety regulations require risk assessments to be carried out when a risk of injury to workers arising out of their employment may be present. Workers' compensation boards have recognized this may include threats or violence affecting the workplace "through an employee's domestic situation."²⁷

Intimate partner violence can intersect with workplaces in several ways, most notably when an abuser attempts to harass, stalk, threaten, or injure a victim at work. Many boards have developed risk assessment tools and policies to assist managers and human resources personnel to support their employees and contribute to their safety. Businesses can contribute to community safety through active implementation of these policies, including educational and other preventive measures.

The spillover of intimate partner violence can also be felt by others when a perpetrator enters the workplace of their spouse or partner. The abuser's presence or actions may be threatening, intimidating, or harmful to coworkers of the victim.

WorkSafeBC Domestic Violence Policy: Excerpt

How does [domestic violence] affect the workplace?

Domestic violence can enter the workplace when an abuser attempts to harass, stalk, threaten, or injure a victim at work. It can affect employee productivity, lead to absenteeism, affect workplace morale, and put a workplace at risk.

Research shows that workplaces can and do make a difference in contributing to the safety and well-being of those experiencing domestic violence.

Being aware of potential signs of domestic violence can help you to take the appropriate measures to prevent it from escalating in your workplace.

Reducing the risks

Workplace violence can arise from a variety of sources, including domestic violence. As an employer, you have a legal obligation to address violence in the

workplace that puts your employees at risk. The following four steps can help you meet your legal obligations and reduce the risks for workers.

If you learn of a threat, assess the risk

According to the Occupational Health and Safety Regulation, employers must conduct a risk assessment if there is interaction between employees and persons other than co-workers that might lead to threats or assaults (s 4.28). If you learn about domestic violence that puts your employees at risk, you must assess the risk and decide how best to protect your workers.

Conducting a risk assessment for domestic violence in the workplace may be a complex process, depending on the circumstances. An employee may not disclose all the details of her/his situation or may downplay the seriousness of the violence. A situation that appears to be of no immediate threat or danger to workplace safety may change over time. You may wish to seek assistance from a professional to complete a risk assessment for domestic violence in the workplace.

Eliminate or minimize the risk

If the threat of violence is imminent, you should contact the police immediately. You must also take steps to eliminate or minimize the risk to workers—for example, secure the premises. When non-imminent threats exist, employers must establish procedures, policies, and a work environment to address the risk (the Regulation, s 4.29).

Instruct your workers

...

If you learn of a threat, instruct workers on:

- How to recognize the potential for violence
- The policies, procedures, and arrangements in place to address the risk
- How to respond
- How to obtain assistance
- How to report, investigate, and document any incidents of violence²⁸

One major international company, Kering Group, has been identified as a leader on this front, having developed an internal training program intended to provide a supportive and safe work environment for employees experiencing domestic violence:

The company has rolled out the program's three-hour, introductory curriculum in Italy, the United Kingdom, the United States, and China, in partnership with local NGOs that adapt the content to local contexts. Staff interest in the issue also prompted the company to create a level-two, full-day course to become "internal advocates," which goes further to address how to concretely support survivors internally.²⁹

The emphasis on businesses being part of the solution is also well on its way to being an international legal norm. In June 2019, the International Labour Organization (ILO), a United Nations entity tasked with setting labour standards, agreed to a global treaty that sets out the first globally recognized standards for addressing violence and harassment. The significance of this development is clear:

One of the most significant implications of the new agreement is that companies will be required to respond to gender-based violence in a more-comprehensive way than before – including taking steps to prevent violence, to protect survivors through remedy and compensation, and to develop reporting and grievance procedures. The new agreement will become effective one year after two ILO member states have ratified it.³⁰

Canada ratified this treaty on January 30, 2023.

Supporting Violence Survivors and Bystanders

Businesses can ensure that their workplace policies provide support to violence survivors including, for example, paid leave enabling a woman to take measures to ensure her safety. Companies can also take steps to support and protect bystanders who intervene and whistle-blowers who report on violence within the workplace.

Participating in the Community Safety Ecosystem

Businesses can also participate in sector-wide approaches to reducing gender-based violence in particular industries where sexual harassment and/or assault are prevalent and help to raise standards and tackle deeply ingrained issues. Over the past few years, for example, the entertainment industry has taken industry-wide steps to address these issues in response to high-profile scandals that resulted in a widespread movement for change. Companies may also “have the ability to influence societal norms and behaviours on gender-based violence through advertising and campaigning, particularly when the issues align with core business aims, and include culturally relevant reference points or actors.”³¹

Businesses and business organizations can also be active participants in the development and implementation of plans for community safety and well-being. This role can combine corporate and civic responsibilities, through strategies such as creating safe spaces using environmental design in urban and rural spaces.

Promoting Equality and Inclusion

In Volume 3, we recognized that lifting women and girls out of poverty is one of the main strategies required to keep women safe. Corporate policies that promote equality and inclusion play a vital role in achieving this goal, in a way that is complementary to, and can operate in partnership with, public sector policies and programs.

The roles and responsibilities of businesses extend well beyond the workplace context; they can also help the needed shift in social norms. Our Watch Australia, a non-profit working to end violence against women and children, emphasizes this role: “Every workplace conversation, policy and action has the potential to either reinforce or challenge gender inequality and the kinds of attitudes and norms that drive violence.”³²

The Stanford Social Innovation Institute’s research resulted in three main insights for businesses:

- It all starts with inclusivity. Companies big and small need to establish diverse, equal, and respectful workplaces to build the trust necessary for developing violence and harassment policies and practice.

- Businesses need to embrace a new spirit of openness. Taking the steps outlined [in the article] can increase the number of staff who report incidences, and who use trainings and hotlines. We must collectively recognize this as a positive step toward improved practice that will result in the retention and wellbeing of workforce members, increased productivity, and less risk to brands.
- Developing more open reporting on the success or failure of approaches is critical, as many of our case studies reveal a lack of ability to track real impacts. This could include gathering sex disaggregated data in staff surveys to better understand employees experiences or partnering with monitoring and evaluation experts to develop appropriate indicators to measure progress.³³

LESSONS LEARNED

Businesses have important roles and responsibilities as part of a whole of society response to gender-based, intimate partner, and domestic violence.

These responsibilities include ensuring that workplaces are safe and promote well-being, supporting employees who are dealing with violence outside of the workplace, being an active part of the community safety ecosystem, and contributing more generally to the promotion of gender equality and inclusion.

Recommendation C.18

BUSINESSES AND INDUSTRY ASSOCIATIONS CHAMPIONING ENDING GENDER-BASED VIOLENCE

The Commission recommends that

Businesses should:

- (a) undertake a self-assessment of how effectively their existing policies, programs, culture, leadership, and strategy are tackling violence and harassment and supporting survivors and bystanders and whistleblowers;

- (b) undertake a self-assessment of how effectively their existing policies, programs, culture, leadership, and strategies are addressing violence and harassment committed by their employees;
- (c) commit to a leadership role in fostering cultural shifts that challenge the normalization of gender-based violence and integrate this shift into their business practices; and
- (d) play an active role in the development and implementation of community safety and well-being plans.

Media

Media organizations have an important role to play in shaping and supporting community safety in how they interact with cultural norms, inform the public during critical incidents, and report on public safety issues over the longer term.

Whether consciously or not, media reports can serve to further ingrain or to challenge cultural norms that in turn have an effect on community safety. For example, decisions on how to report about different perpetrators can reinforce underlying biases about such characteristics as gender, race, and class. Similarly, in the urgency to cover breaking and emerging news, the media can establish narratives that may not accurately reflect the complex realities of real lives and events. Media organizations and practitioners should continue to test their own practices to ensure they are applying equitable levels of scrutiny and attention to perpetrators and victims regardless of their cultural background or perceived status, and remain alert to the role that systemic forms of prejudice, violence, and injustice can play in shaping lives and events.

In the aftermath of the April 2020 mass casualty, members of the public turned to the media for information about what had happened. This in part reflected poor communication from the RCMP, a topic that is discussed in findings and recommendations elsewhere in this Report. We heard from those most affected and members of affected communities that they turned to the media for information and were frequently frustrated and hurt to hear information about the mass

casualty and their loved ones from the media rather than from the RCMP. While public institutions such as the RCMP can improve their role as trusted sources of information for both those people most affected and the public, the media will continue to have an important role to play as conduits of information during and following critical incidents. Media organizations should continue to talk with public institutions about how they share information and how they can better support each other during incidents that threaten community safety. There is also a leadership role for media focused on public education. We have identified many areas throughout this Report, including public alerting, roles of emergency responders in community safety, and gender-based, intimate partner, and family violence, among others, that require significant public discourse and education to help ensure people have relevant information that they know how to use.

The media also has a critical role to play as investigators and researchers, bringing new information about incidents to light and holding public leaders and institutions accountable for their actions and commitments. For example, following the mass casualty, the media surfaced important stories, including the experiences of Portapique resident Brenda Forbes, who had reported concerns about the perpetrator to the RCMP in the years prior to the mass casualty. Members of the media also focused on the accountability of the RCMP and others following the mass casualty, asking illuminating questions about police decision-making, resourcing, and transparency. The media served that accountability role with the Commission, too, covering the Commission's proceedings and asking critical questions about our work and approach.

Over the course of the Commission's work and public proceedings, media organizations advised Commission staff that they did not have the resources required to properly cover a process as complex and lengthy as a public inquiry. They also spoke about the challenges that arise in reporting on complicated and intricate processes such as public inquiries in ways that make sense to the broader public, who are generally busy, distracted, and less engaged in specifics. Media organizations require adequate resources in order to properly inform and engage the public about issues and processes of great significance.

There are also wellness considerations for members of the media who covered the mass casualty and its aftermath, given the potential for effects on their mental health and personal sense of safety. Their employers should ensure that required supports are available to front-line reporters and other media workers. Media

organizations have the opportunity and responsibility to prepare personnel for mental health challenges arising from their work before, during, and after critical incidents.

Looking ahead, the media has a critical role to play in ensuring the recommendations in this Report gather momentum rather than gather dust. They can help to keep the memory alive of those whose lives were taken and all those who were affected. They can keep holding political and institutional leaders to account for their work in implementing the recommendations. They can also continue to help inform the public by providing accurate, reliable information about the issues that underpin and contribute to mass casualties, including gender-based, intimate partner, and family violence.

Professionals, Front-Line Service Providers, and Licensing Bodies

Professionals and Front-Line Service Providers

Individuals who provide services directly to members of the public have a heightened responsibility to contribute in a rehabilitative way to community safety, including through taking measures to prevent gender-based violence. Professionals and front-line service providers are often well positioned to initiate difficult conversations and help navigate paths to help and intervention. One aspect of fostering collective action is to consider the role of this group of individuals and to ensure they have the training and resources necessary to meet expanded responsibilities to reach our shared objectives. In particular, individuals working in the education, healthcare, and justice sectors should have the education and training necessary to proactively identify warning signs and have the knowledge to effectively intervene and follow up in ways that promote community safety.

In their closing submissions, the Participant coalition Avalon Sexual Assault Centres, the Women's Legal Education and Action Fund (LEAF), and Wellness Within drew attention to the evidence that the perpetrator discussed rage, emotional

disturbances, and alcohol consumption with his doctor, but there is no evidence that his physician referred him to psychological, psychiatric, or other supports or treatments. The record is insufficient to make a finding on this specific issue, but we agree this is an area of concern.

During our Phase 3 consultations, Dr. Scott told us that clinical psychologists receive no training on gender-based violence even though it is recognized as core issue in child protection, policing, justice, mental health, and substance use. This lack of adequate training impinges on the ability of professionals to effectively use risk assessment tools, even where they are mandated to do so. Dr. Scott and other stakeholders spoke about the reluctance of professionals such as police and physicians to ask key questions because they may cause embarrassment. Often, this is because these questions have not been incorporated into assessment tools. Similarly, Dr. Scott shared that one of the top ten risk factors for domestic violence homicide is perpetrator suicidality and suicidal intent. Therefore, Dr. Scott recommended that a standard question be added to suicide risk assessments to ascertain whether the individual had thoughts of harming another person or persons, as well as themselves.

Another important role played by professionals and front-line service providers is to report concerning behaviour to the appropriate authority to facilitate intervention to prevent harm. This issue is currently under discussion in the context of flagging concerning behaviour connected to access to firearms. We discuss this issue further in Part D.

A whole of society response must include measures to ensure that professionals and front-line service providers are well equipped to fulfill their roles and responsibilities to promote community safety through proactive identification of warning signs as well as individual and systemic interventions, including through risk assessments and reporting. In line with this conclusion, Dr. Scott recommended that training about how to identify warning signs and inquire further should be mandated for professionals through their regulatory bodies and professional associations, particularly in the fields of education, social work, psychology, medicine, law, and law enforcement. For ease of implementation, such material can be incorporated into existing training and education programs.

Professional Licensing Bodies

In Volume 3, we made findings concerning the perpetrator of the April 2020 mass casualty's predatory, violent, and intimidating behaviour toward some of his patients, and in particular members of the African Nova Scotian community in Dartmouth and the North End of Halifax. Based on a consultative process with members of these communities, the Avalon Report provided information about the perpetrator's sexual exploitation of those who sought his services, his tendency to make sexually suggestive comments to marginalized clients who visited his clinic, and other violations of the Denturist Code of Ethics. Within African Nova Scotian communities, he was notorious for abusing his position of power over vulnerable and marginalized individuals.

We examined the role of the Denturist Licensing Board in receiving and reviewing complaints against him and the limited impact of this oversight. In this section, we take another look at the role of the board's actions from the broader perspective required by our reconsideration of the roles and responsibilities of professionals and the bodies that license and regulate professions. A licence to be a healthcare practitioner confers privilege and status within a community, and with the privilege of practice come duties to the public. For denturists, these duties are established and enforced by the Denturist Licensing Board. Members of the public rely on this licensing system as an important safeguard.

In Volume 3, we found the Denturist Licensing Board took the complaints against the perpetrator seriously, carried out investigations, and in 2007 held the perpetrator to account by suspending him and ordering him to take counselling. Despite the board's actions, the perpetrator continued his pattern of predatory, violent, and intimidating conduct toward members of marginalized communities. We therefore conclude there were systemic inadequacies in the board's ability to provide the oversight required in the interests of community safety, particularly with respect to a group rendered vulnerable through socio-economic marginalization and systemic racism.

The practices employed by the Denturist Licensing Board are consistent with those used by the majority of professional regulatory bodies; our concerns extend beyond this specific board and reflect systemic limitations rather than ones attributable to the board per se. In the words of one survivor who participated in the Avalon process:

When I go into a doctor's office, I see a code of conduct that I must adhere to, to remain in the space, but I do not see any Code of Conduct that professionals need to adhere to. If I experience violence, sexual harassment, or unprofessional conduct from the professional I am seeing, am I protected? How do I place a complaint?³⁴

A complaint-based system, such as the Denturist Licensing Board's, is inherently limited because it relies on individual patients to initiate a complaint process. Initiating a complaint can impose an onerous burden on less-empowered patients, especially when they continue to be under the care of the denturist. It can also be complicated: it requires time and energy, skills such as reading and writing, and knowledge of how to submit a complaint. All these demands can be barriers to reporting for the more marginalized patients the perpetrator targeted. A complaint-based approach is specifically limited in this context because dentures last seven to ten years on average. With few interactions between denturist and patient, individuals may be less motivated to initiate a complaint. By comparison, many people receive general dental services on a more regular basis, so they would have more incentive to take steps to complain about unacceptable behaviour.

We have identified other missed intervention points related to the perpetrator's professional status. As we mention earlier in this chapter, the perpetrator's violent and intimidating behaviours were witnessed and/or experienced by colleagues. For example, one of his teachers at the denturist school knew about his physical violence, and one of his denturist colleagues who worked in his clinic, along with Lisa Banfield, witnessed his violence toward denture patients. Several women who worked at his clinic were sexually harassed. We have also pointed out his harassing and intimidating calls to the committee members and the consulting denturist in relation to the complaints his patients made to the Denturist Licensing Board. **Colleagues, employees, and teachers working around the perpetrator in a professional context had important information, but they believed they could not address his misconduct effectively on their own. Despite their more empowered status, they did not have safe and accessible pathways to flag his behaviour to those with the power of regulating him. In Nova Scotia, the denturist profession is small, and that fact has a cross-cutting impact. Regulators can monitor a smaller profession with greater ease, but within a small group, colleagues may be hesitant to report unprofessional conduct.**

Some licensing bodies take a more proactive approach – for example, through practice audits or other quality control systems – which can include steps to build

awareness about the need to prevent harm to patients. This monitoring role should be triggered by multiple complaints and patterns of complaints. **One relatively easy and important step would be for the Denturist Licensing Board to be proactive about promoting awareness of the complaints process.** We adopt the Avalon Report's recommendation that denturists should have information about the *Code of Ethics* and the complaints process posted in their clinics.

Some healthcare professions are taking steps to overcome the limitations of a reactive, complaints-based system of regulation. In 2019, the Ontario Long-Term Care Homes Public Inquiry recommended that the College of Nurses of Ontario revise its policies and procedures to reflect the possibility that healthcare providers might intentionally harm those in their care. The college responded by taking steps to create awareness of the potential for nurses to cause intentional harm to patients. It recognized that “being aware of this possibility may lead to early detection and prevention. Evidence shows knowledge is key to preventing this harm.”³⁵ The College of Nurses of Ontario has also developed a series of tools to prevent harm against patients. We support a more proactive approach and encourage all professional licensing bodies that regulate individuals who provide services for individuals to adopt a proactive process. We recommend that they, through careful monitoring, track and proactively demand accountability when discernable patterns of unethical or illegal behaviour are uncovered.

LESSONS LEARNED

Traditionally, professional licensing bodies regulate their licensees through an individual complaints-based system that is insufficiently proactive.

Community safety and well-being can be promoted through more proactive monitoring of licensees.

Members of marginalized communities are particularly at risk of being subjected to poor treatment and unethical or illegal behaviour.

Recommendation C.19

PROACTIVE MONITORING BY PROFESSIONAL LICENSING BODIES

The Commission recommends that

All professional licensing bodies should:

- (a) monitor their members proactively to better ensure the safety and well-being of their licensees' clients / patients;
- (b) through careful monitoring, track and proactively demand accountability when discernible patterns of unethical or illegal behaviour are uncovered; and
- (c) take steps to promote awareness of complaints mechanisms, including by requiring that licensees prominently display the *Code of Ethics* and information about the complaints process in their offices / clinics and online.

IMPLEMENTATION POINTS

- Practice audits and quality control systems can assist in proactive monitoring.
- Professional licensing bodies should:
 - ◊ acknowledge that marginalized communities face barriers to reporting concerning behaviour; and
 - ◊ take steps to minimize these barriers through engagement with these communities.

Oversight of Publicly Funded Services to Poor and Marginalized Communities

Our examination of the causes, context, and circumstances of the mass casualty leads us to identify another avenue for a whole of society response to gender-based violence and, more generally, the promotion of community safety and well-being. We pinpoint another proactive mechanism: the oversight of publicly funded services to poor and marginalized communities. Again, this issue came to light in our consideration of the evidence related to the perpetrator's predatory, violent, and intimidating behaviour.

The Province of Nova Scotia provides funding to people of lower economic means to enable them to access health services. Recognizing the importance of dental health, the Department of Community Services subsidizes denture services for those who receive income assistance or disability support from the province. The perpetrator actively marketed his dental services to individuals of lower economic means, and social assistance patients formed a relatively large part of his clientele. We make findings about the ways he targeted marginalized members of this group using questionable marketing practices, financial incentives, and intimidation. As a result of a deliberate strategy on his part, he was able to earn a substantial income from public funds.

Through the Avalon process, we learned that some recipients regarded these denturist services as public services that would be vetted and monitored by public authorities. This expectation of quality control of health services delivered through public funding programs is appropriate, and public funding agencies should develop monitoring programs to ensure that publicly funded health services meet professional standards and provide quality care. **The desired outcome is that the provision of public health services to people of lower economic means should be monitored to ensure that quality services are being delivered in compliance with professional standards, including ethical codes. A monitoring system would provide an intervention point through which red flags could be identified proactively through audits.**

In addition to ensuring that public funds are spent on quality services, this monitoring is necessary to remedy the power imbalance between a well-off professional and a lower-income client – an imbalance that is exacerbated because payment is made by a third party. Clients who are paying out of pocket or are reimbursed by private insurance can seek other providers if they are dissatisfied with a service or with the way they have been treated during the delivery of those services. Individuals who are reliant on public funding for denture services are constrained because they have fewer options for the provision of service. They have access only to services where a denturist is willing to accept the amount of the public subsidy – an amount lower than the market rate.

Recommendation C.20

OVERSIGHT OF PUBLICLY FUNDED SERVICES TO POOR AND MARGINALIZED COMMUNITIES

The Commission recommends that

All levels of government should monitor the provision of public health services by independent service providers to people of lower economic means (and those who are otherwise marginalized) to ensure that quality services are being delivered in compliance with professional standards, including ethical codes.

Governments should work in partnership with professional regulatory bodies for this purpose.

Part D:

Applying Lessons Learned

CHAPTER 13

Access to Firearms and Community Safety

CHAPTER 13 Access to Firearms and Community Safety

Introduction

Our mandate directs us to inquire into the perpetrator's access to firearms as one aspect of the causes, context, and circumstances of the April 2020 mass casualty. Our main findings about the perpetrator's access to and use of firearms are made in Volumes 2 and 3; we provide a summary of them here. **Our core finding is that Canada's firearms regime was inadequate to prevent the perpetrator from acquiring the means to carry out the April 2020 mass casualty.** We evaluate this regime on the basis of how it operates in conjunction with other aspects of our public and community safety systems. It is Canadian society, our community of communities, that decides on which lethal weapons should be available for civilian use, for which purposes, and under which conditions.

The Final Report's central theme is that a public health approach that focuses on root causes and prevention is the most effective way to ensure community safety and well-being. There is no one solution that will prevent violence and its escalation to mass casualties. A multi-faceted approach is needed. Our findings are incontrovertible: effective enforcement of firearms regulations is a necessary aspect of a public health approach to prevention.

In the wake of the mass casualty, Canadian public discourse on firearms control is at a critical juncture. Experience in several countries illustrates how devastating lethal events can be a catalyst for substantive reform based on a shared understanding of the causes, context, and circumstances of the incident. At the same time, this current collective conversation is deeply shaped by a polarization of views that generates oppositional position taking rather than dialogue. In this regard, the United States looms large, not only because of the shared border but

also because of its cultural influence, its distinctive gun culture, and the fact that it is one of the biggest weapons manufacturers in the world.

In the first section of this chapter, we provide a snapshot of the firearms situation in Canada. This section is designed to provide background information and context for the discussions that follow. It consists of an overview of the regulation of firearms and a range of statistical data about guns and their use. We also include an overview of Canada's legal obligations relating to firearm regulation. The second section is a summary of our findings on the perpetrator's access to and use of firearms and an identification of the issues that arise from these findings.

The third section sets out what we have learned about mass casualties, firearms, and firearms regulation. We explore the relationships between both guns and gun controls and mass shootings in the United States, building on the exposition in Volume 3, *Violence*; and briefly review American responses to these events. We analyze the firearms-related responses to mass casualties in New Zealand, the United Kingdom, and Australia and draw lessons to be learned from these international experiences.

The fourth section surveys Canadian firearms regulation, beginning with a historical perspective and moving to developments after the April 2020 mass casualty. Here we focus on how technological developments and mass casualties and other crimes have shaped Canada's approach to gun control.

In the fifth section, we move to a forward-looking perspective on violence prevention through gun control. The discussion is structured around three main strategies: legislative and regulatory reform, addressing cross-border smuggling of firearms and ammunition, and strengthening regulatory enforcement. The sixth section examines the other side of the prevention equation, looking beyond regulation to issues such as public awareness and education and mechanisms to promote community safety.

The chapter ends with our conclusions and recommendations.

Firearms in Canada: Snapshot of Current Situation

This section provides a snapshot of the current firearms situation in Canada: an overview of the legal and regulatory regime; statistics about ownership; the relationship between guns and crime, including considerations related to the rural context; international comparisons on gun statistics; and Canada's international legal obligations in this area. The section is designed to provide an introductory background to our discussion of access to firearms and community safety.

Regulation of Firearms in Canada

Canadians have controlled civilian use of firearms since the early days of Confederation. Canadian law restricts and regulates the possession, use, and transfer of firearms and ammunition. In 1969, the *Criminal Code* was amended to create the categories of “prohibited,” “restricted,” and “non-restricted” firearms, and this categorization continues today. Over the last 50-plus years, there have been changes to how different types of firearms are categorized within this scheme and to the legal responsibilities of people seeking to acquire, possess, store, and transfer these weapons.

The *Criminal Code*, RSC 1985, c C-46, s 84(1), describes three types of firearms: prohibited, restricted, and non-restricted. In general, prohibited firearms include certain handguns, fully automatic firearms, and sawed-off rifles. Restricted firearms include handguns and certain rifles. Non-restricted firearms include rifles and shotguns (or long guns) not classified as restricted or prohibited weapons.

In many cases, Canadian law uses the technical attributes of a firearm (such as barrel length or firing mechanism) to determine classification. However, section 117.15 of the *Criminal Code* also grants the Governor in Council the ability to classify firearms as restricted or prohibited weapons unless “in the opinion of the Governor in Council, the thing to be prescribed is reasonable for use in Canada for hunting or sporting purposes.” The Governor in Council (in practical terms the federal Cabinet) makes these decisions through orders in council. Once the Governor in Council restricts or prohibits a model of firearms, variants of that model are to be classified the same way. The RCMP offers an opinion on how models of firearms

should be classified based on their characteristics, including whether they are variants of restricted or prohibited weapons. These opinions are published in a lengthy document known as the Firearms Reference Table, which is publicly available online.

Canada has also periodically changed important aspects of how firearms are regulated and administered, and how these legal responsibilities are enforced. The adoption of the *Firearms Act* SC 1995, c 39, marked a major transition in this regard. The Canadian Firearms Program, a program within the RCMP, is responsible for enforcing the Act and administering its provisions, including licensing and registration.

Each province has its own chief firearms officer (CFO), appointed either by the Government of Canada or by the executive council of the province. The three territories each share a CFO with an adjoining province (Yukon with British Columbia, the Northwest Territories with Alberta, and Nunavut with Manitoba). In addition to their administrative work, the CFOs are responsible for making decisions on licensing (i.e., to grant, deny, revoke, or put conditions on a Possession and Acquisition Licence), authorization to transport, authorization to carry, and transfer of firearms.

Each province also appoints firearms officers (generally speaking, police officers or RCMP civilian members) to inspect and ensure compliance within the definitions of the *Firearms Act*. They may apply to court for a preventive prohibition order if it is in the public's interest that a person should not be in possession of any weapons regulated under the Act. In carrying out their duties, they can demand firearms be presented to them and conduct any tests or analyses. Failure to comply is a summary offence, and previous contravention of the *Firearms Act* may lead to complications when someone seeks to renew their firearms licence.

Today, to acquire and possess firearms, an individual must apply for and be granted a Possession and Acquisition Licence. There are two types of these licences: one that permits an individual to own non-restricted firearms, and another for restricted firearms.

Restricted firearms must be registered, and their owners must participate in additional safety training. The use of restricted firearms is limited to certain activities – such as target practice or competition, or inclusion in a collection. In limited circumstances, an individual may be authorized to possess or acquire a restricted firearm for employment purposes or, very rarely, for protection of life.

An individual may lawfully possess prohibited firearms only if both the individual and the firearm have been “grandfathered” under section 12 of the *Firearms Act*.¹ Being grandfathered means you can keep certain prohibited firearms that were registered to you on specific dates set out in the Act.

There are no licensing or registration requirements for antique firearms.

Firearms Terminology

Automatic Firearms

An automatic firearm continues firing without the shooter having to pull the trigger again. It will keep firing as long as the trigger is pulled down, until there is no more ammunition. A machine gun is an example of an automatic firearm.

Semi-automatic Firearms

A semi-automatic firearm is any weapon where the shooter pulls the trigger, one cartridge is fired, and a new cartridge is automatically reloaded. Although we may associate the term “semi-automatic” with rifles, which are long guns with grooves in the barrel that help improve accuracy, it can apply to any type of weapon, including handguns.

Select-Fire Firearms

Select-fire firearms have a capability to fire in either semi-automatic or fully automatic mode.

Assault-Style Firearms

The use of the term “assault-style firearm” is contested in Canada. Some people use this term to refer to select-fire firearms. Others use this term to refer to a specific category of semi-automatic firearms: semi-automatic rifles with centre-fire ammunition and the capacity to receive detachable, large-capacity magazines. These firearms can be reloaded much faster than other rifles and are capable of sustained fire.

In general, these assault-style firearms are often a civilian version of a gun originally designed for military service. At different times these firearms have been referred to as “paramilitary” rifles, “military-style” rifles, “modern sporting rifles,” “black rifles,” “assault weapons,” and “assault rifles.”²

This debate over terminology can be heated. For example, many people consider the AR-15 to be an assault-style firearm. Those who equate assault-type firearms with automatic weapons would not include the AR-15 in this category. The May 2020 Order in Council (PC 2020 298) prohibited the AR-15 and its variants. Many were named as variants in this Order in Council. Other models have since been identified as variants of the AR-15.

This Commission uses the term “assault-style firearms” to refer to semi-automatic rifles with centre-fire ammunition that are capable of receiving large-capacity magazines. An assault-style rifle is a semi-automatic, centre-fire rifle that often originates from a military design and can receive a detachable magazine.

Statistics About Guns in Canada

Canadian data about guns and their impact has many gaps. In a recent presentation to the Parliamentary Standing Committee on Public Safety and National Security, Statistics Canada recognized these limitations and the overall need to improve national data collection in relation to firearms used in the commission of criminal offences, “such as details about the exact type of gun, who owned it (e.g., accused, victim, or someone else), how it was stored or whether the owner was licensed.”³ In the past few years, several changes have been made to address some of these limitations, and Statistics Canada reported that it continues to collaborate with various partners, including police services, to “identify and address critical information needs.”⁴

To provide a shared information base for the discussion in this chapter, we set out here a few key statistics in these categories: number of licensees and firearms, firearms-related violent crime, firearms and gender-based violence, firearms-related injury and suicide, and rural communities and firearms.

Number of Licensees and Firearms

- As of December 31, 2020, the Canadian Firearms Program recorded a total of 2,206,755 valid firearms licences, which is roughly 5.6 percent of the Canadian population. The four provinces with the highest number of issued licences are, in order, Ontario, Quebec, Alberta, and British Columbia. The provinces and territories with the highest rate of licensing are Yukon (18.5%), Newfoundland and Labrador (14%), Northwest Territories (12.1%), and New Brunswick (8.9%).
- Estimates of the number of firearms in private hands in Canada vary widely. The federal Department of Justice website includes an estimate that there are approximately seven million privately owned firearms in Canada, while the international Small Arms Survey estimated the total number of civilian-held legal and illicit firearms in Canada in 2017 at 12,700,000.
- According to the expert report commissioned from Dr. Blake Brown, professor of history and chair of the Department of History at Saint Mary's University (the Brown Report): "The precise number of assault-style firearms in Canada is unknown because many such guns are classified as non-restricted firearms and thus are not registered. Estimates differ of the number of assault-style firearms prohibited by the 1 May 2020 Order in Council. In 2021, the RCMP estimated that roughly 150,000 firearms were affected. A gun industry lobby group, the Canadian Sporting Arms and Ammunition Association (CSAAA), in comparison, pegged the number of newly prohibited firearms at 518,000. Regardless of which estimate is correct, the number of firearms prohibited in 2020 represents a fraction of the total number of guns owned by civilians in Canada and ... is only a portion of the number of semi-automatic centre-fire rifles in circulation."⁵

Firearms-Related Violent Crime

In a 2022 study, Statistics Canada reported there “were 8,047 victims of violent crime where a firearm was present in 2021, accounting for 2.6% of all victims of violent crime.”⁶ This report includes these many findings:

- Compared to 2020, firearm-related violent crime decreased 5% in 2021, from a rate of 29.0 victims per 100,000 population to 27.4 per 100,000. Over the same period, the rate of violent crime overall increased by 4%.
- The decline in firearm-related violent crime was driven by a decrease in urban areas, specifically in the Toronto census metropolitan area, where the rate was 22% lower in 2021 than in 2020.
- The rate of firearm-related violent crime was considerably higher in the rural Northern regions of Canada (107.1 victims per 100,000 population) than in the rural South (26.7) and urban areas (24.8). This is consistent with trends in violent crime in general.
- In 2021, the rate of firearm-related violent crime in the rural North was at its highest point since comparable data became available in 2009.
- Following a period of decline in the early 2010s, firearm-related violent crime has generally been increasing. The rate of firearm-related violent crime in 2021 was 25% higher than it was ten years earlier, in 2012.
- As has consistently been the case, handguns were the type of firearm most commonly present in firearm-related violent crime in 2021. This was especially the case in urban areas, while rifles or shotguns were more commonly present in firearm-related violent crime in rural areas.
- Physical assault, robbery, and the firearm-specific *Criminal Code* violations of discharging a firearm with intent, pointing a firearm, or using a firearm in the commission of an offence accounted for 80% of all firearm-related violent crime in 2021.
- Though firearms were present in a small proportion of all violent crimes, incidents where a firearm was present more commonly involved multiple victims and resulted in major injury or death compared to incidents where another type of weapon or no weapon was present.
- In 2021, there were 297 victims of homicide in Canada where shooting was the primary cause of death, a rate of 0.78 per 100,000 population. This marked the highest rate since 1992.
- Shooting was the most common cause of death among homicide victims for the sixth consecutive year, accounting for 40% of

homicides in 2021. The majority (57%) of shooting homicides were committed using a handgun.⁷

This Statistics Canada report also found that “multiple-victim incidents are more common when a firearm is present”:

Though firearm-related violent crime accounts for a small minority of violent crime in general, firearms are overrepresented both in incidents of violent crime where there are multiple victims, and violent crimes which result in major injury or death.

In 2021, one in five (21%) victims of firearm-related violent crime were involved in an incident with two (15%) or three or more (6%) victims. Violent incidents with another type of weapon (where 11% involved two victims and 3% involved three or more) or where no weapon was present (where 7% involved two victims and 1% involved three or more) less commonly involved multiple victims.⁸

Firearms and Gender-Based Violence

In Volume 3, we discussed the limitations of Canadian statistics on gender-based violence and highlighted some initiatives to address these gaps. Here we provide recent statistics about firearms-related gender-based violence.

- A 2022 Statistics Canada study of “Trends in Firearm-Related Violent Crime in Canada, 2009 to 2020” found that “overall, one in four (25%) female victims of firearm-related violent crime was victimized by a current or former spouse or other intimate partner. In contrast, 2.2% of male victims of firearm-related violent crime in 2020 were similarly victims of intimate partner violence. Instead, among victims, a higher proportion of males were victimized by a stranger, friend or casual acquaintance (83% versus 64% of females).”
- This 2022 study also found: “For women, firearm-related IPV was most frequent in rural areas. In 2020, there were 8.1 female victims of firearm related IPV per 100,000 female population in the rural South, and 31 per 100,000 in the rural North (compared to 4.1 in urban areas). IPV accounted for

nearly one-third (32%) of female victims of firearm-related crime in the rural South and 38% in the rural North.” This was also the pattern in previous years.

- An international meta-analysis of intimate partner violence perpetrated by men found that having access to a gun was linked to a more than tenfold increase in the likelihood of killing a partner, as opposed to committing nonfatal violence.
- Statistics regarding firearms and gender-based violence are constrained by limitations in data collection both in Canada and abroad. For example, intimidation with firearms is not captured by most data systems.

Firearms-Related Injury and Suicide

Statistics about firearms-related deaths and injuries are limited because of the way relevant data is collected in Canada.

A 2022 Statistics Canada report gave this summary of firearm-related deaths in Canada in 2020:

Violent crime – that is, homicide and other violations causing death – is not the leading cause of firearm-related death in Canada. According to the most recent data available from the Vital Statistics Death Database, there were 714 deaths caused by a discharge of a firearm in 2020 in Canada, down from 836 in 2019. Similar to previous years, the majority (71%) of these deaths were the result of intentional self-harm. Homicide or assault was the next most common cause of firearm-related death (24%), with the remainder classified as accidental (3%) or the result of legal intervention (2%).⁹

For comparative purposes, in 2004, 743 Canadians were killed by the use of firearms (2.4 per 100,000 people), and, despite general media focus on urban crime, 80 percent of these firearm-related deaths were caused by suicide.

Other information about firearms-related injuries and suicide includes the following:

- Canadian Association of Emergency Physicians research shows that rural citizens and Indigenous people are significantly and disproportionately at risk for firearms-related injury and death. The association contrasts this finding with the tendency to associate firearms risk with urban gang violence (though this, too, is a concerning problem).
- Canada's Indigenous population, including First Nations, Inuit, and Métis people, comprises 4.3 percent of the general population. Despite representing a fraction of the population, the suicide rate among Indigenous youth aged 15 to 24 is 5 to 6 times the rate seen in the general Canadian population; this rate is especially high among Inuit youth, at 11 times the national average. Suicide and self-inflicted injury are the leading cause of death among First Nations youth aged 15 to 24, whereas, in the general youth population, it is accidental death.
- A recent Ontario study found a close correlation between low-income communities and a higher rate of firearms injury.
- Firearm deaths accounted for 28 percent of suicides (of this total percentage, 26.2% are men, 6.6% are women).
- Rates of suicide among young Canadian men are more pronounced in rural areas; as community size decreases, male suicide rates increase.
- The percentage of suicides involving a firearm varies considerably across regions and is associated with, among other things, the availability of firearms. Canadian Association of Emergency Physicians research shows that reducing access to firearms can ameliorate these risks: "Overall, firearm-related suicides have decreased by 43% since the introduction of stricter gun laws in 1991 and by 23% since the introduction of the *Firearms Act* in 1995."¹⁰

Rural Communities and Firearms

In Part A of this volume, we discussed firearms ownership in rural communities. Here is a brief summary of that discussion:

- Gun ownership is generally higher in rural communities, and therefore, firearms are generally more accessible.

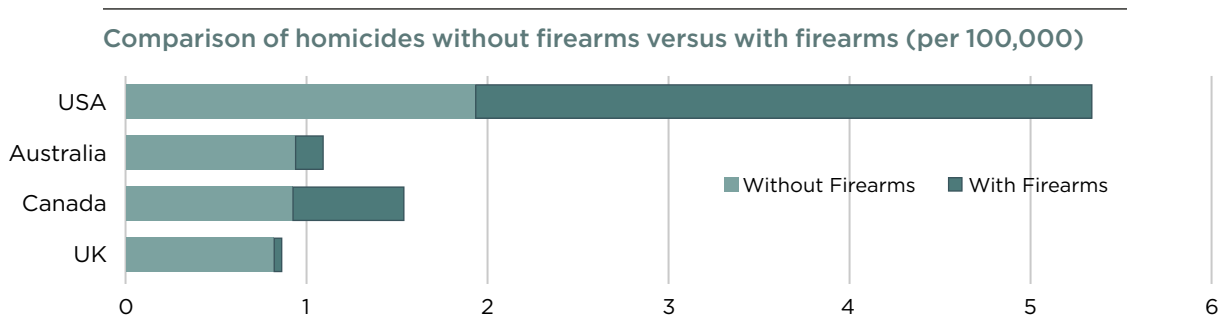
- According to 2017 Statistics Canada data, rates of firearm-related violent crime are generally higher in rural areas than in urban centres in most provinces.
- As noted above, intimate partner homicide is much higher on a per capita basis in rural areas, and guns are used much more frequently in those homicides.

International Comparisons

The Canadian Coalition for Gun Control, a Participant at the Commission, provided a comparative overview of rates of gun ownership and firearms-related violence and crime.

- Canada has the fifth- or sixth-highest rate of civilian gun ownership in the world.
- Canada is ranked fourth among countries in the Organisation for Economic Co-operation and Development in the rate of gun death.
- In 2016, the United Kingdom, which has twice as many people as Canada, had about 25 gun murders. Canada had 223; In 2021, the comparable statistics were 30 gun murders in the UK and 277 in Canada.
- Worldwide, evidence from industrialized countries indicates that strong regulation and controlled access to firearms is linked to lower rates of firearm violence and crime.
- Generally, increased rates of firearm ownership are associated with increased rates of firearm-related violence.

In a presentation to the Parliamentary Standing Committee on Public Safety and National Security, the coalition testified that Canada, the United Kingdom, and Australia have “about the same rate per 100,000 of beatings, stabbings and other kinds of homicides,” but there is a “profound difference” between them when it comes to gun violence, with Canada having a much higher rate. The Canadian Coalition for Gun Control also provided us with a table comparing the number of homicides without firearms versus with firearms in Canada, the United Kingdom, Australia, and the United States.¹¹



Canada's International Legal Obligations

Canada has agreed to comply with a number of international obligations relating to firearm regulation. Some of these obligations are legally binding, while others are legally persuasive and could become binding.

When representatives of countries come together to negotiate international agreements like treaties and conventions about firearms, there are several ways that the obligations contained in those agreements can influence a country's behaviour. First, a country can be a "signatory" to an international agreement. By signing the agreement, the country expresses its intention to comply with the agreement. Once the agreement has been signed, each signatory country is responsible for processing the treaty according to its own national procedures. Signatory countries must refrain from actions that would defeat the object and purpose of the agreement, but they are not officially bound by the agreement until the next stage of the process: ratification and implementation.

Once a country is ready to be legally bound by an international agreement it has signed, it prepares an official document that notifies other countries of its consent to be bound by the obligations in the agreement. The country must then implement the obligations in the international agreement, sometimes by enacting new domestic legislation that makes sure the country's laws accord with the provisions of the international agreement.

A country can also agree to be legally bound by an international agreement even if it was not involved in the negotiation process for that agreement. This is called "accession," and it has the same legal effect as ratification.

Below are the international agreements that impose obligations on Canada to control the illicit manufacturing and trafficking in firearms, ammunition, and related weapons. Some, but not all, provisions in the agreements have been implemented in Canadian laws and regulations. As we discuss further below, however, Canadian firearm regulations remain inadequate in areas such as the marking of firearms and record keeping, which are critical tools in tracing firearms and regulating their use.

Inter-American Convention, 1997

Canada is a signatory to the 1997 *Inter-American Convention Against the Illicit Manufacturing of and Trafficking in Firearms, Ammunition, Explosives, and Other Related Materials* (CIFTA) but has not yet ratified the convention. By signing this convention, Canada has expressed an intention to comply with CIFTA, and the firearms obligations imposed by CIFTA will become legally binding when Canada ratifies the convention. Among other obligations, CIFTA requires Canada to:

- mark firearms to allow them to be traced and for their origin, import, and custody to be identified;
- criminalize the illicit manufacture of and trafficking in firearms;
- correctly manage confiscated and seized firearms;
- ensure that export, import, and transit licence regimes are in place;
- strengthen controls at points of export; and
- establish other security measures, including stockpile management and security.¹²

Firearms Protocol, 2005

Canada has also signed but not ratified the *Protocol Against the Illicit Manufacturing of and Trafficking in Firearms, Their Parts and Components and Ammunition* (Firearms Protocol). This protocol is an addition to the United Nations *Convention Against Transnational Organized Crime*. The Firearms Protocol was created in 2005 to specifically target organized crime involving firearms. By signing the protocol,

Canada has expressed its intent to abide by the provisions, which require countries to:

- criminalize the illicit manufacturing of and trafficking in firearms;
- adopt effective control and security measures, including for the disposal of firearms, to prevent their theft and diversion into the illicit circuit;
- establish a system of government authorizations or licensing to ensure legitimate manufacturing of, and trafficking in, firearms; and
- ensure adequate marking, recording, and tracing of firearms and effective international co-operation for this purpose.¹³

The Commission received Participant submissions from the Canadian Coalition for Gun Control assessing the compliance of Canadian law with the international obligations contained in CIFTA and the Firearms Protocol. These submissions indicate that Canada's regulatory regime does not meet the minimum standards established by CIFTA and the Firearms Protocol, including in respect of the requirements that Canada mark firearms to allow them to be traced and for their origin, import, and custody to be identified; and ensure adequate marking, recording, and tracing of firearms and effective international co-operation for this purpose.

Arms Trade Treaty, 2019

In September 2019, Canada acceded to the *Arms Trade Treaty* (ATT), an international agreement that aims to reduce the widespread availability and misuse of weapons that result from a poorly regulated arms trade. The ATT recognizes that the availability of firearms, especially in areas of conflict, increases human suffering and jeopardizes security and development worldwide.

The ATT sets common standards for the international trade of conventional weapons and calls on countries to act responsibly, transparently, and accountably in the transfer of firearms. The ATT recognizes that by establishing effective export controls, countries can restrict the flow of firearms to illicit groups such as terrorists and criminals and ensure that their arms exports are not used for improper purposes.

Other Obligations

The ratification and full implementation of these firearm-specific international agreements would be consistent with Canada's more general commitments under the *International Covenant on Civil and Political Rights* (ICCPR), which includes an obligation to protect its citizens from violence. Given that women are disproportionately victims of firearms homicides in the context of intimate partner violence, strengthening Canada's firearms regulations would also be consistent with the country's obligations under the United Nations Committee on the Elimination of Discrimination Against Women (CEDAW).

As noted in the Canadian Coalition for Gun Control's Participant submissions, Canada also has international human rights obligations, including to protect individuals' right to life, that demand certain minimum regulatory standards when it comes to firearms. The 2006 Final Report of Barbara Frey, the United Nations special rapporteur on the prevention of human rights violations committed with small arms and light weapons, notes that the following regulatory measures are especially important steps for countries to provide meaningful protection of human rights:

- prohibiting civil possession of weapons designed for military use;
- organizing and promoting amnesties to encourage the retiring of weapons from active use;
- requiring marking and tracing information by manufacturers;
- requiring the regular renewal of licences to prevent transfer to unauthorized persons;
- requiring proof of a legitimate purpose for obtaining a weapon;
- requiring mental fitness for licensing and weapons acquisition; and
- considering past criminal record and history of intimate partner and family violence for licensing.¹⁴

Special Rapporteur Barbara Frey's Final Report further observes: "While regulation of civilian possession of firearms remains a contested issue in public debate – due in large part to the efforts of firearms manufacturers and the United States of America-based pro-gun organizations – there is in fact almost universal consensus on the need for reasonable minimum standards for national legislation to license civilian possession in order to promote public safety and protect human rights."¹⁵

To meet its international obligations, the Canadian Coalition for Gun Control recommends that Canada immediately ratify CIFTA and the Firearms Protocol, and fully implement both of these agreements as well as the PoA and the ITI. We agree with this submission and integrate it into our recommendations set out at the end of this chapter. (Recommendation C.25, Effective, Consistent, and Accountable Enforcement of Firearms Regulations.)

Perpetrator's Access to Firearms: Summary of Findings

In Volumes 2 and 3, we set out our findings about the firearms the perpetrator used on April 18 and 19, 2020, and how he acquired them. **We conclude that the perpetrator owned at least four semi-automatic firearms; he had smuggled three across the border from the United States into Canada and had inherited one from a friend. One was an assault-style firearm. He did not have a Possession and Acquisition Licence, nor had he ever applied for one. As a result, all these firearms were illegally acquired and possessed. At the time of the mass casualty, some of them were restricted. Even if he had had a licence, the perpetrator would have had to register the restricted firearms in order to lawfully own them. He could have lawfully owned a prohibited firearm only if he was in compliance with the grandfathering provisions of the *Firearms Act*.**

At least 35 people knew that the perpetrator had acquired firearms, and quite a few had seen them and were aware they were semi-automatic firearms rather than ordinary hunting rifles or shotguns. The perpetrator was not particularly secretive about them and, as we have described, he was known to show them off. There were only three reports to police about the perpetrator's firearms, and **they were not adequately investigated.** Given the perpetrator's patterns of violent, intimidating, and coercive behaviour, it is clear that many people were frightened of him, which may account for the lack of reporting. At the same time, **it is this very history of violence that underscores the importance of effective enforcement of firearms regulations.**

We find there was a collective failure to address two known and related red flags: the perpetrator's violent behaviour and, more specifically, his threats to kill his parents and a police officer; and his possession and use of firearms. The Canadian regulatory regime was ineffectively enforced and did not prevent the perpetrator from illegally acquiring and storing these firearms, one of them for about a decade.

Our main factual finding is twofold. First, the perpetrator's illegal acquisition of firearms provided him with the means to carry out the mass casualty. Second, despite many red flags, existing enforcement practices were ineffective in preventing the perpetrator from illegally acquiring and possessing these firearms and from smuggling several of them across the land border between the United States and Canada.

With respect to cross-border smuggling, we find the current information-sharing infrastructure resulted in the Canada Border Services Agency (CBSA) having incomplete knowledge about the perpetrator. Incomplete information sharing between the CBSA and other law enforcement agencies, including Criminal Intelligence Service Nova Scotia, meant CBSA was not able to fully assess risk factors when the perpetrator applied for a NEXUS card or when he crossed the border. In this context of incomplete information available to the CBSA, the risk factors that were known to the CBSA, including that he was possibly undervaluing motorcycle parts that he was bringing into Canada and that he crossed the border frequently, were not assessed holistically with other indicators of concern that were known to other agencies but not the CBSA.

Issues Arising from These Factual Findings

Our findings about the perpetrator's access to firearms gives rise to four sets of issues: the effectiveness of Canada's firearms regime concerning access to semi-automatic and assault-style firearms and enforcement of this regime, cross-border smuggling of firearms, and public and community safety issues beyond the regulatory scheme. In Volume 3, Violence, we set out the need to take a public health approach to preventing, intervening in, and responding to mass casualties and gender-based violence. This central tenet applies with equal force to strategies for regulating access to firearms. In this context, public and community safety issues include measures such as public awareness and education about firearms regulation, gun safety (including concerns about accidental firearms injuries and firearms-related suicide), and mechanisms to facilitate reporting.

Mass Casualties, Firearms, and Firearms Regulation

In Volume 3, *Violence*, we examined the ways in which violence is a gendered phenomenon and mass casualties are frequently an escalation of gender-based, intimate partner, and family violence. Part of this examination involved identifying the connections between both guns and gun culture and a particular cultural conception of masculinity, which we term traditional masculinity (defined in Volume 3). We build on this foundation here with a focus on mass shootings in the United States. We also examine the prior mass casualty incidents in New Zealand, the United Kingdom, and Australia and the firearms control approaches adopted by these countries in the aftermath of those incidents.

Connections Between Guns and Gun Control and Mass Shootings

In their expert report on “Mass Shootings and Masculinity,” Dr. Tristan Bridges and Dr. Tara Leigh Tober, professors of sociology at the University of California, consider the central question: “Why do men commit mass shootings in the United States so much more commonly than men in other parts of the world?” Statistics clearly show that the United States is an “outlier” among nations in terms of the frequency of mass shooting incidents. By way of comparison, the authors refer to a study that found Canada is in the middle of the 25 countries studied in terms of the frequency and rate of mass shootings. The United States, on the other hand, had twice as many shootings as the rest of those 25 nations combined. According to multiple studies, there has been an increase in the frequency of mass shootings in the United States since 2000.

Nations with more civilian-owned firearms have more mass shootings. As Dr. Bridges and Dr. Tober point out: “Civilian firearm ownership rates and legislation surrounding gun ownership and gun control are correlated with mass shootings the world over.”¹⁶ The United States’ high rate of gun ownership and lack of effective regulation is connected to its outlier status in terms of mass shootings.

Firearms ownership, however, does not fully explain gun violence, nor is there a direct causal connection between gun ownership and the frequency of mass

casualties. Some studies have shown that the higher a country's rate of gun ownership, the greater the risk of mass shootings, but this is only one factor. For example, as Dr. Bridges and Dr. Tober point out, Canada has a relatively high rate of gun ownership (only five countries have a higher rate) and yet the number of mass shootings in Canada is comparable to some countries with lower rate of gun ownership.

This expert report makes the case for understanding the prevalence of mass shootings through a convergence of guns, gun culture, and specific expressions of masculinity. Two trends appear to be particularly important to this understanding. The first is a cultural shift in American gun culture over the past few decades from one that primarily valued guns for hunting and recreation to an emphasis on their role as an expression of capable masculinity and a means of self-defence and protection. From the 1990s onward, there was a steady decline of violent crime in the United States, and yet during this period self-defence became a consistent reason for people wanting to own a gun. (In the last few years there has been a rise in violent crime in both the United States and Canada.) Second, social and economic transformations have led to dislocation and loss of male privilege, which is interpreted by some men as a challenge or threat to their masculinity. In Volume 3, *Violence*, we recognized these cultural narratives also have a discernable influence on Canadian contemporary gun culture and on policy arguments, and this influence has implications for overall community safety.

The research of Dr. Bridges and Dr. Tober demonstrates that, although the opportunity afforded by access to firearms is important, it is likely that it is not firearms ownership so much as gun culture, particularly in relationship with the glorification of violence, that is a determining factor in rates of gun violence. **“Gun culture” refers to the significance and meaning attributed to guns. Firearms take on different meanings for different groups in different societies. The cultural significance affects both how many people own guns and why they do so. Gun culture is not static; it can change over time and can differ across regions within a country.**

Dr. Tober and Dr. Bridges explain that guns have different functions and meanings. For example, long guns are more commonly used (for hunting and farm-related purposes) in rural areas and have a different cultural meaning than handguns or assault rifles. Assault-style rifles have a very gendered, hyper-masculine cultural symbolism.

Responses to Mass Shootings in the United States

In the United States, mass shootings, even in light of a surge in the number of such events over the last two decades, have not resulted in significant change in national gun control policy. For example, the Obama administration was unable to pass federal gun legislation after the Sandy Hook mass casualty in Connecticut in 2012, in which 26 people were killed at an elementary school, 20 of whom were children between the ages of 6 and 7. (The individual shot and killed his mother before the shootings at the elementary school.) This failure is in striking contrast to the experiences in the three Commonwealth countries discussed below. The Biden administration is shepherding a new gun control initiative through Congress. The Assault Weapons Ban was passed by the House of Representatives in July 2022 and is currently under review by the Senate Judiciary Committee. If signed into law, this US bill would make “it a crime to knowingly import, sell, manufacture, transfer, or possess a semiautomatic assault weapon (SAW) or large capacity ammunition feeding device (LCAFD).”¹⁷

The congressional gridlock does not correspond to no action being taken to prevent further mass shootings. Several states have taken action to ban the sale, manufacture, and transfer of assault weapons within their borders. More states have enacted “red flag” laws that empower police authorities to seek extreme risk protection orders which permit them to take pre-emptive actions against individuals who possess firearms where there is evidence of serious warning signs of risk of mass violence. The 2022 Midterm Election poll showed some evidence of a popular consensus that federal- and state-level policy interventions are needed to address escalating gun violence. In this poll, 17 percent of voters identified “mass shootings and gun policy” as one of their top priorities. Mass shootings were sixth among all priorities mentioned by voters, coming in higher than education or immigration.

Community-based organizations and other agencies are also developing and implementing strategies aimed at preventing gun violence, particularly mass shootings. We provide two examples for illustrative purposes.

The Prevention Institute is an American national not-for-profit organization dedicated to advancing community prevention and health equity. The Prevention Institute describes the gun violence situation south of our border in this way:

Time and again, we are heartbroken by the news of another mass shooting. Part of our healing must be the conviction that we will do everything

in our power to keep these tragedies from happening in a nation that continues to face a pandemic of gun violence. It's not only the high-profile mass shootings that we must work to prevent, but also the daily death-by-guns that claims more than 30,000 lives every year.

We know that these deaths are a predictable outcome of our country's lack of political will to make a change and an underinvestment in prevention approaches that work. Through a public health approach that focuses on drawing from evidence and addressing the factors that increase or decrease the risk of gun violence, particularly in communities that are disproportionately impacted, we can save lives.¹⁸

The Prevention Institute takes a public health approach to gun violence, including mass shootings. Through a broad consultative process that engaged “young people from all races, classes and sexualities,” the institute developed a comprehensive strategy that includes recommendations on gun safety, “sensible gun laws” that seeks to address underlying contributing factors, building “prevention infrastructure,” and investigating new frontiers, including preventing community trauma.¹⁹

Sandy Hook Promise is an American national non-profit organization founded and led by several family members whose loved ones were killed in the mass shooting at Sandy Hook Elementary School on December 14, 2012. Its mission is as follows:

Based in Newtown, Connecticut, our intent is to honor all victims of gun violence by turning our tragedy into a moment of transformation. By empowering youth to “know the signs” and uniting all people who value the protection of children, we can take meaningful actions in schools, homes, and communities to prevent gun violence and stop the tragic loss of life.²⁰

The aim of Sandy Hook Promise, including through its action fund, is “Building a National Movement to Prevent Gun Violence” through four strategies: education, organization, research and advocacy.²¹ Initiatives include advocacy to strengthen background checks for the acquisition of guns; providing training to prevent school violence, shootings, and other harmful acts; facilitating the establishment of youth groups dedicated to this purpose; and running an anonymous “see something, say something” reporting line.²² Sandy Hook Promise reports this data about its work: 18+ million participants in the Know the Signs training, training in 23,000+ schools, 4,000 Youth Clubs established, and 171,000 anonymous tips received.

International Responses

The Commission conducted a scan of reports and recommendations from international jurisdictions that have experienced mass casualty incidents. In Volume 3, *Violence*, we provided an overview of the scan and explained that we had selected reports that describe best practices, are comprehensive, or offer solutions and recommendations pertinent to our mandate. In this section, we examine the steps taken in New Zealand, the United Kingdom, and Australia to regulate firearms in response to mass casualty incidents. We begin with the most recent report on the 2019 mass casualty in Christchurch, New Zealand, and end with a study of the response to the 1996 mass casualty in Port Arthur, Tasmania, in Australia and its long-term impact in that country. In this section, we use the word “individual” to refer to the perpetrators of these mass casualties (to avoid any confusion with the perpetrator of the April 2020 mass casualty).

Christchurch Masjidain Terrorist Attack

On March 15, 2019, a 28-year-old individual shot and killed 51 people and injured 40 in a mass casualty attack that was carried out at two mosques in Christchurch, New Zealand. The shootings occurred during Friday prayer. The police recovered six guns after the mass casualty, all of which were legally owned by the individual: two AR-15 style semi-automatic rifles, two shotguns (one semi-automatic, one pump action), and two other rifles. Following this incident, the New Zealand Parliament banned all centre-fire semi-automatic weapons and assault rifles, and most large-capacity magazines. Firearms registration processes were also amended to require that every firearm be registered. A buyback program was implemented.

A Royal Commission of Inquiry was established to review what relevant state sector agencies knew about the individual’s activities before the terrorist attack and what actions (if any) relevant state sector agencies took in light of that knowledge. The Royal Commission was also mandated to examine whether there were any additional measures that relevant state sector agencies could have taken to prevent the terrorist attack and what additional measures should be taken to prevent such terrorist attacks in the future.

As the Royal Commission’s 2020 report notes, New Zealanders do not have a constitutional right to possess firearms, and the use of firearms has long been

controlled in New Zealand. With the *Arms Act 1983*, the focus of firearms control had changed from a system that merely required registration of firearms to one that instead focused on the suitability of individuals to possess firearms of different kinds (with no firearms registry). The basic licensing system granted licences to those deemed “fit and proper” to possess and use firearms, with more dangerous firearms requiring further authorization in the form of endorsements.

The Royal Commission’s terms of reference specifically precluded recommendations regarding “amendments to firearms legislation,” and so its recommendations are limited to the firearms licensing process and the manuals guiding that process. The report does note, however, that the New Zealand firearms legislation contained a significant loophole that effectively allowed the use of “military-style” semi-automatic firearms without the required licence endorsement that is the additional vetting required to possess military style semi-automatic firearm (known as an E Endorsement). This was because some semi-automatic firearms permitted by a basic firearms licence could easily be converted into military-style semi-automatic firearms with the simple addition of large-capacity magazines. At the time of that mass casualty, any New Zealander could purchase ammunition, including large-capacity magazines, without a licence or permit. The result was that anyone with a basic firearms licence could effectively (albeit not legally) own and operate military-style semi-automatic firearms without the legislatively required “E” endorsement. Such was the case for the individual who perpetrated that mass casualty. The report further remarks that this gap in the licensing system had been noted 20 years earlier in a 1997 review of firearms control in New Zealand by Sir Thomas Thorp.

Despite having arrived only very recently in New Zealand and having no family and few connections there, the individual was able to obtain a firearms licence. The report identifies several problems with the process through which the individual’s licence was granted, and the recommendations are aimed at addressing these problems.

The report found that the lack of adequately clear guidance in the firearms licensing manuals led to inconsistent interpretations and performance between different licensing units and between officers within a given unit. This led to lack of public confidence in the licensing system, which some viewed as no more than a “rubber stamp” and others described as slow and overly rigorous. The report recommends developing performance indicators to be applied across all departments and to gauge public opinion as part of regular system reviews.

The report also found that the individual had presented to the emergency room after being injured by a small explosion that occurred when he was attempting to clean one of his firearms. Had this incident been reported, a follow-up safety inspection might have prompted a deeper probe into his activities. The report recommends the adoption of a requirement that healthcare providers report firearms injuries to the New Zealand police.

United Kingdom Mass Shootings

Between 1987 and 2021, there were four mass shootings in the United Kingdom: in Hungerford (1987), Dunblane (1996), West Cumbria (2010), and Plymouth (2021). All four UK mass shootings were committed by a licensed gun owner with legally held firearms. In this section, we provide a summary of the first three incidents, the inquiry recommendations, and their implementation. Several reviews of the Plymouth incident are ongoing.

Hungerford Shooting

On August 19, 1987, a 27-year-old individual from Hungerford, England, killed 16 victims including his mother, and injured a further 15 people in a series of shootings at numerous locations in rural and small-town England. The individual also set a fire in his home and killed his dog. He died by suicide after barricading himself in a school building (which was otherwise unoccupied at the time). The individual used three firearms during the course of this incident: a Beretta 9mm pistol, a Kalashnikov 7.62mm semi-automatic rifle, and an Underwood Carbine .30 rifle. He possessed a licence to own firearms, and all three weapons were registered. After this incident, the UK Parliament banned semi-automatic rifles and some shotguns.

The Hungerford Inquiry report concludes with three main recommendations. The first two were somewhat specific to the Hungerford facts: the report recommends (i) banning press helicopters (their presence interfered with the incident response) and (ii) acquiring an armoured vehicle (to enable, e.g., casualty evacuation, reconnaissance, and other deployments in areas where firearms may be in range). The third recommendation, regarding firearms control, was of more national significance, both in terms of subject matter and impact.

At the time of the event, the individual was in legal possession of each of his firearms, but his certificate allowed him to use these weapons only at approved firearm ranges (he was a member of two such ranges). According to the report, all required processes, checks, and safety conditions had been duly satisfied in relation to granting the individual's shotgun and firearms certificates, and all his firearm sales and acquisitions had been properly reported and endorsed as variations to his firearms certificate.²³

The report makes the following five observations regarding firearms legislation and licensing, stating that “the public are not only amenable to but will demand that this tragic event is used as a catalyst for changes in both the [firearms] law and administrative procedures which have long been thought desirable and well overdue”:

1. It would not impede any sporting or leisure interest to prohibit the normal sale and private, at-home possession of the more lethal firearms, namely, “self-loading full-bore rifles, carbines and shotguns.”
2. It is “essential,” with some exceptions, to prevent the storage of ammunition at home: “It would be relatively easy not to permit every person who justifies a firearm merely for target practice, to keep ammunition at home.”
3. “The suitability of any person to own any firearm ... needs to be the subject of much stricter rules.” Applicants should be required to provide referees, and police should be able to consult “whomsoever they [think] useful” in assessing an applicant. Furthermore, the courts should be more supportive if police refuse a request. “Historically, Judges come from a sports shooting background, and tend to be liberal, without appreciating the consequences of guns in less responsible hands.”
4. “A shotgun which falls into the wrong hands has the same lethal power as Part I Firearms and should be subject to exactly the same restrictions and laws.”
5. “Authority to purchase or acquire ammunition should be explicit to prevent armour-piercing ammunition falling into the hands of any private citizen.”²⁴

In response to the report's firearms recommendations, the UK government enacted the *Firearms (Amendment) Act 1988*. The amendment, among other things, prohibited self-loading (semi-automatic) firearms other than those chambered for .22 rimfire cartridges (s 1(2)) and narrowed the Act's definition of exempted shotguns to those with “no magazine or [having] a non-detachable magazine incapable of holding more than two cartridges” (s 2(2)).²⁵ It also added a “good reason”

criterion for issuing shotgun certificates (s 3(1)), creating closer parity with the standard for issuing firearms certificates.

Dunblane Shooting

On March 13, 1996, an individual, aged 43, killed a teacher and 16 students at Dunblane Primary School in Scotland, and wounded a further 10 students and 3 members of staff. The individual carried four handguns and 743 rounds of ammunition. He used two of these firearms during the incident: a 9mm Browning self-loading pistol and a .357 Smith & Wesson revolver. (The latter weapon was used for the sole purpose of taking his own life.) He possessed a licence to own firearms, and his handguns were registered. An inquiry was established soon after the mass casualty.

The 1996 report's recommendations address three substantive issues: 1) firearms licensing and certification, 2) school security, and 3) vetting and supervision of adults working with children and young people. This summary focuses on firearms recommendations, starting with a brief discussion of the individual's firearms history and the weaknesses in the licensing process that the report identifies in connection with this history.

The individual held a firearms certificate from 1977 until the events of March 13, 1996, purchasing a total of four firearms in that period: two 9mm pistols and two .357 revolvers. The report identifies problems with the certification system itself as well as the way in which the system was run by the officials involved. The system as it pertained to the individual lacked meaningful vetting measures, and even where measures did exist, they were not applied – they were either skipped entirely or attended to with mindless approval and, in some instances, bad judgment. As a consequence, the individual was able to obtain multiple guns without good reason and amass an amount of ammunition more appropriate to competitive shooters than to the individual, who did not do much shooting throughout his status as a certificate holder. In fact, the individual had never made use of his authority to acquire a fifth firearm, a 7.62 rifle, and yet he was able to buy ammunition for it. At his certificate renewal dates, there was no assessment as to whether the individual's authorizations had in fact been used. Furthermore, pertinent existing information held by various officials that would have collectively and even separately indicated against the individual owning firearms was never collected and aggregated for reference purposes. The report concludes that the individual's

certificate should have been revoked (and for the same reasons, should not have been renewed).

The report introduces its more general discussion of firearms control with the following question:

The scale of the massacre and injuries which [the individual] was able to perpetrate and the speed with which he accomplished his purpose are such as to raise questions of public concern about the firearms which he used and had with him. Should there be a restriction on the availability of such firearms? If so, what form should it take?²⁶

The report recommends restricting access to handguns (the type of firearm used by the individual) in one of two ways: handguns should either be physically stored at shooting clubs, or they should be banned from ownership altogether (and thus added to the list of prohibited firearms). Ultimately, the government elected to ban handgun ownership in the United Kingdom, and the *Firearms Act* was amended the following to the list of prohibited weapon: “any firearm which either has a barrel less than 30 centimetres in length or is less than 60 centimetres in length overall” is prohibited.²⁷

The report makes further firearms recommendations pertaining to licensing and the regulation of shooting clubs. These include recommendations clarifying the standards that apply to those decisions and focus in particular on the “good reason” and “suitability” standards.²⁸

Regarding the requirement to have a “good reason” to possess a firearm, the report clarifies that when an applicant provides a “good reason” for a firearms certificate (e.g., target shooting), it is implied that the applicant in fact intends to acquire and use the firearm for that purpose. Failure to do so is grounds for revocation. In the case of this individual, the fact that he had not attended the shooting range for years would have been grounds for revoking (or failing to renew) his certificate and then for seizing his firearms and ammunition. With regard to suitability, the report recommends that the “Guidance to the Police” manual clarify the suitability standard, in particular the scope of “‘fitness’ to be entrusted with a firearm and ammunition.”²⁹ In addition, firearms applicants should be required to provide two references, and the decision as to suitability should be informed by the outcome of the candidate’s required application for membership at an approved shooting club.

After this incident, the UK Parliament banned all handguns and implemented a buyback program for guns that had previously been legally owned. All of the report's firearms recommendations were adopted by the UK government in some form – some by amendment, others by changes to the police guidance manuals. Taken together, the recommendations stemming from the report on the Dunblane massacre permanently altered the landscape of firearms control in the United Kingdom.

West Cumbria Shooting

On June 2, 2010, an individual, aged 52, killed 12 people by shooting and seriously injured 11 others over numerous locations in a rural area of West Cumbria, England. The individual, who was a taxi driver, travelled more than 80 kilometres in his taxi during the mass casualty. During the attack, the individual shot at other civilians, but they were able to escape unharmed. The individual shot his brother at the outset of the mass casualty. The individual used two firearms (a sawn-off 12-gauge shotgun and a .22 rimfire rifle with a 10-round magazine) in this incident. He was a licensed firearms owner. The incident ended when the individual died by suicide.

The West Cumbria report's mandate was limited to evaluating the constabulary response. The report notes that a separate independent review was conducted into the firearms licensing process. This second review was completed by Assistant Chief Cst. Adrian Whiting on behalf of the Association of Chief Police Officers (ACPO). According to the National Police Chiefs' Council, the review concludes that "there were no reasonable opportunities for intervention within the firearms licensing system to prevent the multiple shootings by [the individual] on 2nd June 2010 in West Cumbria."³⁰

The ACPO review also includes recommendations. It recommends "[e]stablishing formal links between General Practitioners (GPs), mental health services and police forces to enable medical professionals to alert police if they have concerns regarding certificate holders."³¹ Another recommendation is to approach family members for input as part of both the grant process and renewal process. The review also suggests operating a single certificate system for both firearms and shotguns. Lastly, it notes potential loopholes that he recommends be addressed. In particular, the review notes the lack of any legislative prohibition on the possession of firearms by those with suspended sentences.

In conjunction with Assistant Chief Cst. Whiting's review, the Home Affairs Committee (HAC), in response to the Cumbria incident, investigated the use of firearms in criminal activity and made recommendations for tightening firearms legislation and the licensing processes. The HAC's recommendations incorporate those of the ACPO review, albeit modifying the recommendation for family referees: the HAC instead recommends that the UK government consider requiring police "to consult the current and recent domestic partners of applicants in assessing a licence application."³² Other HAC recommendations include a recommendation for the government to update and give statutory force to its guidance on firearms licensing law, so that this guidance would have "greater weight with the courts,"³³ and recommendations geared to improving control of imitation and "readily convertible" firearms.

The government accepted or otherwise supported many of the HAC recommendations, with several noteworthy exceptions. The government was hesitant regarding police consultation with domestic partners, expressing concern that "involving partners and recent ex-partners in signing applications may put them in a position of vulnerability and increased risk of renewed violence and abuse."³⁴ And the government rejected the HAC recommendation to operate under a single certificate system (which would have resulted in greater restrictions on access to shotguns), stating that it was "not aware that the current arrangements [cause] any difficulties which present a risk to public safety, and there is no evidence of any significant level of misuse using lawfully-held shotguns."³⁵

The dual certificate system has remained in place, but other recommendations about which the government was hesitant have in fact been implemented in some form. In 2013 the Home Office revised its *Guide on Firearms Licensing Law* to include a chapter on special measures required in cases where there is an indication of domestic abuse. In 2021, this chapter was removed and incorporated into the new publication *Firearms Licensing: Statutory Guidance for Chief Officers of Police*.³⁶ The prohibition on the possession of firearms by individuals with suspended sentences, originally recommended by Assistant Chief Cst. Whiting (and endorsed by the HAC but only partially accepted by the government) was introduced through the *Anti-social Behaviour, Crime and Policing Act 2014* as an insertion to the *Firearms Amendment Act 1968*. The recommendation to grant statutory status to firearms guidance, which was resisted in the Government's response, has ultimately come to fruition in the aforementioned Statutory Guidance introduced by the UK Home Office in 2021.

Impact of Firearms Regulatory Reform

Following the Hungerford mass shooting in August 1987, the United Kingdom banned semi-automatic centre-fire rifles and some shotguns. After the Dunblane school shooting in March 1996, the United Kingdom further banned all handguns (pistols and revolvers) through the *Firearms (Amendment) Act 1997* and the *Firearms (Amendment) (No. 2) Act 1997*. Owners were paid market rates for their firearms, parts, and accessories. As of November 2000, the UK government had paid GB£90.2 million (US\$146 million) in compensation for returned firearms. A further national amnesty in 2003 collected another 43,908 guns. From 1996 to 2009, 226,000 firearms were destroyed.

The rate of firearm-related death in the United Kingdom has always been low, and since the 1996–97 gun bans, this key indicator has continued to trend steadily downwards. This 25-year period saw two mass shootings: one in West Cumbria (discussed above) and another in Plymouth. On August 12, 2021, a 22-year-old individual shot and killed his mother before fatally shooting four other victims in Plymouth, England. The individual then took his own life. A number of reviews of this incident have been announced and, at the time that this Final Report is being written, these reviews remain ongoing or have not yet been published in light of ongoing processes.

Port Arthur, Tasmania, Australia

On April 28, 1996, a 29-year-old individual shot and killed 35 people and injured 23 others, set a fire, and abducted a hostage whom he later killed. He used two semi-automatic weapons (an AR-15 and SLR military-style rifle) in this mass casualty, and carried a third that he did not use. He did not have the firearms licence that was required for these weapons, and so they were illegally possessed. His attack began with the murder of two people against whom he held a long-standing grievance and then moved to public spaces, notably the Australian heritage site of Port Arthur, Tasmania, which is a popular tourist location. After this mass casualty, the Australian federal and state governments passed legislation that banned all automatic and semi-automatic rifles and shotguns, required registration of all firearms, and implemented a buyback process for newly prohibited guns. Handguns were already strictly regulated in that country at the time of the Port Arthur mass casualty.

In their expert report on “Firearm Regulation in Australia,” Professor Joel Negin (head of the School of Public Health), Professor Philip Alpers, and Rebecca Peters of the University of Sydney in New South Wales, Australia, provide an analysis of the impact of this fundamental change in the firearms regulatory approach in response to the mass casualty (the Negin Report). Ms. Peters was the chair of the Australian National Gun Control Coalition in 1996, and Professor Alpers is the founding director of GunPolicy.org, “the world’s most comprehensive and accessible Web source for published evidence on armed violence, firearm law and gun control.”³⁷ The Negin Report provides context leading up to the 1996 changes, discusses the factors that shaped the policy, and evaluates its long-term impact.

The Negin Report explains that, historically, gun laws in Australia were primarily a matter for the states and territories, with the federal government’s involvement limited to regulating imports and exports. The result was a “national regulatory patchwork [that] encompassed wide variations among the eight Australian states and territories.”³⁸ The report describes Australia’s relationship with firearms before the 1990s “as permissive and accepted”; “firearms were regulated more strictly than the United States but not as strictly as other democracies such as Japan, Canada, and some European countries.”³⁹ One element that was consistent across Australia was relatively strict regulation of handguns:

All jurisdictions limited these weapons to pistol club members and security guards, and all required the ownership and transfer of handguns to be registered with the police. Personal self-defence was not a legal reason for gun ownership; the only civilians allowed to carry loaded weapons were security guards.⁴⁰

Leading up to 1996 Port Arthur mass casualty, concerns about the weak gun laws had been mounting. The Negin Report clarifies: “Recommendations for reform in the wake of such tragedies had been made by at least twelve expert bodies.”⁴¹ The report notes that by the mid-1990s, gun law reform became “a mainstream concern” as evidenced in the establishment of the National Coalition for Gun Control that brought together over 300 organisations, including public health and medical societies, women’s groups, legal and human rights bodies, mental health groups, rural organisations, churches, trade unions, and associations of senior citizens, parents, young people, and crime victims.

In a pattern that is comparable to Canadian public discourse, the Negin Report describes how “opinion polls had long indicated that the overwhelming majority

of Australians believed the country should have tough uniform gun laws.”⁴² Despite this growing consensus, the issue was “often framed by the media as a tug-of-war between gun control activists and the pro-gun lobby.”⁴³ The gun lobby relied on a “small but very energetic” lobby group that had succeeded in blocking proposed reforms. The result was a stalemate: “despite legislators from both major political parties acknowledging the need for comprehensive reform, neither party was prepared to make the first move publicly.”⁴⁴

According to the Negin Report, the Port Arthur mass casualty was the “turning point for firearm regulation in Australia” because it was seen as “a devastating demonstration of the need for national uniform regulation.”⁴⁵ At the time, the Port Arthur deaths constituted the second-largest mass casualty incident by a single shooter ever recorded globally. The mass casualty “ignited an explosion of public sorrow and outrage, as the nation demanded overhaul of the gun laws.”⁴⁶ As described in this expert report, political action was swift:

The Prime Minister summoned the Australasian Police Ministers’ Council and proposed a plan for strict uniform gun laws to be enacted across the country. Twelve days after the massacre, the Police Ministers agreed that all jurisdictions would adopt the National Firearms Agreement (NFA). The NFA ... included most of the measures recommended by the previous inquiries and therefore most of the reform agenda promoted by the NCGC [National Coalition on Gun Control]. The adoption of the NFA was followed by more than a year of intense lobbying and argument over detail, as state and territory parliaments translated the agreement into legislation.⁴⁷

In his presentation during the Phase 3 Participant Consultation with Firearms Organizations, Dr. Negin described this pivotal political moment:

The new Prime Minister used considerable of his political capital to secure the National Firearms Agreement, and this photo here is a fairly iconic one from Australia in that the Prime Minister is actually wearing a bullet-proof vest underneath his suit because of the strong emotions that his new policies were garnering across the country and he went to speak to a public event about these new policies and was wearing a bulletproof vest at this event.⁴⁸

This was John Howard from the Conservative Party in Australia. At the time he “was a relatively new Prime Minister only a few months into what ended up being an 11-year long tenure as Prime Minister, one of the longest tenures as Prime Minister.”⁴⁹

Responding to the Port Arthur Mass Casualty: The National Firearms Agreement

1. Ban on automatic and semi-automatic long arms

Ban on import (by Federal Government), sale, resale, transfer, ownership, possession, manufacture, and use

2. Registration of all firearms

Integration of licensing and registration systems across the country

3. Licence applicants must prove ‘genuine reason’ for every firearm they wish to possess

Exclusion of personal protection as a genuine reason; applications for Category B, C, D and H licences (see below) also require proof of ‘genuine need’

4. Uniform minimum licence requirements

- Minimum age (18 years), proof of genuine reason, be a ‘fit and proper person’, safety test, waiting period of at least 28 days
- Photo licence showing the holder’s address and the category of firearm, valid for a maximum of five years before requiring renewal
- Storage requirements, inspection by police, licence withdrawal and seizure of guns in certain circumstances
- Categories of licences and firearms:

Category A: air rifles; rimfire rifles (excluding self-loading); single- and double-barrel shotguns

Category B: muzzle-loading firearms; single-shot, double-barrel and repeating centrefire rifles; break-action shotgun/ rifle combinations

Category C: (prohibited except for certain occupational purposes, later expanded to include some clay target shooters): semi-automatic rimfire rifles with maximum 10-round magazine; semi-automatic shotguns with maximum 5-round magazine; pump action shotguns with maximum 5-round magazine

Category D: (prohibited except for official purposes): semi-automatic centrefire rifles; semi-automatic shotguns; pump-action shotguns with a capacity over five rounds; semi-automatic rimfire rifles with capacity over ten rounds

Category H: all handguns, including air pistols

5. Prerequisite safety training before licensing

Accredited course for first-time licence; specialised course for security industry employees

6. Grounds for licence refusal / cancellation and seizure of firearms

- General reasons: not of good character, conviction for violence in past five years, contravention of gun law, unsafe storage, no longer having genuine reason, failure to notify of change of address, licence obtained by deception, not in the public interest
- Specific reasons: restraining order or serious assault conviction in past five years
- Mental or physical fitness: reliable evidence of a condition that would make applicant unsuitable to possess a gun

7. Permit to acquire

Separate permits required for the acquisition of every firearm, with a waiting period of at least 28 days

8. Uniform standard for the security and storage of firearms

- Guns must be kept locked, ammunition stored separately; failure to store firearms safely is an offence
- Specific storage requirements for different categories of firearms
- Additional rules for safekeeping of firearms when temporarily away from the usual place of storage

9. Recording of sales

- No private or backyard sales: all sales to be conducted by or through licensed firearm dealers
- Dealers must ensure purchaser is licensed and provide details of each purchase and sale to firearm registry
- Ammunition sold only for guns for which the purchaser is licensed; limits on the quantity that can be purchased

10. No mail-order sales

- Mail order only allowed from licensed gun dealers to licensed gun dealers
- Advertisements conducted only by or through licensed gun dealers

11. Buyback and destruction of self-loading weapons

- Fair and proper compensation, based on the value of each firearm as at March 1996
- twelve-month amnesty to surrender banned weapons

The National Firearms Agreement has 11 major components, which are set out in the text box. The first is a ban on automatic and semi-automatic long guns. Second, the agreement requires that individuals provide a “genuine reason” for possessing a firearm, and “personal protection” is explicitly excluded as a genuine reason.⁵⁰ Purchasers of ammunition must show a valid licence for the corresponding firearm, and there are limits on the quantity of ammunition that can be purchased. The Negin Report describes the key components of the Australian gun control regime as “not discrete but interdependent”; it is only together that the measures are able

to “close the circle of accountability.”⁵¹ Further notable provisions in the National Firearms Agreement include regulation of ammunition, safe storage requirements, and a five-year ban for domestic violence offenders. The Negin Report explains:

[T]he primacy of public safety is recognised by other grounds for licence refusal and cancellation that allow for discretion and common sense: if the individual is ‘not of good character’, if a mental or physical condition makes them unsuitable, or if their possession of firearms is ‘not in the public interest’. The latter principle has been invoked, for example, in cases where possession of firearms could enable access to weapons by another household member who would be disqualified from holding a licence in their own name.⁵²

Another central component of the National Firearms Agreement was the buyback program to remove the newly prohibited arms from circulation. The Negin Report describes how the buyback program worked in the first instance:

During a year-long amnesty, self-loading rifles, shotguns, and parts could be surrendered to police for compensation and destruction. This was the aspect of the reforms that attracted most international media interest, generating dramatic images of huge piles of surrendered firearms bound for the smelters. The first federal gun buyback program (1996–97) became the world’s largest civilian firearm collection system, with an official tally of 659,940 weapons handed in.⁵³

These features are highlighted:

The main buyback was funded by the federal government but run by the states and territories, leading to some variation in implementation. To prevent guns from moving around the country in search of higher payment, fair rates of compensation for each type and model were compiled in a national uniform schedule. Compensation was paid for all newly banned weapons, whether legally owned or not, including dealer stocks of weapons and components. Dealers were asked to hand in their stocks immediately in return for compensation at their published retail prices of 1 March 1996. This halted the sale of prohibited weapons across the country, even before each parliament had changed its laws. According

to ANAO (1997) [Australian National Audit Office], in some jurisdictions, compensation was also provided for fully automatic weapons that were already prohibited before 1996. Non-self-loading firearms could also be handed in under the amnesty, but compensation was not paid for these. Dealers could apply for additional compensation for the loss of business they expected to suffer as a result of the new laws. A survey conducted by the main shooters' group found that most participants were satisfied with the amount of compensation received.

- To fund the buyback, the national health insurance levy was increased by 0.2% for one year, raising about AU\$500 million (US\$391 or CA\$468 million in 1997).⁵⁴

The Negin Report describes the active monitoring of the National Firearms Agreement and the additional steps taken by the federal, state, and territorial governments. The Australian federal government conducted an audit of the buyback and took additional steps to fill gaps in compliance. In the following years, two other national agreements were developed and implemented, including a National Handgun Agreement in 2002 that restricted the classes of handguns that can be imported or possessed and tightened the rules applying to handgun licence holders and shooting clubs. The National Firearms Agreement provided for another buyback program in 2003, this time limited to handguns. Penalties for firearm offences were also increased. There followed 26 uncompensated firearm amnesties conducted by the country's eight states and territories.

In his Commission presentation, Dr. Negin emphasized the ways in which public safety trumps gun ownership in the 2017 update to the National Firearms Agreement. Its opening paragraph states: "Firearms possession and use is a privilege that is conditional on the overriding need to ensure public safety."⁵⁵ Most Australian states and territories explicitly declared gun ownership as a privilege rather than a right.

The Negin Report provides an impact analysis of the 1996 National Firearms Agreement after 25 years, highlighting three developments:

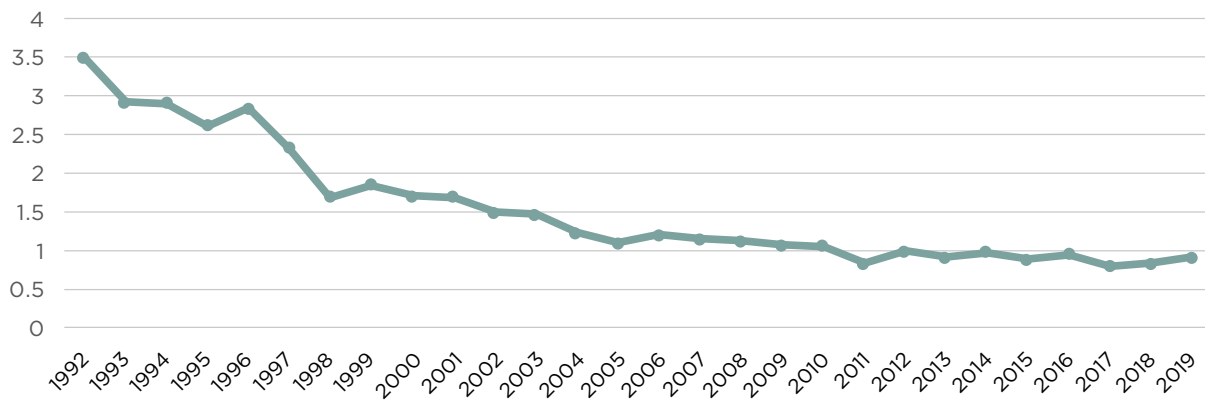
"From 1979, leading up to and including the 1996 Port Arthur massacre and before gun law reforms, there were thirteen mass shootings in the country."

“In the twenty-two years that followed to April 2018, there were no such incidents.”

“Firearm-related mortality had already been falling in Australia, but changes in the rate of firearm-related death accelerated from an average decrease of 3 percent per year before gun laws were upgraded to an average decrease of 4.9 percent per year afterward.”⁵⁶

These trends are shown in the two graphs reproduced here. Globally, Australia had one of the largest annual rates of change in the number of firearm-related deaths between 1990 and 2016.

Rate of Gun Deaths in Australia per 100,000 People, 1993–2019



Source: Australian Bureau of Statistics, Causes of Death, Australia, 2019 (2020), compiled at GunPolicy.org (2022)



Source: Australian Bureau of Statistics, Causes of Death, Australia, 2019 (2020), compiled at GunPolicy.org (2022)

The Negin Report provides this overall impact assessment of the 1996 National Firearms Agreement:

It is important to note that the number of non-firearm suicides and homicides has also fallen during the past quarter-century in Australia. Reductions in gun deaths overall, however, have been much more substantial. Between 1997 and 2013, there was a 55% reduction in the firearm-related suicide rate (as compared with a 16% reduction in the non-firearm suicide rate) and a 62% reduction in the firearm-related homicide rate (as compared with a 44% reduction in the non-firearm homicide rate). **A rare-events model has provided strong evidence that the absence of mass shootings in Australia between 1997 and 2017 was not merely a continuation of a pre-existing pattern). No policy other than the sweeping national revision of gun legislation has been suggested to explain the large reduction in firearm-related mortality.**⁵⁷

Also notable is the fact that the reductions in fatal and non-fatal injuries by firearm have been achieved despite the overall number of guns increasing since 1996. Further, despite the initial dramatic fall in gun ownership, the Negin Report found that “Australia’s sport-shooting community remains vibrant ..., and groups such as

farmers use firearms in much the same way as they did before the new laws were enacted.”⁵⁸

According to the Negin Report, these are the key lessons learned from the Australian experience as a result of the National Firearms Agreement and developments since 1996:

- “The weapons that were eliminated were the most dangerous kind; and the imported replacements have been less capable of rapid fire.” “In addition, the now larger civilian arsenal is contained within a smaller section of the population comprised of individuals who have undergone a much stricter vetting process than previously existed.”
- Firearms sellers and gun clubs were made part of the enforcement machinery and incentives were established for these groups to uphold the relevant laws.
- More effective policing responses have also contributed: police forces in several states have set up dedicated gun crime task forces to pursue illegal firearms, as well as the criminals and the licensed gun owners who supply them. “Changes to policing – for example, surprise inspections of civilian firearm possession and arms dealerships – have encouraged new generations of officers to recognise the crime-fighting potential of toughened firearm legislation and to support its use.”
- “[T]aking a public health approach to firearm injury prevention by reducing access, strengthening regulation, and engaging the community can reduce gun deaths.”
- “The Australian experience also highlights the need for a multi-pronged approach to firearm violence prevention. Australia’s policy response was not only about the high-profile buyback but built on a range of policy actions and regulations that have held up over time despite consistent attempts to dilute them.”⁵⁹

The Negin Report provides a model of the three pillars of prevention and concludes:

Today in almost all nations, three central tenets of gun control law are dominant:

- The Person: License gun owners
- The Object: Register firearms
- The ‘Right’: Defined as a conditional privilege⁶⁰

This approach has become “a *de facto* global standard.”⁶¹

Dr. Negin concluded his presentation during Phase 3 consultations, by explaining the cultural import of the National Firearms Agreement that became much more than a response to a mass casualty incident. He said:

[T]he success of firearm legislation has since become a source of pride for many Australians. This is something that Australians are aware of, they see it as a policy success. They see it as something that differentiates them from the American experience. When there is a mass casualty event in the U.S., there is often a flurry of commentary in Australia about, “We’re glad we don’t have these types of events because of our policy settings.”

And John Howard as a politician can be a polarizing figure in Australia, but even his political opponents, people who view him negatively on other aspects of his legacy, view the Port Arthur response as something that they commend him for. And so you’ll have people say, “John Howard, he’s terrible. But what he did with – after Port Arthur, that was amazing.” You know, that type of narrative and respect, even from those who would traditionally be his political opponents.⁶²

International Lessons Learned

Australia, the United Kingdom, and New Zealand have all responded to mass casualties by enacting laws that further restrict access to firearms and ammunition. In all three countries, stricter gun control has been accompanied by buybacks of newly prohibited firearms and other measures designed to strengthen enforcement. Emphasis was placed on eliminating the most dangerous kinds of weapons and on the need for a multi-pronged approach to prevention. Evaluations of the Australian and UK experience demonstrate that these measures have had a profound preventive effect on firearms-related crime and accidental and self-inflicted injuries.

Using a definition of incidents of “five or more victims shot dead” and excluding “domestic shootings,” the Negin Report states there “were no mass shootings in Australia between 1996 and April 2018.”⁶³ Using the Commission’s definition of

mass casualty incidents, we identified three incidents since 1996. In 2014, a perpetrator killed his wife and three children by shooting before killing himself at their home in rural Australia. In 2018, a perpetrator shot and killed his wife, daughter, and four grandchildren before dying by suicide at their home, also in a rural area. In 2019, a perpetrator killed four people and injured one person by shooting at various locations in the city of Darwin. He was alleged to be searching for his ex-girlfriend during his rampage.

Negin and colleagues report that, in the United Kingdom, there have been two mass shootings in the 25-year period following the adoption of two sets of measures to strengthen the regulation of firearms. This statistic is also based on a definition of mass shooting that excludes incidents involving “familiar persons.”⁶⁴ The Commission’s research has identified a small number of recent instances in which numerous victims were injured but not killed. In one incident, on December 24, 2022, one person was killed and four people were injured in a shooting in a pub in Merseyside, England. On January 14, 2023, a perpetrator injured six people with a shotgun in a drive-by shooting in North London. On August 12, 2018, a perpetrator injured 12 people by shotgun at a street party in Manchester. On March 25, 2016, five people were injured in a drive-by shooting in East London. The weapon used in this instance was, again, a shotgun.

The modifications to New Zealand’s firearms control regime are too recent to evaluate.

The additional incidents identified by the Commission staff on the basis of the definition of mass casualty incidents that we adopt in Volume 3, *Violence*, demonstrate the utility of the definition we propose. In these additional incidents, two themes are clear. First, particularly in the Australian incidents, the relationship between mass casualty incidents that occurred in public spaces and gender-based, intimate partner and family violence is apparent. Second, the Australian and UK mass shooting incidents suggest the reduction in lethality that arises when higher powered and rapid fire weapons are banned.

The United States continues to be an outlier, where the increasing number of mass shootings has not resulted in substantial gun control at the national level.

Canadian Firearms Regulation

In Canada, possession of a firearm is a privilege, not a right. Firearms regulation is intended to allow individuals to use firearms for legitimate purposes, while rigorously reducing the risks that firearms will be misused.

Historical Overview

The Brown Report provides a legal-historical perspective on firearm regulation that contextualizes the current debate over gun control policy in Canada, particularly regarding assault-style firearms. Dr. Brown explains that legislative enactments to limit the ownership and use of handguns in Canada date back to 1877. Unlike the Australian example described in the last section, the Canadian federal government “has used a somewhat piecemeal approach to regulating handguns and semi-automatic firearms. Governments have historically sought to balance public safety and the interests of gun collectors, hunters, and target shooters.”⁶⁵ Dr. Brown highlights two main trends that have shaped Canadian firearms regulation: (1) firearms technology that has increased the speed and/or efficacy of firearms (such as automatic and semi-automatic firearms and large-capacity magazines), and (2) mass shootings in Canada and abroad.

Firearms Technology

Dr. Brown’s report describes the key technological developments in handguns and long guns that have spurred debates about the kinds of firearms that should be available for certain uses in Canada. He traces innovations in firearm design with a focus on the production of semi-automatic rifles and handguns for civilian use:

Semi-automatic rifles were a major technological innovation in firearm design. Such rifles automatically reload a cartridge into the chamber after discharge. Each pull of the trigger discharges a single round from a semi-automatic firearm. In comparison, an **automatic** firearm will shoot continuously so long as the trigger is depressed (until the weapon runs out of

ammunition). Gunmakers began to develop the first semi-automatic rifles in the late nineteenth century.⁶⁶

Semi-automatic rifles can fire either rimfire ammunition or centre-fire ammunition. Rimfire cartridges are generally smaller-calibre ammunition. Canadian hunters began to use rimfire cartridges after the Second World War for hunting small animals. Centre-fire cartridges “can withstand higher pressures, allowing them to give a bullet greater velocity and energy.”⁶⁷ Canadian hunters began to use semi-automatic rifles firing centre-fire ammunition by the 1970s. In general, these semi-automatic firearms used small magazines, holding, for example, four rounds of ammunition. The next development was semi-automatic centre-fire firearms that accepted large-capacity magazines. Dr. Brown explains: “There were often based on military designs” and included the AR-15.⁶⁸ In his report, Dr. Brown notes that members of the firearms community, including some firearm retailers, sometimes referred to these firearms as “assault rifles.”⁶⁹ But how such firearms are described now is often hotly contested. This Report refers to semi-automatic rifles that fire centre-fire ammunition and are capable of receiving large-capacity magazines, such as the AR-15, as “assault-style” firearms. In general, these guns are a civilian version of a gun originally designed for military service. They can be reloaded and fired quickly.

Dr. Brown notes that concerns about the presence of semi-automatic rifles, often based on military designs, in the Canadian consumer market began in the 1970s, and increasing crime rates spurred gun control amendments. In 1977, the federal government passed Bill C-51, which required new purchasers to acquire a Firearms Acquisition Certificate. Bill C-51 also included efforts to limit access to and use of some semi-automatic firearms. Dr. Brown points out that the Canadian Association of Chiefs of Police (CACP) has “passed resolutions since the 1970s calling for governments to limit access to potentially dangerous long guns, including automatic firearms and semi-automatic rifles.”⁷⁰ In 1973, the CACP passed a resolution declaring that “automatic rifles and machine guns are dangerous” and resolving to recommend to Parliament that such firearms should be made prohibited devices under the *Criminal Code*.

Mass Shootings and Other Gun Crimes

Canadian gun control has also been shaped by media reports and legal cases about the use of semi-automatic firearms in criminal activity including in the drug trade, hostage takings, bank robberies, and police killings. As in other jurisdictions, mass shootings galvanize the strongest response. Dr. Brown notes, “Some of the criminal incidents involving semi-automatic rifles in Canada are well-known; others have largely been forgotten.”⁷¹ He provides a sample of 20 incidents from 1962 to 2020, including the April 2020 mass casualty. The semi-automatic firearm used in 15 of these incidents was eventually prohibited under Canadian firearms law, but in most cases not until many years after the fact.

The 1989 mass casualty incident at the École Polytechnique in Montreal, when the shooter killed 14 women and injured more than a dozen others, was a turning point in the history of Canadian gun control. Students of École Polytechnique, the site of the mass casualty incident, helped to organize a petition demanding a ban on the civilian possession of “military or paramilitary weapons.”⁷² This petition garnered over 560,000 signatures. In the aftermath of the École Polytechnique shooting, many federal politicians from all parties expressed concern about the availability of these types of firearms. After setting out this history, Dr. Brown concludes: “The 1989 Montreal Massacre created widespread public awareness of the dangers of semi-automatic assault-style firearms.”⁷³ He notes that politicians, organizations such as Canadian Association of Chiefs of Police (CACP) and the Federation of Canadian Municipalities, and groups of concerned citizens formally registered their concerns and called for stronger gun controls.

Dr. Brown expands on this point and highlights that politicians of all stripes recognized the need for change in the wake of this mass casualty incident: “In the aftermath of the École Polytechnique shooting, many federal politicians from all parties expressed concern about the availability of assault-style rifles.”⁷⁴ He cites these examples:

- On December 8, 1989, Progressive Conservative MP Jean-Pierre Blackburn stated in the House of Commons:

Fourteen young women, in the flower of their youth, killed by a maniac with a semi-automatic weapon. Why are weapons of this kind allowed in Canada? Why do we let people own such dangerous and destructive weapons? For recreation purposes? That doesn't make sense.⁷⁵

In this speech, Mr. Blackburn urged Parliament “to take action to ban the possession of such weapons in Canada.” In early 1990, Mr. Blackburn told the House of Commons that since the Montreal Massacre, “there [had] been a major movement across the country against the use of semi-automatic weapons. Thousands of Canadians are demanding changes in the existing legislation in order to limit the sale and possession of such weapons in Canada.”

- On December 11, 1989, Progressive Conservative MP Barbara Greene urged her party to “bring forward gun control legislation to prohibit the sale or possession of automatic or semi-automatic weapons with the exception of those required by police forces.” Ms. Greene later told the House of Commons, “People throughout Canada do not want a proliferation of powerful weapons capable of firing bullets in rapid succession for extended periods of time.”
- Progressive Conservative MP Pauline Browes noted that the Montreal Massacre had “focused public attention on the availability of guns in our society. For under \$500, a 16-year-old in Canada can buy an AK-47 assault rifle that has been converted from fully automatic to semi-automatic.”
- In April 1990, Liberal MP Warren Allmand, a former Solicitor General of Canada, reminded the Minister of Justice that “the gun that was used to kill those 14 women at the University of Montreal was a Ruger semi-automatic rifle, which could fire up to 50 rounds of ammunition and which is now used by several police SWAT [Special Weapons and Tactics] squads and military forces.”⁷⁶

The mobilization initiated in response to the École Polytechnique mass casualty resulted in several meaningful changes to Canada’s gun laws. In 1991, Parliament passed Bill C-17, which included provisions to:

- strengthen background checks;
- establish a mandatory 28-day waiting period for a Firearms Acquisition Certificate;
- require mandatory safety training, and
- increase penalties for firearm-related crimes.⁷⁷

Dr. Brown provides a detailed explanation of the additional changes that were made alongside Bill C-17 and designed to limit access to, in the words of Minister of Justice Kim Campbell, “modern semi-automatic military assault weapons.”⁷⁸ He notes that Ms. Campbell said these are the “types of firearms associated with the

greatest risk to public safety, and relatively few, if any, legitimate sporting uses.”⁷⁹ In her speech, Ms. Campbell emphasized that these restrictions and prohibitions of these firearms were to be accomplished through regulations under the *Criminal Code*, rather than through the legislative amendment.

Dr. Brown confirms that Cabinet subsequently issued Orders in Council prohibiting or restricting many assault-style rifles (as well as some long-range sniper rifles, shotguns, and handguns). He points out that in “the Explanatory Note regarding the prohibition of many firearms that accompanied Prohibited Weapons Order, No. 11, the federal government indicated that this classification was made under the *Criminal Code* provision allowing for firearms to be prohibited if not normally used for hunting or sporting purposes.”⁸⁰ The prohibition orders were “an important component of the policy of limiting firepower to levels that are reasonably required for hunting or sporting purposes in Canada.”⁸¹

Dr. Brown provides this assessment of the legislative and regulatory response to the École Polytechnique mass casualty:

Bill C-17 and the subsequent Orders in Council were significant steps in limiting access to assault-style firearms. However, critics noted that the actions of the Progressive Conservative government still left some models of centre-fire semi-automatic rifles as non-restricted firearms, including the Ruger Mini-14 model used in the Montreal Massacre. This meant that potentially dangerous semi-automatic centre-fire rifles remained widely available, either as non-restricted or restricted firearms. A 1990 study prepared on Progressive Conservative legislative proposals by the Research Branch of Library of Parliament concluded: “It must be acknowledged that even weapons designed and manufactured as semi-automatic hunting and recreational shooting rifles and shotguns can be used to create carnage. The Montreal tragedy bears dramatic witness to this potential.”⁸²

In 1995, the federal government, now under Liberal Party leadership, passed a major new piece of gun control legislation, Bill C-68, which included *Criminal Code* amendments affecting firearms, and created the *Firearms Act* to take many administrative and regulatory aspects of firearm licensing and registration out of the *Criminal Code*. Bill C-68 included these features:

- a universal licensing system and a requirement that the registration system be expanded to include all long guns (handguns had been registered since the 1930s);
- harsher penalties for certain serious crimes using firearms; and
- a change in the definitions of “restricted firearms” and “prohibited firearms” in the *Criminal Code*.⁸³

The next period of Canadian gun control reform involved undoing some aspects of this regime. From 2012 to 2015, the federal government, under Conservative Party leadership, relaxed controls on restricted and prohibited firearms and eliminated the registration of unrestricted firearms.

In this historical overview, we have focused primarily on the use and regulation of semi-automatic rifles. In his report, however, Dr. Brown provides a similar account of public and political responses to criminal activity involving handguns:

High-profile shootings involving handguns have sparked appeals to prohibit such firearms. In 1992, a professor at Concordia University used handguns to kill four employees of the university. This resulted in a petition that garnered over 200,000 signatures demanding that handguns be prohibited. In 2005, a shooting on Yonge Street in Toronto resulted in the death of fifteen-year-old Jane Creba. Several bystanders were also wounded in the incident. The shooting added fuel to the debate over the civilian ownership of handguns, which was already part of the ongoing federal election because Prime Minister Paul Martin had promised to ban handguns. In July 2018, a shooter armed with an illegal handgun killed two people and injured thirteen others in the Toronto Danforth area. The incident contributed to the creation of two new gun control organizations, the Danforth Families for Safe Communities and Doctors for Protection from Guns, both of which urged a national handgun ban.⁸⁴

In 2018, under Liberal Party leadership, the federal government put gun control back on the national agenda. Certain aspects of the firearms regulatory scheme were strengthened, including screening provisions before acquiring a firearms licence. In October 2018, the federal government initiated a national consultation to consider prohibiting civilian ownership of handguns and “assault weapons.”⁸⁵ Dr. Brown notes that “[f]irearm groups objected to the term “assault weapons” in the original terms of reference for the consultation. They charged that assault

weapons referred only to firearms that had a select-fire capability – that is, that could be fired in either semi-automatic or automatic modes. The government agreed to abandon the term “assault weapon” and instead adopted “assault-style rifle.” One of the engagement summary report’s key findings is that “participants were strongly polarized on the issue of banning handguns and assault-style firearms.”⁸⁶

In 2019, the Liberal government made gun control a plank of its election platform, thus allowing Canadian voters to weigh in on whether assault-style rifles should be prohibited. The Liberals promised to “ban assault rifles and crack down on gun crime” and targeted “military-style assault rifles,” saying these guns were “designed to inflict mass casualties and have no place in Canada.”⁸⁷

The expert report provides an overview of this platform. Dr. Brown reports that the Liberal Party indicated that it would “move forward with a ban on all military-style assault rifles, including the AR-15” and take other steps to keep people safe from gun violence, including providing more resources for law enforcement, working with provinces and territories to give municipalities the ability to further restrict access to handguns or even to ban them, ensuring that the CBSA and RCMP had the resources needed to detect and stop the flow of firearms at Canada’s borders, and strengthening safe storage laws.”⁸⁸

Following the election in December 2019, on the 30th anniversary of the mass shooting at École Polytechnique, the Liberal government indicated that it would act. At that time, Prime Minister Justin Trudeau said that his government would “strengthen gun laws and ban the type of weapons used at École Polytechnique.”⁸⁹

Developments After April 2020

The April 2020 mass casualty in Nova Scotia has brought an additional dimension to gun control reform in Canada. In May 2020, Prime Minister Trudeau announced Order in Council PC 2020-298, a ban on nine models and their variants (encompassing at the time approximately 1,500 versions) of semi-automatic centre-fire rifles, as well some other firearms, including some long-range rifles and shotguns. In his report, Dr. Brown describes the effect of this Order in Council:

PC 2020-298 essentially revised the list of prohibited models of firearms, which ... had not been substantially updated by Orders in Council since

the mid-1990s. The government added assault-style rifles to the prohibited list that legislators had either not included in earlier prohibitions or had entered the Canadian market since the mid-1990s. The newly prohibited firearms are similar in capability to the firearms prohibited in the 1990s. The models captured by this prohibition share certain characteristics, including that they can receive a detachable magazine, generally use centre-fire ammunition, and can fire with a semi-automatic function.⁹⁰

The Regulatory Impact Assessment Statement that accompanied PC 2020-298 states:

Assault-style firearms are not suitable for hunting or sport shooting purposes given the inherent danger that they pose to public safety. The newly prescribed firearms are primarily designed for military or para-military purposes with the capability of injuring, immobilizing or killing humans in large numbers within a short period of time given the basic characteristics they possess, such as a tactical or military design and capability of holding a quickly reloadable large-capacity magazine. While some of these newly prohibited firearms were previously used by individuals for hunting or sporting purposes, it is the view of the Government that those firearms are unreasonable and disproportionate for such purposes. The significant risk that these firearms pose to the public's safety outweighs any justification for their continued use and availability within Canada given that numerous types of firearms remain available for lawful ownership for hunting or sport shooting purposes.⁹¹

Dr. Brown explains that the federal government indicated that it chose the firearms to prohibit in 2020 based on three considerations namely these firearms: “(1) have semi-automatic action with sustained rapid-fire capability (tactical / military design with large magazine capacity), (2) are of modern design, and (3) are present in large volumes in the Canadian market.”⁹²

The amendment contained a transition period of two years to protect owners of newly prohibited firearms from criminal liability while they take steps to comply with these new rules. This two-year amnesty order under the *Criminal Code* was initially in effect until April 30, 2022, but has been extended until October 2023.

Given the Liberal Party's 2019 election platform, these amendments cannot be seen “simply as a response to the mass casualty event in Nova Scotia in April 2020.”⁹³ In

some ways, they can be seen as part of the continuing response to the 1989 École Polytechnique mass casualty, particularly given the ban on the weapon used by the perpetrator of that mass casualty, the Ruger Mini-14 (which was also one of the weapons used in the April 2020 mass casualty).

The prohibition of assault-style rifles and other firearms in May 2020 was only the first step in the current gun reform agenda. In February 2021, the federal government tabled Bill C-21 and related regulatory amendments are “part of a comprehensive strategy to address gun violence and strengthen gun control in Canada.”⁹⁴ Bill C-21 contains provisions to prohibit mid-velocity “replica” airguns, combat firearms smuggling and trafficking, and establish new “red and yellow flag” laws and expand firearms licence revocation. Bill C-21 was not passed during that parliamentary session and was reintroduced on May 30, 2022. At the time of completing this Final Report, Bill C-21 had not become law.

Bill C-21 contains these provisions, described by the federal government as aimed at combatting firearms trafficking and smuggling, and increasing law enforcement capacity to combat firearms violence:

- increase maximum penalties from 10 to 14 years imprisonment for firearms-related offences, including firearms smuggling and trafficking;
- authorize wiretaps for two firearms offences;
- allow sharing of certain firearms registration data with law enforcement across Canada in cases of suspected straw purchasing;
- make it an offence to alter a cartridge magazine to exceed its lawful capacity and allow for wiretaps for this new offence;
- make it an offence for businesses to promote violence in firearms marketing and sales;
- require a person to present a valid firearms licence to import non-prohibited ammunition for firearms (following consultations);
- improve the ability of the CBSA to manage inadmissibility to Canada when foreign nationals commit regulatory offences upon entry to Canada, including firearm-related offences; and
- transfer policy responsibility for transborder criminality from the Minister of Immigration, Refugees and Citizenship to the Minister of Public Safety.⁹⁵

Bill C-21 also contains provisions designed to protect the safety and security of victims of intimate partner violence and gender-based violence through the implementation of a “red flag law,” a “yellow flag law,” and expanded licence revocation. We draw on Public Safety Canada’s description of these legislative proposals here:

The “red flag law” would enable anyone to make an application to a court for an emergency weapons prohibition order (red flag) to immediately remove firearms, for up to 30 days where an individual who may pose a danger to themselves or others and where an individual who may be at risk of providing access to firearms to another person who is already subject to a weapons prohibition order. Provisions are made for a judge to protect the safety of “red flag” applicants and those known to them, if needed. Individuals who are subject to an emergency weapons prohibition order (red flag) could be required to: surrender their firearm(s) to law enforcement; or have the firearm(s) removed temporarily on an urgent basis through a seizure order from the court.⁹⁶

The purpose of the “red flag law” and the emergency weapons prohibition orders is to “help to address situations where an individual poses a risk to themselves, their family, or to public safety, including perpetrators of intimate partner and gender-based violence, people at risk of suicide, and radicalized individuals.”⁹⁷

At the expiry of the emergency weapons prohibition order, if there continue to be reasonable grounds to believe that the individual poses a public safety risk, a further application could be made to the court to set a hearing for a longer-term prohibition order (up to 5 years).

The federal government has also said that it would develop a campaign to help raise awareness and provide tools to victims and supporting organizations on how to use the “red flag” provisions and protections. This program “would support vulnerable and marginalized groups including women, Indigenous people and other racialized communities and people with mental health issues, to ensure that the ‘red flag’ law is accessible to all, particularly those who may need it the most.”⁹⁸

This initiative also contemplates the introduction of a new “yellow flag” law that would allow a chief firearms officer (CFO) to temporarily suspend an individual’s licence for up to 30 days “when there is a reason to suspect the person is no longer eligible to hold a firearms licence (e.g., suspected of illegally reselling firearms).”⁹⁹ These are some of the specific proposals describing how this reform would work:

- Any member of the public could contact a CFO with information about a licence holder.
- The CFO would use the 30-day suspension to investigate a claim and revoke a licence if there is evidence to support it.
- The licence holder “would not be able to use, acquire, or import new firearms during the temporary 30-day suspension period, but would retain possession of their current firearm(s). If an investigation determines that the individual continues to be eligible to hold a firearms licence, their use and acquisition privileges would be immediately reinstated.”¹⁰⁰

The third proposal is for expanded licence revocation authority. This provision would help protect those in danger from firearms violence and would permit a CFO to revoke a firearms licence:

- in cases of domestic violence and/or criminal harassment (e.g., stalking);
- when a protection order has been issued against a current licence holder; and
- when an emergency weapons prohibition order (red flag) is issued by a judge against a current licence holder.¹⁰¹

Under these proposed reforms, the CFOs “would not issue a firearms licence to anyone who at the time they apply is, or has previously been, subject to a protection order related to the safety of any person or an emergency weapons prohibition order (red flag).”¹⁰² In the case of licence revocations related to domestic violence and protection orders, the proposal foresees “limited exceptions would be available for individuals needing a firearm for sustenance hunting and trapping, or employment.”¹⁰³

The federal government has indicated that it will consult with Canadians on the expanded licence revocation and yellow flag suspension regime before these provisions come into force.

During parliamentary consideration of Bill C-21, amendments were introduced by a Liberal backbencher during consideration of the Bill by the Standing Committee on Public Safety and National Security. The effect of these amendments would be to ban semi-automatic rifles and shotguns that discharge centre-fire ammunition and that are designed to accept detachable magazines with capacities of more than five rounds. These amendments proposed adding many firearms to the prohibited list by naming them in a *Criminal Code* amendment. Essentially, Bill C-21,

together with the proposed amendments, would statutorily ban all of the models of guns that it, and previous governments, have prohibited using Orders in Council, as well as adding some new ones that are not captured by the new definition of prohibited weapon. These amendments met significant opposition and were withdrawn in February 2023.

Another focus of the national comprehensive strategy, a national freeze on the sale, purchase, or transfer of handguns by individuals within Canada and bringing newly acquired handguns into Canada, came into force by regulations on October 21, 2022. Individuals can continue to possess and use their registered handguns, and there are narrow exemptions that allow current owners to sell or transfer their registered handguns to exempted individuals or businesses. The federal government has also announced that it will invest \$1 billion in provinces and territories that want to ban handguns.

In addition, the federal government has announced its intention to make regulatory amendments for firearms with a view to updating regulations on cartridge magazines and firearm markings and to strengthen secure storage regulations.

Prevention Through Firearms Control

Governmental responses to mass casualty incidents often centre on regulating access to the weapons used by the perpetrator. In the Australian, British, and New Zealand examples, the governments acted swiftly following mass shootings to implement extensive gun control reform, including bans on entire classes of firearms. The history of Canadian gun control has been of a more piecemeal nature, although extensive reforms have been made over time following the 1989 École Polytechnique mass casualty. The Canadian government made some regulatory reforms within weeks of the April 2020 mass casualty with respect to banning specific firearms. The more extensive legislative and regulatory amendments contained in Bill C-21 and other federal government proposals currently under discussion respond to other gaps in the firearms regime identified in our examination of the causes, context, and circumstances of the mass casualty. These gaps concern firearms-related gender-based, intimate partner, and family violence, and enforcement issues, including transborder smuggling.

The reforms introduced since April 2020, however, have been on the federal parliamentary legislative docket and the subject of public consultation by the federal government for some time, and they address broader community concerns about gun violence, not only those raised by the mass casualty. The Parliamentary Standing Committee on Public Safety and National Security carried out an extensive consultation process in 2021 and 2022. In April 2022, the standing committee tabled its report, *A Path Forward: Reducing Gun and Gang Violence in Canada*, which provides an overview of these community concerns. *A Path Forward* contains 34 recommendations and, like the standing committee's 2021 report on crime in rural communities, emphasizes the need to address the root causes of gun violence and for a multi-pronged approach focusing on prevention:

Law enforcement agencies cannot combat gun and gang violence on their own ... [T]ackling gun and gang violence requires concerted efforts by law enforcement agencies and community stakeholders.¹⁰⁴

In this section, we review proposals for preventing mass casualties through effective firearms control by way of legislative and regulatory changes, addressing cross-border smuggling of firearms and ammunition, and strengthening enforcement.

Legislative and Regulatory Reform

Classification System

While the May 2020 Order in Council (PC 2020-298) has updated the list of prohibited firearms, it has banned only some of the weapons that could be defined as “assault-style” rifles. This fragmented approach stems from the current system of firearm classification that uses both statutory provisions to classify rifles based on their characteristics (length and firing system) and Orders in Council to name individual models of firearms (and their variants) as either restricted or prohibited.

In his expert report, Dr. Brown focuses on the need for systematic reform of the classification system rather than a continued piecemeal approach to listing restricted and prohibited firearms through regulations. He states: “Most supporters and opponents of gun control in Canada agree that the classification system needs

systematic reform. Opinion diverges widely, however, over how best to revise the classification system for semi-automatic centre-fire rifles.”¹⁰⁵ Three main proposals are:

- simplify the classification system;
- restrict all centre-fire semi-automatic rifles; and
- prohibit all centre-fire semi-automatic rifles.¹⁰⁶

Some individuals and firearms organizations have proposed eliminating the classification system. No Commission Participants did so, however, including the Canadian National Firearms Association and the Canadian Coalition for Firearm Rights, who participated in the Commission as a coalition.

Dr. Brown endorses revisions to the system of firearm classifications and the need to address gaps in the current regime:

A particularly important policy issue is whether Canadians should have access to semi-automatic firearms ... Canada has adopted an approach that leaves some of these guns in civilian hands while restricting or prohibiting other assault-style rifles. Similarly, the federal government has prohibited revolvers or semi-automatic handguns with short barrels while leaving handguns with slightly longer barrels on the market.¹⁰⁷

Several Participants at the Commission urged complete bans on military-style semi-automatic assault weapons and handguns, and the need for a simple and consistent definition of the entire class of firearms in order to avoid loopholes and the circumventing of regulations. Dr. Brown did not advocate for this position, but noted that the prohibition of all centre-fire semi-automatic rifles would have the advantage of treating “similar weapons consistently.”¹⁰⁸ He also noted that this would mean that “police authorities and the public could easily identify prohibited weapons since the classification system would no longer be based on models named by Orders in Council, the determination of variants, or firearm length.”¹⁰⁹

The Canadian Coalition for Gun Control, a Participant at the Commission, proposed several different approaches to achieve this objective:

- to adopt an overarching definition of, for example, semi-automatic military-style weapons – e.g., “centre-fire rifles with military features such as the use of a large-capacity magazine” to augment the specified list;

- to make it a criminal offence to import, trade, or possess a firearm that is not “reasonably used for hunting” or on a prescribed list of lawful firearms, so that there are no gaps that can be exploited; and
- to create a presumption that firearms are prohibited unless they are specifically defined as legal.¹¹⁰

In its April 2022 *A Path Forward* report on reducing gun and gang violence, the Standing Committee on Public Safety and National Security recommended that “the Government of Canada develop a standardized schedule and definitions of prohibited firearms within the Criminal Code of Canada, with an emphasis on simplicity and consistency.”¹¹¹

In its submissions to the Commission, the Canadian Coalition for Gun Control also emphasized the priority of removing these firearms from circulation, either through requirements to permanently disable them or by buying them back so there is no risk of misuse. Similarly, the Standing Committee on Public Safety and National Security recommended “that the Government of Canada as part of its prohibition on certain firearms implement a mandatory buyback program following consultation with relevant stakeholders.”¹¹² The standing committee received evidence that the Government of Quebec’s buyback program is having some impact on reducing gun violence. It also recommended “that the Government of Canada study models adopted by other jurisdictions, like the U.K. and Australia, in banning certain firearms in their jurisdictions in order to better understand what a made-in-Canada solution would look like.”¹¹³

Ammunition

Gun control debates emerge in the aftermath of mass shootings. A less-discussed issue is that of ammunition, a topic too often left behind in data collection, discourse, and legislation. Firearms cannot serve their intended purpose without ammunition. In Canada a person is required to have a Possession and Acquisition Licence (PAL) to purchase a firearm and ammunition. As the Standing Committee on Public Safety and National Security heard from Kellie Paquette of the Canadian Firearms Program, “a licence is not required to buy a magazine for a firearm or to possess ammunition, but a licence is required to buy ammunition.”¹¹⁴ The perpetrator had amassed firearms and ammunition despite not having a firearms licence,

yet even if he had had a licence, there is no regulatory mechanism to track or limit personal stockpiling of ammunition.

Bill C-21 currently proposes several amendments to federal legislation designed to protect Canadians from firearms-related harm, but it does not appear to address the issue of excessive stockpiling of legally or illegally obtained ammunition. As the standing committee heard from Michael Duheme, RCMP deputy commissioner of federal policing, with regard to the availability of ammunition, it is difficult to control how much ammunition someone may buy, as people may “buy a box of ammo here, a box of ammo there, and eventually it starts building up.”¹¹⁵

There has been considerable focus on tightening magazine restrictions to reduce the lethality of firearms, and some advocate ammunition as well. A report from the American Centre of Progress stresses that a “crucial component of a comprehensive vision for reducing gun violence ... is robust regulation of ammunition.”¹¹⁶ In a 2019 Center for American Progress report outlining the vast quantities of ammunition amassed by individuals who perpetrated mass shootings, the authors note the lack of data on the manufacture, importation, or sale of ammunition in the United States. They make a series of policy recommendations including requiring background checks for ammunition sales, increased oversight of online ammunition sales, and banning high-capacity magazine sales.

The Hungerford Inquiry Report as noted previously in this chapter makes five observations regarding firearms legislation and licensing, two of which relate specifically to ammunition: one with respect to storage, and the other on type available for purchase. Additionally, calls for reform after the Christchurch massacre influenced “measures to better track large purchases of firearms and ammunition and obligations to report concerning behaviour.”¹¹⁷ Indeed, as of December 24, 2020, new provisions relating to the sales, purchase, and possession of ammunition came into effect in New Zealand. These provisions are directed at those in “the day-to-day management of a business that includes selling or supplying ammunition.”¹¹⁸

The National Firearms Agreement in Australia included provisions regulating ammunition and safe storage requirements. Purchasers of ammunition must show a valid licence for the corresponding firearm, and there are limits on the quantity of ammunition that can be purchased. As noted above in the discussion of the Dunblane mass shooting in the UK, the individual had amassed ammunition that did not follow from his licensed authority. The UK government responded by adopting

the public inquiry's recommendations that the *Firearms Act 1968* be amended to provide for:

- the revocation of a firearm certificate on the ground that the chief officer of police is satisfied that the holder does not have a good reason for having in his possession, or for purchasing or acquiring, the firearm or ammunition in respect of which the certificate is held; and for partial revocation; and
- in the case of the revocation of a firearm certificate in respect of the ammunition to which it relates, the power to substitute different quantities.¹¹⁹

The UK government also accepted recommendations about amending its Act to ensure that applicants would be “fit to be entrusted with the firearm and ammunition to which the application relates.”¹²⁰ Australia, the United Kingdom, and New Zealand have all enacted laws that further restrict access to *both* firearms and ammunition.

Prohibition of Oversize Magazines

Another measure designed to reduce the lethality of firearms is the tightening of magazine restrictions. Dr. Brown pointed out this could be done in two ways: (1) by prohibiting any magazine that can be modified to hold more than five rounds of ammunition; or (2) by making it illegal to use a magazine that can accept more than five rounds (such as magazines that are designed to hold five rounds of ammunition for one firearm, but can be used to hold more ammunition when the magazine is employed in a different firearm). Both of these approaches would “mitigate the risk of shooters using assault-style rifles to inflict high numbers of casualties.”¹²¹

In *A Path Forward*, the Standing Committee on Public Safety and National Security recommends:

- That the Government of Canada review the importation, domestic manufacturing, sale, and possession of all firearms magazines that can be easily modified to hold more than the maximum permitted capacity.

- That the Government of Canada amend current legislation to require a possession and acquisition license to purchase magazines in the same way as ammunition.¹²²

Bill C-21 would make it an offence to alter a cartridge magazine to exceed its lawful capacity and would require a person to present a valid firearms licence to import non-prohibited ammunition for firearms.

Reducing ammunition capacity is an important goal. A review of international and national multivariate analyses of gun control legislation by Dr. Frederic Lemieux, then professor and director of Police Science and Security and Safety Leadership Programs, College of Professional Studies, The George Washington University, found that gun control legislation reduces overall fatalities related to firearms: “reduced firepower capacity – fewer firearms and therefore a lesser capacity to fire – is clearly associated with fewer victims.”¹²³ Dr. Lemieux noted:

This result is true no matter what type of weapon is used by the shooters. In other words, the limitation of ammunition capacity saves lives more than targeting specific models of weapons. In the case of the semi-automatic assault rifle, the limitation of ammunition defeats the purpose of these weapons as a direct consequence.¹²⁴

Other Legislative Reform

In light of the well-established connection between gender-based violence and firearms violence, including mass casualties, the Canadian Coalition for Gun Control recommended legislative changes to automatically revoke the firearms licences of persons convicted of domestic violence or hate-related offences and to suspend the firearms licences of persons charged with such offences. Where such charges are diverted, withdrawn, stayed, or otherwise resolved without trial, says the coalition, “the suspension should remain in place and the burden of proof should be on licence holders to demonstrate they are not at risk or a threat to others.”¹²⁵ Bill C-21 incorporates this recommendation.

The Canadian Coalition for Gun Control also pointed to the need for administrative and legal changes to prevent the unlawful transfer of firearms from estates, to address situations such as the perpetrator’s acquisition of one of the firearms he

used through Tom Evans's estate. Specific suggestions here include the creation of mechanisms to transfer information from government databases such as Vital Statistics to firearms officers, which would ensure that firearms officers receive immediate notification of a death or licence expiry and take action to identify, retrieve, and secure firearms. The coalition also proposed that: "Legislative or regulatory change can also be enacted (at the provincial and federal levels) to hold those administering an estate accountable for the timely and legal deactivation, surrender, or destruction of firearms in the estate."¹²⁶

Addressing Cross-border Smuggling of Firearms and Ammunition

The April 2020 mass casualty underscores the importance of legislative, regulatory, and policy changes to reduce and eventually eliminate smuggling of firearms and ammunition into Canada, especially from United States. We should not underestimate this challenge. As John Parkin, manager of the Nova Scotia firearms program, said about comparing the experiences with gun control in the UK, Australia, and New Zealand:

[O]ne factor of particular note there is that they're all island states. They don't share an 8,800 kilometre land border with a country where firearms are prolific and where they have a huge manufacturing industry, no real system of regulation or – I shouldn't say regulation – of registration or tracking those firearms or where they go and where they've come.¹²⁷

A 2006 study of gun smuggling at the Canada–United States border explained how firearms illegally enter Canada:

A large volume of persons and goods legally moves across the Canada and United States border through designated ports of entry. Criminal entities may try to exploit this cross-border traffic to smuggle firearms and other weapons into Canada, utilizing a variety of conveyances that include private vehicles, aircraft, commercial vehicles, boats, and other means. In some instances, those conveyances are altered to include specially designed concealment locations.

Illegal firearms are also smuggled across the vast unmanned border areas by individuals carrying contraband items in backpacks and via all-terrain vehicles and private vehicles. Criminals also sometimes use a small number of Native American/Aboriginal reserves and/or territories situated on or near the border to move illegal firearms from the United States to Canada and/or as storage locations for subsequent illegal distribution.¹²⁸

In his report, Dr. Brown points out three reasons why it is difficult to evaluate the extent of the gun smuggling problem:

a) officials can report only on firearm smuggling efforts that are interdicted; b) some crime guns are not recovered; and c) the origin of many crime guns cannot be determined. In some parts of Canada, smuggled firearms seem to make up a substantial percentage of crime guns, but in other areas domestically sourced firearms appear to be the major problem.¹²⁹

Following the mass casualty, the Enforcement and Intelligence Division of the CBSA, Atlantic, carried out a baseline intelligence assessment of firearms smuggling in Atlantic Canada. The report notes that this issue had been a low-tiered priority in prior years. A key finding was that firearms smuggling is more prevalent in areas close to states with lax gun laws; the example of Maine is described:

As per the Giffords Law Center to Prevent Gun Violence Annual Gun Law Scorecard, the State of Maine has negligent gun laws and restrictions in place. The Giffords Law Center to Prevent Gun Violence highlights several benchmarks leading to this failing grade, such as the state does not require universal background checks, gun dealer licensing, firearm registration, a firearm owner license, or a waiting period. In addition, there are no restrictions or bans on bulk firearm purchases or assault weapons, 50 calibre rifles and large capacity magazines.¹³⁰

The report also notes that the threat of mass casualty incidents is “exacerbated by access to possibly smuggled firearms.” The report notes that the CBSA’s effectiveness is compromised by information gaps, explaining:

Data is not shared or consistent across government departments related to combating firearms smuggling. For example, the data provided from

NWEST [National Weapons Enforcement Support Team] contain third party information, thus making it not shareable with the CBSA. That is to say, if a Municipal police force seize firearms, such as the Fredericton Police Force, that data is not available to CBSA through NWEST.¹³¹

There is also a lack of intelligence overall about firearms smuggling in Atlantic Canada. In the past, firearms smuggling intelligence was collected, coordinated, and disseminated strategically, tactically, and operationally by the Regional Intelligence Firearms Liaison Officer (RIFLO), but that position had been inactive for years.

CBSA in Atlantic Canada have not had an active RIFLO position in a number of years. The RIFLO is an invaluable resource when it comes to firearms smuggling from the United States. Their effectiveness stems from being imbedded with PWEU [Provincial Weapons Enforcement Unit] and having access to all their systems. It is similar to what Atlantic Canada has experience with Integrated Intelligence Units (IIUs). As well, they are fully integrated in major projects undertaken by law enforcement agencies. This allows RIFLO assigned to Firearms Analysis and Tracing Enforcement (FATE) access to all pertinent information and, conversely, to use CBSA databases to further investigations.¹³²

The Participant coalition Women's Shelters Canada, Transition House Association of Nova Scotia, and Be the Peace Institute also calls on "the federal government to work to confirm a bilateral agreement with the United States designed to prevent smuggling and trafficking of firearms."¹³³ The Canadian Coalition for Gun Control proposed that this bilateral agreement should include:

- 1) securing a commitment by the U.S. to fully investigate how guns are being transported from the U.S. into Canada for illegal possession and use, including by straw purchases and sales to gun traffickers;
- 2) securing a commitment by the U.S. to increase enforcement, inspection and investigation of gun dealers near the Canadian border who are trafficking and smuggling into Canada;
- 3) a requirement that gun dealers near the border screen for indicators of straw purchases and trafficking; and

- 4) securing a commitment from the United States to fully investigate, prosecute and where necessary, extradite American residents, citizens and corporate officers who knew or ought to have known that a firearm would be transferred to a Canadian who is not licensed to own the firearm or where the transaction was otherwise illegal.¹³⁴

During our Phase 3 consultations, Dr. Wendy Cukier (professor and founder of the Diversity Institute at Toronto Metropolitan University), representing the Canadian Coalition for Gun Control, said:

We also don't see the U.S. Department of Justice pursuing criminal charges when Americans are found to be either selling illegally or giving firearms to Canadians. So I think there's lots of work that can be done there.¹³⁵

As noted above, Bill C-21 prioritizes efforts to reduce firearms smuggling as well as other enforcement issues. In *A Path Forward*, the Standing Committee on Public Safety and National Security describes some recent federal government investments in the RCMP and CBSA's enforcement capabilities in this domain, including the enhancement of CBSA's technology and intelligence sharing. The report makes a number of recommendations on this front:

- That the Government of Canada increase funding to the Akwesasne Mohawk Police Service, promote economic development in Akwesasne, and encourage the surrounding police of jurisdiction to strengthen collaboration and information sharing with Akwesasne and other border communities to ensure improvement in law enforcement's ability to intercept illegal firearms at the provincial and international border.
- That the Government of Canada recognize that smuggling is a significant contributor to gun and gang violence in Canada and that more resources must be allocated to firearms smuggling.
- That the Government of Canada investigate the need for enhanced border surveillance of international commercial rail operations and ocean freight shipping operations.
- That the Government of Canada allocate additional human and financial resources to the Canada Border Services Agency to

enable them to better investigate and apprehend those attempting to smuggle illegal firearms into Canada, including innovative technological solutions.¹³⁶

Finally, we note that the perpetrator smuggled ammunition across the border as well as firearms. The *Inter-American Convention Against the Illicit Manufacturing of and Trafficking in Firearms, Ammunition, Explosives and Other Related Materials* and the United Nations *Protocol Against the Illicit Manufacturing of and Trafficking in Firearms, Their Parts and Components and Ammunition*, which Canada and the United States have not ratified, both include ammunition as a necessary part of the picture in the international approach to reducing trafficking and smuggling of firearms.

Strengthening Enforcement

Our factual findings underscore the need for more proactive enforcement of existing firearms laws.

Screening Provisions

Bill C-21 provides expanded provisions for screening of persons seeking to obtain or renew a firearms licence. Participant submissions indicate that similar provisions established in 1995 have not had the anticipated effect of minimizing risks associated with firearms and gender-based violence. In its June 2022 report, the Ontario Office of the Chief Coroner's inquest into the murders of Carol Culleton, Anastasia Kuzyk, and Nathalie Warmerdam (Renfrew County Inquest) made a number of recommendations to assist firearms officers in carrying out their responsibilities so as to contribute to women's safety in situations of intimate partner violence. We support these recommendations and integrate them into our discussion of implementation of our recommendations below.

During our Phase 3 Participant consultations, Dr. Cukier described problems with the ways provincial firearms officers have implemented existing screening provisions. The current law has broad provisions allowing these officers to refuse a licence to anyone who in their opinion is a threat to themselves or other people:

[O]ne of the challenges we see is that often that is not being used and there's real focus on very specific risk factors as opposed to doing, for example thorough reference checks, using the spousal notification provisions or doing secondary investigations, which are allowed in the law but often are not done, in part because, as Mr. Parkin noted, there's a lack of resources. I would argue there's also a lack of priority.¹³⁷

In Dr. Cukier's words, "laws are words on paper if they're not appropriately enforced."¹³⁸ She noted that the existing *Firearms Act* contains these provisions:

And the '95 legislation did introduce the notion of firearms-interested persons, red flags that were supposed to be used as part of the continuous eligibility requirement to identify where there were risks. The evidence is those have not been used, and, in fact, many of them have been eliminated because the police said, "We were getting too many red flags."¹³⁹

According to Dr. Cukier, one way to address the lack of and unevenness in enforcement is by building up accountability and transparency in the administration of the *Firearms Act*, as well as the standards and expectations of those charged with administering the Act. She explained:

I mean, one of the challenges we see especially in some communities is, frankly, the people who are charged with administering the *Firearms Act* are experts in firearms. They're experts in firearms because they like them. And you see far less expertise in risk assessment, or in violence prevention, or – and the gun control chill that has existed for almost a decade also made many police officers and others reluctant to apply the laws because they were likely to get their wrists slapped.

So I think there's a lot more work that needs to be done in really unpacking the administration of the *Firearms Act*, and many police agencies have very rigorous quality assurance mechanisms in place that track just about everything that they do, but they don't apply the same rigour around the administration of the firearms law. We know many police agencies, part of the reason why we don't have good data on where the guns come from, is a lot of police agencies don't trace firearms they recover in crime, don't track, don't analyze data and so on. So there are multiple layers which we need better data and more accountability to

understand where the gaps are occurring. And again, to the points that were previously made, firearm death and injury has been estimated to be a \$6 billion cost to the Canadian economy, second leading cause of death next to motor vehicle fatalities for some populations. Think about how much we invest in trying to keep the roads safe relative to how much we invest in managing firearms legislation, and I think you'll see real inequity that has to be addressed.

So it's really data, process and investments that require more transparency and accountability.¹⁴⁰

The Canadian Coalition for Gun Control called for review and revisions to the type of data required to be collected by the chief firearms officer (in keeping with data gaps noted above) and requiring that the data be publicly disseminated. The Participant coalition Women's Shelters Canada, Transition House Association of Nova Scotia, and Be the Peace Institute made a similar proposal.

Complexity as a Bar to Effective Enforcement

During our Phase 3 consultation, John Parkin, manager of the Provincial Firearms Program, Nova Scotia Department of Justice, contributed to the dialogue and provided input he said was "based upon my personal observation and my personal experience following 32 years of law enforcement and the nine plus years that I've been in in this role."¹⁴¹ He emphasized that he did not speak on behalf of his employer, the Government of Nova Scotia. When asked questions about what types of reforms were needed, Mr. Parkin said:

And my response to that is that access to firearms in Canada is already heavily regulated. There's a detailed and complex piece of legislation in the *Firearms Act*, and the complexity and the language that's used in that is sometimes confusing to some people and at times the interpretation that can be applied to it when we face, as firearms officers, challenges to our decisions can be somewhat difficult obstacles to overcome at times.

There's an entire part of the Criminal Code, Part III of the *Criminal Code*, with various pieces of legislation that speak to what persons can and can't do and where they may do certain things. There are separate

enacted regulations underneath the *Firearms Act*. More recently, there's an Order in Council on military-style assault firearms which deals with a large segment of the self-loading category of firearms.

In some provinces, there's provincial legislation, and I refer specifically to Quebec as the one that I'm most familiar with, with the provincial law there. And there are, in some places, even in this province, there have been local by-laws that can regulate the activities that people may engage in by regulating the discharge of firearms within certain limits, so there's already a considerable volume of legislation and regulation that governs the activities of firearms and the access to firearms within Canada.

Where that might be improved is some clarity around licensing, authorizations, eligibility for persons who would be able to obtain licences, prohibition orders and the legal interpretation of what exactly is a prohibition order.

...

From my opinion, the current regime is sufficient. There are good tools there. Those tools need to be given an opportunity.

...

And what I mean by that is – and this is something I've spoken to before, so it's not a secret of any sort. We're currently operating on a budget and staffing level that was set in 2011. The past decade has seen complexity of the issues that we're dealing with increase dramatically, and things that are much more subtle that we're looking into, so mental health illness and those types of factors that we're looking at.¹⁴²

Collaboration Across Agencies

In his comments, Mr. Parkin also spoke about the hurdles faced by firearms officers in carrying out their regulatory duties because of insufficient collaboration from police services. He said:

It's a matter of giving those tools a chance, to be more – to have more inclusion with the regulatory aspect, and the enforcement aspect of things. From what I've seen, and this is something I've spoken to again at the Desmond inquiry, is that there's a lack of communication or responsiveness from the enforcement type of agencies typically to those of us in the more regulatory atmosphere. So when we're dealing with potential risks or potential threats, if we make requests for information, it tends to be we oftentimes just don't – simply do not get a response. So there's not – I think that there may be a perception that we're not the enforcement team, so therefore, we don't really play in that realm, and they'll just get to us if or when they get to us.¹⁴³

A separate but related point is that the experience and knowledge of individuals is not sought out nor listened to. Mr. Parkin explained:

I think there's a benefit to discussing these things with the people who are the front end and operationalizing the policies and the legislation that is in place. The challenges that we experience – and I could go on for – at length about some of the things that we've run into, but I've been here for more than nine years. Nobody has come down to ask me a question from any level to say, "How is it going? What could we do better? What do you think is wrong?" Like I said, I've been here for more than nine years.¹⁴⁴

Tracking and Tracing

The Participant coalition Women's Shelters Canada, Transition House Association of Nova Scotia, and Be the Peace Institute made a number of proposals to improve the system of tracking sales and tracing firearms ownership:

- that all levels of government implement a system to track sales and trace firearms ownership to stem the diversion of firearms from different means, including from a deceased licence holder;
- that the federal and provincial governments change administrative tracking to prevent the unlawful transfer of firearms from the United States and track firearms belonging to expired licences; and

- that all federal, provincial, territorial and municipal police agencies, as well as the Canada Border Services Agency, be required to submit all confiscated firearms for tracing.¹⁴⁵

The Canadian Coalition for Gun Control also proposed these changes as a priority.

Data and Accountability

In Volume 3, Violence, we made recommendations pertaining to the enhancement of data collection on mass casualty incidents and gender-based, intimate partner, and family violence as the foundation for continuous learning and accountability. The Canadian Coalition for Gun Control has proposed a similar approach on firearms. More specifically, it calls for an easily accessible national database or databases on gun-related death, injury, and crime. The coalition's detailed recommendation is as follows:

The federal government should invest in the creation of a National Firearms Data Centre which will collect data from across agencies including from the justice and health sectors, coroners, and social services agencies, as well as administrative data sources including the Chief Firearms Office, local firearms offices, police at all jurisdictional levels to inform policy, practice and research.

The federal government should promote standardization and quality control measures in data collection by police, as well as mandatory collecting of information by federal, provincial and local police, publicly released on an annual basis, which includes information such as:

- (a) disaggregated data on firearm death, injury and crime including gender, age, region and other pertinent characteristics
- (b) types of firearms used (unrestricted, restricted (handguns) and others) and their sources (legal owner, diverted from legal owner, smuggled)
- (c) offender/ victim relationship (was the perpetrator known or unknown to the victim; if the perpetrator was known, what was his or her relationship to the victim)

- (d) firearm ownership and whether the person who used the gun was licensed
- (e) the number of firearms-related investigations, charges and complaints
- (f) a breakdown of the data by gender of suspect/ victim; offence type; type of firearm; and demographic indicators such as age, educational level and income
- (g) the steps and outcome of steps undertaken by police in response to a firearm related complaint, including the number of firearms removed from individuals following the expiry of a license; the suspension of a license; the revocation of a license; and the issuance of an order in the criminal courts prohibiting an individual from possessing firearms
- (h) the outcome of tracing efforts in each case.¹⁴⁶

Beyond Regulation: Public Health Prevention

Firearms violence is complex and must be met a suitably nuanced and diversified response. As Dr. Cukier explained: “There are different facets to it. And no regulations can be judged based on preventing a single incident. What we need is a coordinated approach which addresses the root causes of violence, the availability of the instruments of violence and the justice system and support for victims.”¹⁴⁷

Earlier we described the elements of public health prevention approaches to gender-based violence, including the escalation of that violence to mass casualty incidents. It is clear that this approach must be extended to firearms as one specific factor that compounds the risks of violence, serious injury, and lethality. Preventive approaches underscore the need for public awareness and education about firearms and mechanisms outside of the criminal / regulatory context that promote community safety and well-being, including through the safe, legitimate use of lawful firearms.

The Participant coalition Women's Shelters Canada, Transition House Association of Nova Scotia, and Be the Peace Institute called on "all levels of government to recognize the proliferation of firearms and the injuries and deaths related to firearms as an urgent public health concern that requires a public health approach."¹⁴⁸

Public Awareness and Education

The Australian experience highlights the importance of seeing gun ownership as a conditional privilege – not a right – as a central pillar of a public health approach to gun control and violence prevention. Although this is a principle that has been part of the Canadian ethos and was recognized under Canadian law decades ago, it appears to be increasingly under threat today. The threat appears to be partially a result of American dominant pressures and narratives about the right to bear arms and the paramountcy of self-defence, and partially as a result of societal distrust in institutions, including police services. In our view, proactive steps need to be taken to reassert public acceptance of gun ownership as a conditional privilege.

Consideration could also be given to enshrining this principle in national, provincial, and territorial statutes. Public opinion polls have consistently shown that the vast majority of Canadians favour gun control, which is consistent with this approach. In his expert report, Dr. Brown summarizes this polling history:

Professionally conducted public opinion polls have historically shown high levels of support for strengthening gun control laws in Canada, as the following sample of polls illustrates:

- **1975:** Gallup found that 83 per cent of Canadians favoured the registration of all firearms.
- **1977:** Gallup reported that 85 per cent of Canadians wanted to see a law that would require a person to acquire a police permit before buying a gun.
- **1979:** Gallup reported that 66 per cent of Canadians wanted the law governing the purchase of firearms to be more restrictive. (28 per cent wanted existing gun laws retained, while 4 per cent wanted less restrictive firearm laws.)
- **1982:** Gallup found that 70 per cent of Canadians wanted the law governing the purchase of firearms to be more restrictive. (24 per

cent wanted existing gun laws retained, while 4 per cent wanted less restrictive firearm laws.)

- **1989:** Angus Reid found that 72 per cent of Canadians agreed with the statement that “Canada’s gun laws should be changed to make it more difficult to purchase deadly weapons.” Twenty-six per cent disagreed with this statement, and only 2 per cent had no opinion.
- **1991:** Gallup found that 79 per cent of Canadians favoured more restrictive gun laws. (17 per cent wanted to maintain the current law, 2 per cent wanted the law to be less restrictive, and 3 per cent had no opinion.)
- **1991:** Angus Reid asked if Canada’s gun laws should be changed to make it more difficult to purchase weapons. 80 per cent agreed that Canada’s gun laws should be changed to make it more difficult to purchase firearms. 16 per cent disagreed, and 4 per cent were unsure.
- **1994:** Angus Reid reported that 70 per cent of Canadians wanted tougher gun laws. (23 per cent wanted no change in the laws, 5 per cent wanted fewer restrictions, and 2 per cent did not know.)

...

- **2017:** Ekos found that 69 per cent of Canadian supported banning guns in urban areas.
- **2019:** Leger found that 77 per cent of Canadians favoured stricter gun controls. 17 per cent were opposed to stricter gun laws, and 7 per cent did not know or refused to answer.
- **2021:** Leger found that 66 per cent of Canadians favoured stricter gun controls. In comparison, 19 per cent said gun laws should stay the same, 10 per cent said gun laws should be less strict, and 5 per cent did not know or refused to answer.¹⁴⁹

We have omitted the author’s citations in the listing of polling results above and below, but the source information is available in this expert report.

Dr. Brown points out: “The only period in Canadian history since the 1970s when popular support for strengthening gun controls waned was when cost overruns bedevilled the long-gun registry.” He also notes that several polls have shown substantial support for limiting access to or banning assault-style rifles:

- **1993:** Angus Reid found that 84 per cent of Canadians supported a ban on assault rifles and even 71 per cent of gun owners favoured a ban on such rifles.
- **2006:** Leger and Ipsos Reid determined that 81 per cent of people in Quebec supported banning semi-automatic firearms, and 68 per cent of people in the rest of Canada supported such a ban. 59 per cent of gun owners in Quebec agreed that such guns should be banned, as did 44 per cent in the rest of Canada.
- **2018:** Environics Research Group found that 81 per cent of Canadians supported the statement “Private ownership of semi-automatic assault weapons for recreational purposes should not be legal in Canada.”
- **2019:** Angus Reid reported that 77 per cent of Canadians agreed that more needed to be done to limit access to assault weapons, and 75 per cent supported a complete ban on assault weapons. (55 per cent of current or former gun owners agreed that assault weapons should be banned.)
- **2020:** Angus Reid reported that 78 per cent of Canadians supported a complete ban on civilian possession of assault weapons. (45 per cent of current gun owners and 70 per cent of former gun owners supported such a ban.)
- **2020:** Ipsos determined that 82 percent of Canadians supported the federal government’s ban on assault-style weapons.”¹⁵⁰

A closely connected point is the requirement to take active steps to work against polarization on gun control issues. Public discourse around firearms is highly polarized. In a recent governmental report that consulted with Canadians on both sides of the debate, it was suggested that those who oppose greater regulation of firearms should be brought into discussions about reform:

Leveraging their experience could help decision-makers better understand the issues involved and potential impacts of legislative changes (e.g., protection of livestock for rural landowners, financial impact on small businesses), thereby informing solutions to reduce violent crime involving firearms while not impeding the lawful use of firearms by Canadians. For example, this could include promoting best practices for firearms owners (e.g., keeping personal firearms inventory in a safe place

to assist police in case of theft) and retailers (e.g., reporting suspicious activity). Stakeholders felt this type of dialogue would help contribute to a more informed, evidence-based approach, while also promoting engagement with and compliance by the firearms community: “Provide clear messaging that firearms owners are themselves a critical component in the fight against gun crime.”¹⁵¹

Part of the reason for the success of the Australian model was the government’s ability to learn about, understand, and meet the needs of the main opponents of the firearms regime there. Steps taken included recognizing, affirming, and addressing the interests of individuals, businesses, and sectors that might have seen themselves as negatively affected by the new regime. By recognizing their legitimate interests in the lawful use of firearms in practical terms, firearms sellers and gun clubs can be encouraged to assist in regulatory and enforcement initiatives.

One way to transcend this polarization is by emphasizing, as a shared value, the connection between effective regulation of access to firearms and ammunition, and community safety and well-being. This shared value is an inclusive one. Wherever possible, steps should be taken to encourage dialogue based on acknowledging and valuing multiple perspectives and on finding common ground. For example, Indigenous people, particularly those living in rural and remote areas, have a double-edged relationship to guns as sustainers of life (through hunting for food) but also diminishers of life (the disproportionately high rate of firearms-related injuries, suicide, and intimate partner violence). Michèle Audette, commissioner at the National Inquiry into Murdered and Missing Indigenous Women and Girls, underscored this complexity:

The availability of firearms is an important factor that harms Aboriginals’ health ... It is no surprise that the increase in the number of homicides nationally is mainly explained by the increase in the number of firearm homicides. For me, the solution may be found in the communities themselves, with practical measures that help reduce access to firearms, so that they would not be used for anything other than hunting and would not be used to commit violence against humans, or to take one’s own life or that of others.¹⁵²

Members of other marginalized communities, including Black people and people of colour, are also disproportionately affected by firearms, as victims of violence

and as a result of racial profiling, overpolicing, and the discriminatory operation of the criminal justice resulting in young Black men being “one of the fastest growing sub-populations in federal corrections.” Also, the United Nations Committee on the Elimination of Racial Discrimination expressed concern over the overrepresentation of African Canadians in prisons in its March 2012 Canadian periodic report:

The Committee is concerned at reports that African Canadians, in particular in Toronto, are being subjected to racial profiling and harsher treatment by police and judicial officers with respect to arrests, stops, searches, releases, investigations and rates of incarceration than the rest of the population, thereby contributing to the overrepresentation of African Canadians in the system of criminal justice of Canada.¹⁵³

Young Black men in Toronto are estimated to be five times more likely to become victims of homicidal violence. Inclusive community-engaged processes at all stages of designing and implementing a public health approach to firearms regulation is critical to overcoming the erroneous tendency to see the debate over gun control in simplistic, all-or-nothing terms.

A third issue is developing greater public awareness of firearms regulations in Canada and everyone’s responsibility under them, and the connections between legitimate firearms use and community safety. During our roundtable on rural communities, policing, and crime, RCMP Supt. Dan Morrow emphasized the importance of governments integrating education and consultation into this process:

[I]f there is going to be any kind of variance in laws there’s going to be a strong education component that’s going to be required with that. But I would, as Jane [McMillan] said, that consultation piece in advance of any new changes in the legislation, especially for gun control so that the Indigenous communities, there’s over 600 in our nation, I would suspect that the government would want some consultation there.¹⁵⁴

Supt. Morrow also made the point that the best approach may also be to support compliance in creative ways in remote and Indigenous communities, as opposed to doing so through enforcement:

So I’ve had my detachment shot at, my – our house has been shot at, our vehicles.

But it's rarely been the gunowner themselves. What has happened, what I have seen is actually the accessibility to the firearm itself. So the gunowner is responsible, but because of a lot of other social factors in play, like sometimes it's cramped housing. If you have three or four generations living in one house, yes, they have it secured, as per the law, but you have so many people coming in and out of that residence that it's hard to restrict the access to everyone, especially if somebody in the house is under the influence and knows where that firearm is, and because you can't keep it a secret with so many people coming and going in a residence.

And when I say these things, I don't mean to lessen – like people have to be held accountable for the – for their actions. I have family members who have been the victims and also the perpetrators of violence. So there's always needs to the accountability, but I understand what Jane is saying. How we come to any new sort of laws or legislations needs to be carefully assessed and who it's going to impact, not just in urban but rural and our remote settings.¹⁵⁵

A problem-solving perspective can assist in promoting compliance. One US pilot project distributed safe lockers for firearms and then tracked compliance with safe storage laws in poorer households.

During the Commission's consultation conference with Mi'kmaw communities, representatives of these communities emphasized the importance of education about gun use and gun safety, especially for youth and for collective solutions for issues such as gun and ammunition storage. For example, Luke Markie, a security guard for Millbrook First Nation, explained

Knowledge is power, knowledge about the guns, how to handle the guns, how to properly store it. Storage is a huge, huge factor when it comes to it. As long as you know, like, you store your firearms in one; you store your ammunition in another; that's two separate – that's two, three steps I've got to take before I have a loaded rifle. So giving people the chance to have information – that extra information and really hitting it home is what gets it to stick.¹⁵⁶

Cheryl Copage-Gehue, Indigenous advisor for the Halifax Regional Municipality and councillor with Shubenacadie First Nation, stressed the connection between poverty and access to safe firearms storage:

If there was a course we were going to offer, I thought it would be a really great incentive that we provide them with the safety box afterwards so they have something to store their guns as a thing, because most people don't have the money to do that. That's why, if you see a lot of them and that's why we get in trouble a lot, they have the soft cases. They can't afford the hard cases.¹⁵⁷

A fourth issue is the need for a community-wide appreciation of the dangers of gun violence. Dr. Cukier elaborated on how this appreciation is crucial:

[T]hat whole process of how we get the community to understand the risks of firearms, which are not restricted to urban centres – and, in fact, the rates of gun violence in rural communities is much higher and certain types of gun violence, suicide, murders of police officers, and murders of women are also much higher – we really need a community response and that means understanding what the risks are and having in place the mechanisms to translate those risks into action.¹⁵⁸

The Canadian Coalition for Gun Control has urged the federal government to launch “a nation-wide comprehensive public education campaign directed at increasing awareness of existing firearm related laws and regulations, options for raising complaints and concerns, and the risks associated with firearms in the home, including risk factors associated with accidental injury, suicide, domestic violence, hate crimes and diversion of lawfully owned guns.”¹⁵⁹ In addition to a broad campaign, a comprehensive approach could include targeted materials on specific topics. For example, one public submission proposed a written reminder about straw purchase offences be sent to people with licences. A straw purchaser is someone who obtains a firearms licence in order to obtain weapons intended for the criminal market, even though they may not be involved in other criminal activity.

Public Safety Canada has initiated a public awareness campaign in conjunction with the Government of Canada's comprehensive firearms control strategy. The web page entitled “Taking action to reduce gun violence” contains statistics about

the growth in violent crime involving firearms “as a growing threat to public safety in our communities.”¹⁶⁰ It invites everyone to “[b]e part of the solution” because “[t]ogether, we can help keep Canadians safe.”¹⁶¹ The web page contains information about the recent ban on assault-style firearms and how to comply with its provisions.

Mechanisms to Promote Community Safety

Proposals to promote community safety with respect to firearms share a common goal of providing safe reporting mechanisms for community members to use to share information. The Participant coalition Women’s Shelters Canada, Transition House Association of Nova Scotia, and Be the Peace Institute joined the Canadian Coalition for Gun Control in making two proposals toward this end:

Two specific proposals are:

- That the federal government establish a national firearms hotline to allow individuals to report concerns about firearms directly to staff accountable to the Commissioner of the RCMP.
- That all provincial and territorial governments impose a duty to report on healthcare professionals where individuals are assessed as a risk to themselves and others and may have access to firearms.¹⁶²

The Canadian Coalition for Gun Control explained the potential role of a national hotline:

The purpose of the hotline would be multifold. It would allow citizens to report concerns about firearms directly to staff accountable to the Commissioner of the RCMP. It would provide a resource for citizens to obtain information on gun laws and options for reporting. It would enhance accountability and transparency frameworks and provide an additional resource for firearm related data collection.¹⁶³

The Canadian Coalition for Gun Control also recommended that the imposition of this duty to report should be coupled with “a targeted public health campaign to educate health professionals and front-line service providers (e.g., shelter workers,

educators, day care workers, etc.) on the risks associated with firearms and the steps they should take if they have concerns.”¹⁶⁴

Conclusion and Recommendations

The operation of Canada’s firearms regime was inadequate to prevent the perpetrator from acquiring the means to carry out the April 2020 mass casualty. This regime must be evaluated on the basis of how it operates in conjunction with other aspects of our public and community safety systems. The inadequacies laid bare by this single incident do not bring into question the Canadian approach to gun control; rather, they support the need to strengthen it by addressing gaps in the regulatory framework and how it operates in Canadian communities. A public health approach to the prevention of mass casualties involves, among other things, both addressing the roots causes of violence, particularly gender-based violence, and taking all available steps to minimize access to instruments of lethality.

There is much to be learned from the successful approaches taken in Australia and the United Kingdom with respect to firearms control in the wake of mass casualty incidents. The more recent New Zealand firearms control reform after the 2019 Christchurch incident is also instructive; it should be monitored during the initial implementation stage for additional insights. The United States continues to be a cautionary tale in terms of the failure to learn the lessons of the connection of guns and gun control to mass shootings. We do not have the geographic advantage of an island that offers heightened border control. Collectively, we must reckon with the North American reality of both a long and friendly land border and the cultural impact of the United States, particularly its powerful gun lobby and role as an arms manufacturing centre.

The Government of Canada has initiated a new era of firearms control building on over 50 years of regulatory and enforcement experience. As Dr. Brown’s close review of Canadian gun control history reveals, many of these reforms had been discussed over many years before the April 2020 mass casualty, and a strong majority of Canadian public opinion has expressed support for strengthened controls consistently during this period. At the same, this mass casualty is clearly a

catalyst for long overdue changes, including for example, banning the Ruger Mini-14, which is the firearm used in the 1989 École Polytechnique mass casualty.

We refrain from commenting on Bill C-21, currently before Parliament, and other specific aspects of the federal government's firearms control strategy. Instead, we make five interrelated recommendations that address our findings and the issues that arise from the causes, context, and circumstances of the April 2020 mass casualty. These recommendations draw from our discussions on prevention through gun control and a public health prevention approach to promoting gun safety as one aspect of community safety and well-being. One central feature of our prevention-focused strategy is recognizing the strong connection between firearms and gender-based violence, particularly intimate partner violence and homicide.

LESSON LEARNED

Priority should be placed on reducing access to the most dangerous, high-capacity firearms and ammunition in recognition of the risks they pose and the fact they do not serve a hunting or sporting purpose.

Recommendation C.21

REDUCING GUN LETHALITY

The Commission recommends that

- (a) The federal government should amend the Criminal Code to prohibit all semi-automatic handguns, and all semi-automatic rifles and shotguns that discharge centre-fire ammunition and that are designed to accept detachable magazines with capacities of more than five rounds.
- (b) The federal government should amend the *Criminal Code* to prohibit the use of a magazine with more than five rounds so as to close the loopholes in the existing law that permit such firearms.

- (c) The federal government should amend the *Firearms Act*
 - (i) to require a licence to possess ammunition;
 - (ii) to require a licence to buy a magazine for a firearm; and
 - (iii) to require a licensee to purchase ammunition only for the gun for which they are licensed.
- (d) The federal government should establish limits on the stockpiling of ammunition by individual firearms owners.
- (e) The federal government should reform the classification system for firearms and develop a standardized schedule and definitions of prohibited firearms within the *Criminal Code* of Canada, with an emphasis on simplicity and consistency.
- (f) The federal government should take steps to rapidly reduce the number of prohibited semi-automatic firearms in circulation in Canada.

LESSON LEARNED

The safety of women survivors of intimate partner violence is put at risk by the presence of firearms and ammunition in the household.

Recommendation C.22

REVOCATION OF FIREARMS LICENCES FOR CONVICTION OF GENDER-BASED, INTIMATE PARTNER, OR FAMILY VIOLENCE

The Commission recommends that

- (a) The federal government should amend the *Firearms Act* to automatically revoke the firearms licences of persons convicted of domestic violence or hate-related offences.

- (b) The federal government should amend the *Firearms Act* to suspend the firearms licences of persons charged with such offences; where such charges are diverted, withdrawn, stayed, or otherwise resolved without trial, the suspension should remain in place and the burden of proof should be on licence holders to demonstrate they are not a risk or a threat to others.
- (c) The federal government should consult with Indigenous groups, the gender-based violence advocacy and service sector representatives of rural communities, firearms officers, and police services to create guidance for the consistent, effective, and safe enforcement of these provisions.

IMPLEMENTATION POINT

- We endorse jury recommendation #13 of the Ontario Office of the Chief Coroner's 2022 inquest into the murders of Carol Culleton, Anastasia Kuzyk, and Nathalie Warmerdam (the Renfrew County Inquest). This recommendation would require all police services to immediately inform the chief firearms officer (CFO) of charges related to intimate partner violence after they are laid, and provide any relevant records, including Firearms Interest Police information collected for the police database and used by chief firearms officers to screen applicants for firearms licences.

LESSON LEARNED

The current firearms regime does not adequately protect against the unlawful transfer of firearms upon the death of the owner.

Recommendation C.23

PREVENTION OF UNLAWFUL TRANSFERS OF FIREARMS FROM ESTATES

The Commission recommends that

The federal, provincial, and territorial governments should enact legislative and regulatory changes required to prevent unlawful transfers of firearms from estates.

IMPLEMENTATION POINTS

- Create mechanisms to transfer information from government databases such as Vital Statistics to firearms officers, which would ensure that firearms officers receive immediate notification of a death or licence expiry and take action to identify, retrieve, and secure firearms.
- Educate those administering an estate about their responsibility for the timely and legal deactivation, surrender, or destruction of firearms in the estate and hold them accountable.

LESSON LEARNED

Effective border control requires a collaborative and coordinated approach among border agencies with interoperable systems for the sharing of records and information.

Recommendation C.24

INTEROPERABILITY OF LAW ENFORCEMENT AGENCIES ENGAGED IN FIREARMS CONTROL AT THE CANADA-UNITED STATES BORDER

The Commission recommends that

- (a) All law enforcement agencies with a shared mandate to stop the illegal entry of firearms into Canada should develop fully interoperable systems for the sharing of records and information.
- (b) All law enforcement agencies should develop a collaborative framework to ensure effective scrutiny at the border.
- (c) Canadian enforcement agencies should engage local border communities to assist in the prevention of illegal cross-border transfer of firearms, and Canada should encourage American law enforcement agencies to do likewise.

LESSONS LEARNED

Firearms regulations are not enforced in a consistently effective and accountable manner, leading to gaps and uneven enforcement within and across jurisdictions.

Current approaches are ineffective partially as a result of inadequate community engagement, particularly with the gender-based violence advocacy and support sector and with firearms officers.

Recommendation C.25

EFFECTIVE, CONSISTENT, AND ACCOUNTABLE ENFORCEMENT OF FIREARMS REGULATIONS

The Commission recommends that

- (a) The federal government should engage with communities, the gender-based violence advocacy and support sector, and firearms regulatory officers to develop practical guidance policies for the effective, consistent, and accountable enforcement of firearms regulations.
- (b) The federal government should engage communities, the gender-based violence advocacy and support sector, and firearms regulatory officers to develop a framework for the collection of data about firearms enforcement.
- (c) The federal government should collect, analyze, and report data on enforcement of firearms regulations publicly.
- (d) The federal government should immediately ratify and implement the *Inter-American Convention Against the Illicit Manufacturing of and Trafficking in Firearms, Ammunition, Explosives, and Other Related Materials* (CIFTA) and the *Protocol Against the Illicit Manufacturing of and Trafficking in Firearms, Their Parts and Components and Ammunition* (Firearms Protocol).
- (e) The federal government should fully implement the *Programme of Action to Prevent, Combat and Eradicate the Illicit Trade in Small Arms and Light Weapons in All Its Aspects* (PoA) and the *International Instrument to Enable States to Identify and Trace, in a Timely and Reliable Manner, Illicit Small Arms and Light Weapons* (also known as the United Nations International Tracing Instrument, or ITI).

IMPLEMENTATION POINTS

- The Ontario Office of the Chief Coroner's 2022 inquest into the murders of Carol Culleton, Anastasia Kuzyk, and Nathalie Warmerdam (the Renfrew County Inquest) made a number of recommendations to improve

enforcement which provide a strong starting point. We endorse that inquest jury's recommendation numbers 69–73.

The Chief Firearms Officer [CFO] should work with appropriate decision-makers to:

69. Review the mandate and approach of the CFO's Spousal Support line to:

- (a) Change its name to one that better reflects its purpose. It should be clear that it is broadly accessible and not limited to a particular kind of relationship,
- (b) Be staffed 24 hours a day and 7 days a week,
- (c) Be publicized to enhance public awareness, and become better known among policing partners possibly through All Chiefs' bulletins.

70. Create guidelines for staff in making decisions regarding whether to issue, review, revoke, or add conditions to PALs [Possession and Acquisition Licences] to ensure consistency among staff and through time. Particular attention should be paid to red flags and risk factors around IPV [intimate partner violence], including where there is no conviction.

71. Require that a PAL is automatically reviewed when someone is charged with an IPV related offence.

72. Require PAL applicants and holders to report to the CFO in a timely manner any change in information provided in application and renewal forms submitted to the CFO, including when an individual with weapons restrictions comes to reside in their home.

73. Amend PAL application and renewal forms to require identification as a surety.

- Steps should be taken to promote standardization and quality control measures in data collection by police, as well as mandatory collecting of information by federal, provincial, and local police,
- This information should be publicly reporting on an annual basis.

- Information gathered could include:
 - ◊ disaggregated data on firearm death, injury and crime including gender, age, region and other pertinent characteristics;
 - ◊ types of firearms used (unrestricted, restricted (handguns) and others) and their sources (legal owner, diverted from legal owner, smuggled);
 - ◊ offender/ victim relationship (was the perpetrator known or unknown to the victim; if the perpetrator was known, what was his or her relationship to the victim);
 - ◊ firearm ownership and whether the person who used the gun was licensed;
 - ◊ the number of firearms-related investigations, charges and complaints;
 - ◊ a breakdown of the data by gender of suspect / victim; offence type; type of firearm; and demographic indicators such as age, educational level and income;
 - ◊ the steps and outcome of steps undertaken by police in response to a firearm related complaint, including the number of firearms removed from individuals following the expiry of a licence; the suspension of a licence; the revocation of a licence; and the issuance of an order in the criminal courts prohibiting an individual from possessing firearms; and
 - ◊ the outcome of tracing efforts in each case.

LESSONS LEARNED

There is a lack of community knowledge about the Canadian firearms regime. It is influenced by the United States discourse centred on a right to bear arms which does not exist in our constitutional and legal structure.

This discourse has become increasingly polarized and steps should be taken to reverse this trend through enhanced community engagement.

There is a lack of community knowledge about the impact of firearms-related harms. Some community members do not have accessible, safe mechanisms to

report concerns over firearms ownership, storage and use. Proactive measures are needed to support compliance.

Recommendation C.26

PUBLIC HEALTH APPROACH TO GUN SAFETY

The Commission recommends that

- (a) The federal, provincial, and territorial governments should adopt legislation affirming that gun ownership is a conditional privilege.
- (b) The federal government should implement a nation-wide comprehensive public education campaign directed at increasing awareness of existing firearm-related laws and regulations, options for raising complaints and concerns, and the risks associated with firearms in the home, including risk factors associated with accidental injury, suicide, domestic violence, hate crimes, and diversion of lawfully owned guns.
- (c) The federal government should establish a national firearms hotline in consultation with communities, the gender-based violence advocacy and support sector, firearms regulations officers, and police services.
- (d) The federal government should work with the gender-based violence advocacy and support sector and healthcare professional organizations to develop a framework for the establishment of a duty of care to report concerns about potential violence and firearms.
- (e) The federal government should implement measures that support compliance with firearm storage laws, including subsidizing storage facilities in communities where this is a barrier to compliance.
- (f) Indigenous governments should implement measures to support compliance with firearm storage laws.

CHAPTER 14

Police Paraphernalia

CHAPTER 14 Police Paraphernalia

Introduction

Police paraphernalia is the term adopted by the Commission for police vehicles, uniforms, and equipment, whether or not genuine. Police equipment includes varied items: firearms and other less lethal weapons; equipment associated with police vehicles such as silent patrol partitions and light bars; and police identification badges. It also includes highly sensitive and secure items such as encrypted police radios, police-issued laptops, and police notebooks.

In Volume 3, *Violence*, we find that the perpetrator owned a mix of genuine and replica RCMP items. These items included a replica RCMP cruiser, which the perpetrator had assembled from a decommissioned RCMP Ford Taurus. Many community members knew about this vehicle, both as it was being assembled and after it was complete. Some had advised the perpetrator that it would not be appropriate to drive the replica RCMP cruiser.

The perpetrator had purchased this vehicle, and three others, from GCSurplus. As we explain in Volume 3, GCSurplus is a program run by Public Services and Procurement Canada to dispose of assets that have been declared surplus by Canadian government departments and agencies. Most of the items used by the perpetrator to assemble the replica RCMP cruiser were ordered online from commercial websites such as eBay or Amazon, but in some instances – for example, with respect to the vinyl stripe decals on the replica RCMP cruiser – we could not determine the origin of the items. The perpetrator also owned genuine items of RCMP uniform. His uncle had given him some items of ceremonial RCMP uniform,

including ceremonial RCMP high brown boots that were recovered from the scene in Debert where the perpetrator spent several hours on the night of April 18/19, 2020. He also had an RCMP duty shirt and a pair of RCMP duty trousers, of uncertain origin. He wore the RCMP duty shirt during the mass casualty, and the RCMP duty trousers were found in Joey Webber's vehicle, which was stolen by the perpetrator after he killed Mr. Webber on the morning of April 19, 2020. During the mass casualty, he also wore clothing that resembled police uniform, such as a Correctional Service Canada jacket and a high-visibility vest.



Photograph of RCMP uniform shirt found at Gina Goulet's residence on April 19, 2020: COMM0046639



Photograph of blue pants with yellow stripe found during search of Joey Webber's Ford Escape on April 20, 2020: COMM0046725



Photographs of RCMP high brown boots found during search of 123 Ventura Drive; left: COMM0008267, right: COMM0008271

In Volume 2, What Happened, and Volume 5, Policing, we explain that the police impersonation dimension of this mass casualty increased the complexity of the critical incident response, particularly during the pursuit phase on April 19. However, we also explain that the RCMP's loss of the clear and consistent information

shared by Portapique community members on the evening of April 18 – that the perpetrator was not a police officer but was driving a car that looked like a marked RCMP cruiser – and other failings of communication and coordination contributed to these challenges. The failure to publicly share information about the perpetrator’s replica RCMP cruiser and disguise in a timely manner deprived community members of information that would have assisted them to stay safe during the mass casualty.

We heard very clearly in our community consultations and public proceedings that the police impersonation aspect of the April 2020 mass casualty had a ripple effect on public trust in the police, and particularly the RCMP. This was a major theme in responses to our Share Your Experience survey.

Our mandate directs us to consider issues as they relate to the April 2020 mass casualty, including “policies with respect to the disposal of police vehicles and any associated equipment, kit and clothing.” It also directs us to consider the context of the mass casualty and to address issues about information “provided to ... the community” in relation to the mass casualty. In the next section, we describe how community concerns about the information provided by the RCMP in the wake of the mass casualty intersected with concerns about the perpetrator’s police impersonation. In this chapter, we focus on police impersonation and policies with respect to the possession and disposal of police vehicles and police paraphernalia. In Volume 5, we address how the mass casualty, and the RCMP’s response during and after the mass casualty, affected public trust in the RCMP.

Police Impersonation and Public Trust

There is relatively little published research on police impersonation, and we found no Canadian studies of this phenomenon. However, an article published by Callie Marie Rennison and Mary Dodge, both from the University of Colorado in Denver, identifies that the “social ramifications ... are numerous and result in increased social anxiety and insecurity among the citizens.”¹ Dr. Rennison and Dr. Dodge also explain that “in addition to damaging the public’s trust in authority

and undermining the reputation of legitimate police officers, impersonators may threaten officers' ability to do their work effectively."² These social ramifications were reflected in the evidence we gathered through our community consultations and other aspects of our public proceedings.

The perpetrator's impersonation of a police officer and use of a replica RCMP cruiser during the April 2020 mass casualty caused some community members, particularly those in Nova Scotia, to feel ongoing concern or anxiety. Community members expressed the nature and effect of this concern in a variety of ways. Some respondents to our Share Your Experience survey explained that this aspect of the April 2020 mass casualty has shaken their confidence that the police they encounter in daily life are genuinely police officers.³ For example:

- "I think about the gunman impersonating an RCMP officer which leaves me uneasy."
- "[M]y trust in the RCMP has eroded, not because of their actions, but because if someone can impersonate an officer so convincingly, how do you tell the good guys from the threats."
- "I was pulled over by RCMP for a traffic violation last summer, and I was terrified and distrustful of the officer the entire time. He gave me no reason to be, but the damage is done."
- "I will refuse to pull over for MARKED police vehicles without first calling to confirm it is a real police vehicle."

For some, these concerns had eased with the passage of time:

- "At first, I would have been more circumspect if approached by a police car. As time passed, I dismissed these thoughts because this was a very rare event."
- "For a long time I was very alert when I saw any police car. Not so much now."
- "I believe I am now back to feeling comfortable in my own neighborhood but it took months not to be startled every time I saw an RCMP car."

Others identified that, for them, the damage done by the police impersonation aspect of the April 2020 mass casualty was exacerbated by a loss of trust in the RCMP in the wake of the incident:

- "I was never untrusting of the RCMP and was happy to pull over if the lights were out on me or to reach out to them if I needed them. I now have physical

and emotional reactions every time I see an RCMP officer or vehicle often times having to pull my car over and wait for them to pass / be out of sight as I am unable to drive. I no longer trust the organization that is supposed to serve and protect my community.”

- “[S]eeing a police car now causes a small pang of fear. I go for a daily walk that includes a location that RCMP officers often use for meet-ups. They did this before the events of April 2020 and have continued to do so since. Before April 2020, I didn’t think much about it. Since April 2020 I will turn around and walk the other way if I see just one cruiser sitting there by itself. My unease is partially because of the actions of the gunman, and partially because of the actions of the RCMP since.”
- “Their silence is adding to the mistrust. I have been waiting for the RCMP to address this situation. I do not feel safe to call them. They need to address the fact that we don’t trust their uniforms or cars. How do we know they are not fake?”
- “I do not like seeing the RCMP in my rear view mirror. I don’t even like seeing them on the street. It is almost scary. I do not trust them anymore as well, because of how they have handled this.”

Some community members shared their reflections on the harm caused by the perpetrator’s disguise to victims who may have seen his vehicle and/or clothing and consequently trusted that he was a safe person. For example:

The visual presentation associated with safety (for me) – police uniform and car decals has changed. To this day, I think about and feel deep emotions about the event. I think about how he portrayed himself. How the people who he pulled over would have been so confused. I think about how in the world this could have happened that this man had access to a uniform and vehicle that allowed additional murders to occur.

While we found no evidence that the perpetrator pulled victims over, it is apparent that some witnesses and victims mistook the perpetrator for a genuine police officer. For example, Andrew and Kate MacDonald reported to 911 that a police car was present in Portapique, and believed it was being driven by a genuine police officer until they recognized their neighbour, the perpetrator, and realized he was about to shoot them. In her 911 call, Mary-Ann Jay described seeing a police car drive away from Lillian Campbell, who had just been killed by the perpetrator.

Immediately before Heather O'Brien was killed, she related to Leona Allen that she had seen a police car. Cst. Chad Morrison mistook the perpetrator's replica RCMP cruiser for Acting Cpl. Heidi Stevenson's vehicle in the moments before he was shot and injured.

The April 2020 mass casualty is not the only instance of a police imposter committing mass violence. The perpetrator of the July 22, 2011, terrorist incident in Oslo and Utøya Island in Norway dressed in a homemade police uniform and used his disguise and false identification to obtain access to Utøya Island and to gain the trust of youths on the island. In at least one instance, when a young person asked if he could provide identification, the perpetrator started firing again. In an expert report written for the Commission on the aftermath of the Oslo and Utøya Island mass casualty, Dr. Grete Dyb and her colleagues from the Norwegian Centre of Violence and Traumatic Stress Studies describe the effects of the police impersonation dimension of that incident on its survivors:

When police finally arrived at the island after 1.5 hours, not everyone looked at the officers with relief. Rather, 24.7% of the victims feared the police and/or thought they were seeing a new group of terrorists disguised as police officers. Due to the nature of the chaotic and unresolved situation, the police approached them with weapons ready, which further escalated fear of police among the camp participants. This left many with extended fear, as they did not know whom to trust when rescuers came to their aid.⁴

After the mass casualty, Canadian media reported other instances of police impersonation. Most of these cases involved a civilian allegedly using a vehicle equipped with flashing lights to impersonate police for the purposes of pulling vehicles over.⁵ In one instance, a stolen RCMP vehicle was used by a civilian for this purpose.⁶ In another, police initially treated reports by concerned community members as a likely instance of police impersonation before realizing that the relevant traffic stops had, in fact, been conducted by a uniformed member of the RCMP who was driving an unmarked RCMP vehicle.⁷ Police impersonation is quite rare in Canada, and it is likely that the rise in incidents after the mass casualty reflected copycat behaviour.

Section 130 of the *Criminal Code* makes impersonating a police officer a crime in Canada:

Personating peace officer

130 (1) Everyone commits an offence who

- (a) falsely represents himself to be a peace officer or a public officer; or
- (b) not being a peace officer or public officer, uses a badge or article of uniform or equipment in a manner that is likely to cause persons to believe that he is a peace officer or a public officer, as the case may be.

This offence may be charged in summary or indictable form, and if charged as an indictable offence carries a potential penalty of imprisonment for no more than five years. Commission staff searched for cases in which charges were laid under section 130 and cases in which other criminal charges were laid but the facts of the relevant case involved an element of or claim about police impersonation. We prepared and published a summary of police impersonation cases in Canada.⁸

This research confirmed that police impersonation appears to be relatively rare in Canada. Most cases do not entail the use of genuine or replica police vehicles or clothing – in many instances, email, phone calls, or verbal self-identification as a police officer were the means of impersonation. In some more serious cases, an accused person assumed the identity of a police officer in order to persuade a victim to accompany them – for example, for the purposes of facilitating a sexual assault. These offences were most often committed against women and children. In a roundtable on police paraphernalia and police impersonators, lawyer Meaghan Daniel commented on this pattern of offending:

When I read through the case law and also the article provided, it talked about certain demographic features, both to the people who are criminalized for this offence, who are by and large male, and the victims were often persons that we would consider vulnerable to victimization, children, women, racialized people. And I noticed that there wasn't an explanation sort of readily available as to why certain people seemed to be more likely to be the victim to this particular offence of police impersonation. I wondered if at least part of the explanation might be a greater deference to authority. These are the people who are maybe less likely to enforce their rights, either through ignorance, as a child would be, or that we're teaching them at this moment to seek out police as a place of safety, or because they know that they're less likely to be safe when

enforcing their rights, as we see in the Black Lives Matter movement and the same in – with relation to Indigenous communities.

... generally it seemed to be carried with sort of simply and easily obtained items, and not an elaborate scheme by which an offender has obtained actual police paraphernalia. I found that very surprising, that simply the claim of being an officer, in a phone call or in person, would be enough to then obtain the power that police have to coerce people into doing things that the regular citizen does not have.⁹

The article to which Ms. Daniel refers is the one co-authored by Dr. Rennison and Dr. Dodge.¹⁰ In their article, Dr. Rennison and Dr. Dodge survey US cases and research on police impersonation, and identify in particular that:

One theme in extant research is the role of political and structural changes that created an environment for abuse of powers that targeted vulnerable populations ... In several cases, impostors expressed a willingness to ignore wrongdoing in exchange for sexual favors ... These studies show that impersonators capitalize on increased regulation of civilian life, unchecked police powers, and vulnerable populations.¹¹

In Volume 3, *Violence*, we document that the perpetrator had a pattern of violent and intimidating behaviour and particularly used his privilege and status as a white, wealthy, male healthcare professional to target members of marginalized communities in Nova Scotia. We explain why members of vulnerable and marginalized communities are more likely to be targeted for violent and exploitative behaviour, and why victims from these communities are less likely to report such wrongdoing to police or other authorities. The perpetrator also made comments about the ease with which driving decommissioned RCMP vehicles would allow him to travel quickly or persuade other drivers to yield to him on the highway. On at least one occasion, the perpetrator's boasts about having close relationships with police officers, coupled with his possession of police vehicles, deterred a woman from making a complaint to police about the perpetrator's sexual violence.

The perpetrator was aware of the alienation between police and marginalized communities, and he used that alienation at times to his own benefit. The perpetrator, in turn, was favourably viewed by at least one RCMP member as a valuable community contact who could be relied upon as being “pro police.”¹² As counsel for the coalition of East Coast Prison Justice Society and the BC Civil Liberties

Association submitted, the perpetrator was “protected by his apparent alignment with the institution of policing.”¹³ Indeed, we would add that **he used the symbolic power of policing for criminal ends, both before and during the mass casualty.**

The perpetrator fits the pattern of predatory behaviour that is present in other serious cases of police impersonation in Canada and elsewhere. His use of a police disguise in the mass casualty was an extreme manifestation of an adult pattern of exploitative and coercive violence.

The Commission looked carefully at a range of strategies for preventing and countering the harms of police impersonation. Some, particularly retired police leaders, advocated for the importance of educating community members about their right to request police identification and to call 911 or a police dispatch line to confirm the identity of a person who purports to be a police officer. They agreed that this must be accompanied by education for police officers about community members’ rights to request identification.

There is value in educating community members about their right to request police identification and confirm the bona fides of a person with whom they are dealing, and in educating police officers to respect the right of community members to take these steps. However, this education is not a panacea. This is true for at least two reasons. First, in an instance such as the April 2020 mass casualty, a potential victim would have had no opportunity to confirm the perpetrator’s identity – his replica RCMP cruiser and uniform were sufficient to facilitate murder. As Ms. Daniel observed in our roundtable on this issue, “the power that police have has a very powerful hold on our imagination and it requires very little to invoke that power, and then we will fill in the rest.”¹⁴

Second, for a significant proportion of the community, including Black and Indigenous community members, the police have historically represented a threat to their safety. As Ms. Daniel acknowledged in a passage quoted earlier in this chapter, these community members “know that they’re less likely to be safe when enforcing their rights” during an interaction with police.¹⁵ Dr. Ian Loader, professor of criminology at the University of Oxford, echoed this point in the same roundtable: “[I]t’s a tall ask for a young Indigenous or Black male to actually ask a police officer, ‘I don’t believe you’re a police officer,’ not to do so in a way that doesn’t inflame that encounter and to make the outcome of that likely worse for them.”¹⁶

For these reasons, we agree with Dr. Loader when he observes that police symbols “have practical and material effects.”¹⁷ **A police car, a uniform, or a badge permit**

the person who possesses these symbols to do things that we would not otherwise permit a stranger to do: stop our cars, enter our homes, elicit personal information. Dr. Loader suggests that there are risks associated with responding to police impersonation cases by systematically encouraging community members to mistrust police:

I think it's asking too much and is potentially counterproductive to somehow expect the rest of us to go around carrying distrust of the police. I mean, lots of people do for very good reasons. And you want to create situations where that's no longer the case. But to somehow communicate that message, that seems to me to be both too much to ask, and likely to be counterproductive.¹⁸

An alternative course is to improve internal accountability processes within police agencies to reduce the risk of police impersonation and other misuse of police symbols, and to foster more constructive and equitable relationships between the police and community members. Dr. Kanika Samuels-Wortley, assistant professor in criminology at Toronto Metropolitan University, explained the latter point in a roundtable on police accountability: “[T]here needs to be an understanding when there’s a mutual positive relationship between the community and the police. This is what can lead to public safety. And if both are on the same page this is what can lead to the legitimacy of the police as public protectors if each person can or each organization can rely on the other.

In Volume 5, *Policing*, we return to the principle that improving relationships between the community and the police will foster trust in the police. In the next section of this chapter, we turn to questions of how best to regulate the circulation of police symbols such as police vehicles, uniforms, and equipment.

Regulating Police Paraphernalia

Police paraphernalia is the term adopted by the Commission for police vehicles, uniforms, and equipment, whether or not genuine. Each of these categories includes a range of objects that have symbolic and material importance in the work

done by police. In other words, they assist police to do their work *and* signal to the community that the person using that object is exercising legitimate authority.

The RCMP acknowledges the symbolic dimension of police uniforms in Chapter 4 of its national *Uniform and Dress Manual*: “Clothing and kit items are issued to regular members in response to the need for public identification of their authority to enforce laws and direct the public.”¹⁹ Similarly, the RCMP Incident Management / Intervention Model, which is used by the RCMP “to assess and manage risk in all encounters with the public” and to help “determine what intervention is needed,” includes “officer presence” as a form of intervention. The model acknowledges the presence of an RCMP member as a factor that “may affect the situation positively or negatively.”²⁰ In short, a person who appears in a police uniform – whether authentic or not, and whether the uniform is for active duty or ceremonial purposes – will often have an impact on the behaviour of those who see them. This effect is, of course, amplified when police equipment such as a baton, conducted energy weapon, or firearm are displayed. For this reason, the RCMP recognizes the “draw and display” of weapons by its members as a reportable use of those weapons.

In Volume 3, we make the following main findings about the perpetrator’s access to police paraphernalia:

- GCSurplus and RCMP asset management policy were inadequate for ensuring that sensitive material such as decals were fully removed from decommissioned RCMP vehicles and destroyed. These inadequacies facilitated the perpetrator’s access to the means to fabricate the replica RCMP cruiser.
- GCSurplus training and oversight of its warehouse employees were inadequate, particularly with respect to what steps should be taken to identify and report suspicious activity.
- The perpetrator’s acquisition of decommissioned police cars and police uniform and kit, and particularly his fabrication of a replica RCMP cruiser, provided him with additional means to carry out the mass casualty. Ownership of many of these elements is unregulated, although it was unlawful to possess some of the items he acquired.

Here, we build on these findings by discussing the rules and policies that apply to RCMP vehicles, uniforms, and equipment. We focus particularly on rules about

personal possession and disposal of these items. At the end of this chapter, we set out lessons learned and make recommendations for future practice.

Police Vehicles

At the time of the April 2020 mass casualty, the perpetrator owned four decommissioned RCMP vehicles, one of which he had outfitted to look exactly like a real marked RCMP cruiser. In Volume 3, *Violence*, we explain that the perpetrator had purchased these vehicles at auction from GCSurplus and that he outfitted the replica RCMP cruiser using items sourced from a range of places. In some instances, we were unable to determine the origin of these items.



Photographs of replica RCMP cruiser COMM0043124 and COMM0043106

The RCMP purchases a significant number of motorized vehicles of all kinds to allow it to fulfill its policing mandate. In this section, we focus on cars and SUVs. In an interview with the Commission, Mr. Andres Casimiri, the RCMP national manager for moveable assets, explained that the RCMP purchases cars and SUVs in accordance with federal government rules that set out the mandatory operational requirements for such vehicles. Due to the distinctive nature of policing, these vehicles have some upgraded components such as brakes, suspension, and engine. When vehicles are purchased, they are sent by the seller to a sub-contractor who adds policing-specific items such as partitions, sirens, and lights. At the final stage, the vehicle is sent either to an RCMP garage or to a contractor who adds items that either have a security component associated with them (such as encrypted radios) or that can be recycled from other vehicles.

RCMP vehicles are decommissioned after 130,000 kilometres or eight years, whichever milestone is reached first. Mr. Casimiri explained that the RCMP will repurpose vehicles “where opportunities exist” – for example, for administrative purposes – but there are relatively few opportunities to do this. When a vehicle is decommissioned, it is sent back to the RCMP garage or contractor for decommissioning, which entails the removal of police equipment such as radios, lights, and sirens. It is at this stage that decals should be removed. Decals must be removed by the RCMP garage or contractor who performs the decommissioning. Prior to the April 2020 mass casualty, decals were sometimes removed by GCSurplus after the vehicle was transferred to their warehouse.

After the April 2020 mass casualty, the forms associated with decommissioning a vehicle were amended to require the person who decommissions the vehicle to confirm that decals and equipment have been removed. In an interview with the Commission in January 2022, Mr. Casimiri advised that the RCMP was conducting both an internal review of the decommissioning process and a third-party review of that process. The Commission did not receive copies of these reviews or information about any changes resulting from them.

The Commission also conducted an interview with Nicholas Trudel, the director general of the specialized service sector of Public Services and Procurement Canada, which includes GCSurplus. Mr. Trudel explained that the federal government department that owns an asset “is responsible for deciding whether sale is the best option.”²¹ GCSurplus can also “facilitate recycling, donation and transfer among federal government departments.”²² When an item is identified for sale, GCSurplus conducts an online auction, similar to eBay, “where people can see the bids, they can see the rival bids and they can choose to outbid those things, if they want to acquire the items that are up for sale.”²³ About 40 percent of GCSurplus sales volume is vehicles from all federal government departments. Mr. Trudel estimated that, prior to the mass casualty, the RCMP made approximately \$8 million per year from selling vehicles via GCSurplus. This is the only evidence we received about the net revenue raised by RCMP vehicle sales.

In Volume 3, Violence, we explained that the perpetrator purchased the four Ford Tauruses he possessed at the time of the mass casualty in four separate sales in 2019 for prices that ranged between \$2,607.00 and \$10,990.55. The combined total for the purchase of these four vehicles was \$21,596.81. The Commission received evidence from Max Liberatore, an employee of GCSurplus, about the perpetrator’s dealings with GCSurplus and about Mr. Liberatore’s dealings with the

perpetrator. In Volume 3, we found that some aspects of Mr. Liberatore's evidence were vague and inconsistent. However, we accept Mr. Liberatore's evidence that he received no training in how to identify suspicious activity on the part of potential buyers, or in what to do if he was concerned about the intentions of a potential buyer – for example, if he was concerned that the buyer might intend to use a vehicle to be a police imposter.

After the mass casualty, Mr. Bill Blair, who was at that time the federal minister for public safety and emergency preparedness, issued a moratorium on the sale of RCMP vehicles. This moratorium remains in place.

Counsel for the family of Gina Goulet submitted that:

Average sales of RCMP vehicles from auctions have not been made available to the Commission, nor the cost of running the venues responsible for their sale. It is evident based on this that the financial value is not nearly enough to warrant the inherent dangers to the public that come with their sale ... An insignificant amount of money such as what a decommissioned police car is worth at an auction house should pale in importance to the threat that widespread availability imposes on the public's general wellbeing. \$21,596.81 less expenses is not worth trading for the possibility of losing 22 more lives in the future.²⁴

Counsel for the Goulet family suggested that the moratorium on selling RCMP vehicles be made permanent.

We note Mr. Trudel's evidence that GCSurplus can facilitate donation and transfer among government departments. Presumably mechanisms are also available, or can be established, to transfer surplus items to provincial, territorial, and Indigenous governments. **Conscious of the environmental cost of scrapping vehicles that are in good condition, we encourage the minister of public safety and the RCMP to work with GCSurplus to investigate alternative means of retaining road-worthy vehicles within government fleets, even when they are no longer suitable for policing. The moratorium on selling RCMP vehicles to the public should, however, be retained at least until a third-party review of the decommissioning process has been completed.**

Police Uniforms

Our research suggests that in most Canadian cases of police impersonation in which an offender attempts to look like a police officer, the offender wears generic items that are easily purchased online or in mainstream stores, such as navy or black clothing. In a small number of cases, an offender used a cap or jacket that had the word *Police* written on it.

However, in the context of the April 2020 mass casualty, the issue of the misuse of genuine police uniforms arises. While the perpetrator used some items of clothing that resembled police uniform to complete his disguise, at the time of the mass casualty, the perpetrator owned several genuine items of RCMP uniform. He wore an authentic RCMP shirt while engaged in the mass casualty, and carried some other uniform items with him. He obtained some of these items from retired RCMP members. The perpetrator also used other items of clothing that resembled police uniform to complete his disguise.

While cases of police impersonation involving genuine uniforms are fortunately rare, the fact that the perpetrator used items obtained from retired RCMP members is of concern. Effective measures must be implemented to prevent this from happening in the future. It is apparent that the time has come for police agencies to revisit their practices with respect to the issuance and disposal of police uniforms. Indeed, police agencies must be vigilant in ensuring that authentic police paraphernalia does not fall into the wrong hands.

RCMP C/S/M Alan McCambridge testified that the RCMP distinguishes between the service order, or general duty uniform, and the ceremonial uniform:

The service order uniform is the uniform that the members would wear while performing general duty tasks in an operational capacity. So that would be their hat, toque or fur hat, would be their shirt, their long blue pants with the yellow stripe, their boots, their duty belt, which would have their intervention options, as well as, depending on the time of year, the type of jacket that they would be wearing, either a sweater, a fleece, a patrol jacket, or an inclement heavy storm coat.²⁵

The ceremonial uniform ... is the Stetson, the red serge, or the soft cap for the officers, the stripped Sam Browne, or the full Sam Browne, which would have their intervention option if they're a regular member serving, their breeches, and their high browns.²⁶

After the mass casualty, RCMP H Division systematically gathered unused uniforms and kit from members for destruction. This exercise yielded a large accumulated volume of RCMP uniforms and kit, outstripping the expected volume by a considerable margin. A report prepared by the RCMP after this project was complete documents that almost seven tonnes of “used and condemned RCMP uniform and equipment items” were collected by the RCMP and incinerated in a waste-to-energy facility.²⁷

The RCMP allows members who have at least 20 years of service and who retire in good standing to keep their ceremonial uniform after retirement. However, this uniform remains the property of the Crown, as do all items of RCMP uniform issued to serving RCMP members. Retired members also have the option of purchasing veterans’ uniform items from the RCMP Veterans Association. Section 49(2) of the *RCMP Act* makes it a summary offence to use, without the RCMP commissioner’s permission, “any clothing, equipment, badge, medal, ribbon, document or other thing in such a manner as to lead to a reasonable belief that the person was a member” of the RCMP.

When an RCMP member – or any police officer – retires, they may be recognized as veterans of their agency and may choose, if eligible, to hold veteran association status. However, they are no longer required to act as police officers (or “peace officers,” in the language used in some legislation). In the language commonly used by police, from the time of their retirement or resignation, they are civilians. In July 2022, an internal RCMP audit of departure processes found that the RCMP did not have effective mechanisms to track the return or destruction of RCMP general duty uniforms, and that institutional processes for departing members were often not followed.

Since 2015, the RCMP has required retired members to seek permission to wear their ceremonial uniform in public or to an event such as a funeral, wedding, or parade. The ceremonial uniform may not be worn unless this permission has been granted.

Other Canadian police agencies also allow retired members to retain ceremonial uniform: for example, we heard from Phil Bailey, a police collector and retired inspector of the Edmonton Police Service, and Julia Cecchetto, the retired chief of Kentville Police Service, that they retained ceremonial uniform after retirement for purposes such as attending the funerals of police officers. Most differentiated the ceremonial uniform from the general duty uniform; for example,

C/S/M McCambridge explained: “There is the passion and pride when it comes to the ceremonial uniform, but there is no expectation and I can’t speak for all the retired vets, but I think there is no expectation upon my retirement to be permitted or allowed or to even a wish to keep any of my service uniform for fear that it could end up in the wrong hands.”²⁸

The RCMP has no institutional process for retrieving a retired member’s ceremonial uniform when they die or become incapacitated. C/S/M McCambridge told us that such items appear from time to time in second-hand stores, and the RCMP has on occasion simply purchased them rather than pursuing complicated legal remedies to retrieve them. Some families return such uniforms to a detachment, while some retired members may choose to pass such items down:

For myself, if I had a grandchild that was going to be or chose to enter into the service, whether it’s the RCMP or the military or another police agency, when I was to pass, in my will or just by word of mouth, I may say, “Because they’re in service to Canadians, I would ask that they receive my tunic, my Stetson, my medals,” you know, in that case, “so that they could carry on the legacy,” because otherwise, they’re going to end up in a swap shop.²⁹

At present, there is no rule preventing a retired member from passing their ceremonial uniform to a collector or a person who has no affiliation with the RCMP or policing.

Retired police officers spoke passionately of the personal significance of their ceremonial uniform. As Brian Carter, a retired RCMP member and past president of the RCMP Veterans Association of Nova Scotia, noted at a roundtable on police paraphernalia and police impersonators:

[M]any of us, not all, because every officer is different, but many of us in retirement or serving, we know that we were trusted while we served, we know that we were trusted to carry three guns in the car ... And then now that we’re in this position, we’re now in a potential position of being – saying, “No, we don’t trust you to keep your ceremonial uniform,” and that hurts.³⁰

Mr. Bailey explained:

The dress uniform that we are permitted to retain is significantly different than a working uniform. So a member of the public mistaking an on-duty police officer with somebody in the – sort of the royal blue tunic with a tight collar, of course no firearms or anything like that, I don't think there's a distinction problem ...

[O]ften it's the ones that have really been part of a family, the pride, the bond, and the wish to continue in retirement reflecting the ideals that they became a police officer ... and so they will wear the dress uniform, particularly for mess dinners or the police officer memorial or funerals are the key things for that for us.³¹

As Ms. Cecchetto observed at this roundtable: "I don't see the harm in allowing older retired members to keep their uniform, as long as it comes with some structure that it gets turned back in. And having some rules around who gets to keep that."³² Nonetheless, she suggested that retired members are not owed the right to retain a ceremonial uniform:

So I think ultimately, I did 31 years of policing. It changed me as a person because you can't not be changed by the things you see and the negativity that you see every day. I don't regret that. I'm okay with that. But ultimately, the 31 years was a job that paid me well, gave myself and my family a lifestyle. And so that was the return. So I don't buy into that I'm owed anything. I don't think that I deserve to have anything because I'm a retired police officer. My payment for that came every Friday in the form of a deposit to my bank account.

So while I would love to keep my uniform to wear it to special events, I'm not owed that. I gave. They gave back to me. I luckily came out the other side of it mostly unscathed.³³

Ms. Cecchetto suggested that there may be occasions when it is proper for retired members to refrain from wearing ceremonial uniform out of respect for serving members:

I actually did not attend the memorial service this year because it was two weeks since I retired and two weeks since the person who got my job,

you know, went into his job. And so I did not want the confusion of, my uniform looked exactly like his uniform and said, “Chief,” there’s nothing that says “Retired” on it. So I do believe it either should have something on it that identifies that you’re retired, or I’m not opposed to [having a different] blazer.³⁴

We also heard from those who collect police paraphernalia, including uniform items. Mr. Bailey identified the cultural significance of collecting and exchanging police insignia: “For 12 years I had the privilege of sitting on a five-member international cultural commission for the IPA [International Police Association] and represented the 400,000 plus members in over 60 countries. The exchange of police insignia is an encouraged hobby by the International Police Association. Really builds networking and camaraderie between officers of various countries.”³⁵

He described the collection of police paraphernalia as both a rewarding pastime and as part of the maintenance of a historical record of policing: “It is amazing the networking and long-lasting friendships that have developed during my many years of collecting police insignia. The excitement achieved when a missing patch, badge, lapel pin, or more recently, a challenge coin, is located and added to the collection is amazing. Not just the new addition to the collection, but knowing another piece of policing history has been preserved.”³⁶

At our roundtable on police paraphernalia, Ms. Daniel invited the Commission to consider the fact that the ceremonial uniforms and other police symbols that are treasured by some retired police officers and collectors are symbols of injustice and exclusion for many community members. She also noted that those community members who are most alienated from police are also those who are most likely to be harmed by police impersonation:

[The] question that underlies this conversation, which is a certain balancing act between the individual interests that have been expressed here, those affective interests, those emotional attachments that are very real, and in addition to those individual interests, the sort of collective interest in something that we all identified around, the idea of Canadian and police and state, that we – that those collective interests also matter, and how attached we are to those stories and nation building and belonging and citizenship ... Those are stories that only some of us get to tell.

And so the weighing exercise seems to be between these kinds of interests, the preservation of symbols of a story that only some of us get to

tell, versus very serious harms, crimes perpetrated against oppressed persons often, who happen to be the same people who aren't invested in those stories because they aren't true for them.³⁷

Ms. Daniel pointed to the example of Cree artist Kent Monkman's work, in which the RCMP uniform frequently appears as "a symbol of genocide and overincarceration, or a symbol of that foreign and imposed justice system, those elements of colonialism that are yet ongoing."³⁸ Ms. Daniel explained, "I wonder about the appropriateness of the weighing exercise, given that what we're talking about, in the sense of what it is we're protecting, in keeping these symbols in circulation and keeping access to them."³⁹

With this background, we conclude that going forward, when police officers retire or otherwise cease their roles as peace officers, all aspects of their uniform should be turned in. An unsuspecting public cannot be expected to differentiate between general duty and ceremonial uniforms. Either way, they remain symbols of power and authority. Canadian police agencies should update their discharge processes to ensure that this occurs without exception.

We realize that this recommendation will disappoint many retired police officers who see retaining their uniforms as an opportunity to continue to reflect the pride they have had in their profession. However, in our view, this requires a culture shift. Retired officers should indeed retain the sense of pride in the uniform they once wore and in the important service they provided. In our view, these same needs can be met with the provision by police agencies of an appropriate veteran's blazer, clearly distinguishable from any police uniform (ceremonial or general duty) issued to currently working members, but also appropriately recognizable as a symbol of honour. This exchange would also signal a passing of the proverbial torch where retiring members symbolically hand over their uniforms to those who replace them.

Other Police Equipment

The category of police equipment includes a varied list of items, from firearms and other weapons, to the lights and partitions installed in and on police vehicles, to police identification badges. It also includes highly sensitive and secure items such as encrypted police radios, police-issued laptops, and police notebooks. The perpetrator used some police equipment during the mass casualty, including the light

bar and partition he had installed in his replica RCMP cruiser and the firearm he stole from Acting Cpl. Stevenson when he killed her. Friends and associates of the perpetrator advised us that he carried a paramedic badge in his wallet, which he fraudulently used to procure discounts available to emergency services personnel. An emergency medical technician badge was recovered from the perpetrator's wallet after his death.



Photograph of emergency medical technician badge recovered from the perpetrator's wallet: COMM0007651

The perpetrator also conducted online searches for RCMP badges and fake badges. **However, there is no evidence that he used a police badge (real or fake) during the mass casualty.**

Nor did we find evidence that he obtained access to RCMP radio or software systems. The perpetrator purchased a handheld scanner in 1998. The model of the scanner is not known; however, on April 18 and 19, 2020, the scanner would not have had the capability to listen to the encrypted TMR2 radio channels used by the RCMP. There was no evidence available to the Commission to support the conclusion that the perpetrator was using a scanner and able to listen to unencrypted (Mutual Aid) TMR2 channels during the events.

There is a strong public interest in ensuring that police agencies have good systems in place to ensure that police equipment is returned to the agency and

does not circulate in the community. Most police agencies, including the RCMP, have processes to retrieve police equipment from police officers who leave service or take extended leaves of absence. Many police agencies, including the RCMP, have policies that require members to return their police badges but also provide for these badges to be encased in hard plastic (so that they cannot be used) and returned to those who retire in good standing as a memento of their services. As Ms. Cecchetto explained in our roundtable, “[I]t is in a drawer and not to be brought out.”⁴⁰ We also learned that some retired police members retain and occasionally use police badges that have not been encased in plastic – presumably because they retired before encasement was standard. **We encourage all police agencies and other law enforcement agencies to work with their veterans associations and with retired members to secure the return of these badges so that they can be encased and rendered unusable before being returned to the retired member. This is not a question of a lack of trust of retired members but a matter of ensuring community safety and preventing the risk of theft and misuse of these items. In no circumstance should a retired police officer use a police badge for identification purposes, and the issuance of badges specifically designed for retired members should cease immediately.**

A July 2022 audit of RCMP departure processes concluded that “[t]he audit team could not consistently assess if policing equipment was recovered [from departing members] because many of the forms were incomplete or missing from the service files.”⁴¹ In 11 percent of cases, the audit team could not determine if a badge had been recovered by a supervisor for encasement or destruction. The audit identified that the RCMP’s process for determining whether a member is in good standing is not consistent across the organization. In 47 of 68 sampled files, there was no determination of good standing documented on the member’s service file. In the 21 instances in which the determination was documented, 18 decisions were rendered after the member had already departed the organization, with an average delay of almost five months after departure. The report explains that “[a] determination of good standing is important to demonstrate that the departing member is in adherence with the RCMP’s code of conduct.”⁴² Fortunately, the audit team found that monitoring and oversight with respect to the return of firearms was better, and although applicable forms were not always completed for this function, all firearms were accounted for. However, the policy requiring a member on long-term absence to relinquish their firearm for the duration of their leave was not being followed in a timely manner.

Eighty-three percent of supervisors interviewed by the audit team indicated that they had received no training for their roles and responsibilities in the departure process and were not aware of applicable departure and leave policies. As we explain in Volume 5, Policing, this lack of training and awareness of applicable policy and consequent lack of attention to institutional process is characteristic of the evidence we heard about the RCMP's approach to preparing supervisors for their role in contract and Indigenous policing. In that volume, we make recommendations for rationalizing RCMP policies and guidance documents, ensuring greater institutional attention is paid to keeping such documents current, and ensuring that members are aware of and follow applicable policy and guidance documents.

The audit report makes recommendations for the improvement of the RCMP's equipment management processes. These recommendations are appropriate, and these recommendations should be implemented by the RCMP.

Nova Scotia Legislation

Section 69(1) of the Nova Scotia *Police Act*, which was in force at the time of the mass casualty, provides that “No person or organization shall use the uniform, insignia, vehicle markings or other signs or symbols of a police department.” Section 69(2) allows the Nova Scotia minister of justice to issue an order in writing to cease using such items or symbols.

After the April 2020 mass casualty, the provincial legislative assembly passed the *Police Identity Management Act*, 2021, c 8, which came into effect on May 12, 2022. The *Police Identity Management Act* prohibits any person other than a police officer or a person who has permission from the chief officer of a police agency from using “a police article, police uniform or police-vehicle marking or police-vehicle equipment.” It also addresses personal possession, sale, and fabrication of police paraphernalia and requires police agencies in Nova Scotia to have policies with respect to the management and disposal of police paraphernalia. It gives police agencies search and seizure powers where police paraphernalia is possessed, used, or sold contrary to the Act.

The *Police Identity Management Act* addresses the shortcomings in regulation and legal powers that were identified in our process. For example, under this Act, a police agency can now seize police paraphernalia from someone who possesses these items unlawfully. The Act does not apply to ceremonial uniforms, which may

therefore be owned or used by any person as long as they are not used to mislead the public into thinking that the person wearing the uniform is a real police officer. Given our recommendation that such uniforms should no longer be available to anyone but serving police officers, we also suggest that the province remove this exception.

The Act also pre-emptively addresses the use of generic items for misleading purposes. Section 5 provides that:

No person shall display the word “police” either alone, as part of a word or in conjunction with any other words, on a uniform, an article of clothing, an insignia or a vehicle or another sign or symbol if the display of the word “police” might mislead the public or a member of the public into believing that the person displaying the word or causing the word to be displayed is a police officer or is empowered to exercise the powers of a police officer or powers that are similar to the powers of a police officer unless the person is a member of a police agency.

Lessons Learned and Recommendations

LESSONS LEARNED

Police impersonation is a serious public safety issue, and this outweighs the interests of collectors to own items of police paraphernalia that can be used as a disguise.

The perpetrator’s use of the replica RCMP cruiser and disguise during the April 2020 mass casualty has led to a significant increase in public mistrust of the RCMP and, more generally, the police. Mistrust of police is itself a public safety issue.

As a result of the mass casualty, some people, particularly in the most affected communities, continue to experience fear at the sight of police cars, particularly RCMP cruisers. Some members of marginalized community groups, such as those who have been overpoliced and underprotected by police, also experience fear and anxiety when confronted by police symbols. Policing agencies must work to build trusting and constructive relationships with the communities they serve.

In some cases, police services do not appropriately manage the inventory and disposal of police vehicles and any associated equipment, kit, and clothing, including upon retirement of police officers.

It is difficult to regulate access to many specific items of police paraphernalia. Comprehensive approaches, such as Nova Scotia's *Police Identity Management Act*, are required.

Recommendation C.27

RECORDS OF POLICE IMPERSONATION CASES

The Commission recommends that

The Canadian criminal intelligence database be amended to provide for the sharing and storing of police impersonation cases and that such cases be tracked in the Violent Crime Linkage Analysis System database.

Recommendation C.28

MANAGEMENT AND DISPOSAL OF POLICE UNIFORM AND ASSOCIATED KIT

The Commission recommends that

- (a) The RCMP and other police services should review their policies on the management and disposal of police uniform and associated kit to ensure they include proactive and effective measures to manage inventory and disposal including:
 - (i) a process for tracking items issued, returned, and destroyed; and
 - (ii) a process for verifying environmentally sound disposal.
- (b) The RCMP and police services should carry out a quality assurance review of their inventory and disposal systems within one year of the publication of this Report and on a triennial basis thereafter.
- (c) The RCMP implement the recommendations made in the July 2022 audit of the RCMP's equipment management processes.
- (d) The RCMP and other police services should ensure that when police officers retire or otherwise cease their roles as peace officers, they return all items of police uniform and kit, including ceremonial uniform and badges.

IMPLEMENTATION POINTS

- The practice of issuing veteran or retired member badges should cease immediately.
- Police services may make arrangements to return badges to members in good standing, after encasing them in a block of hard plastic of sufficient size to render the badge unusable.

- Police services should issue officers who retire or otherwise cease their work in good standing, after a minimum period of service, an appropriate veteran's blazer, clearly distinguishable from any police uniform (ceremonial or general duty) issued to currently working members.

(e) The RCMP should work with the RCMP Veterans Association to ask retired members to return items in their personal possession, including badges that have not been encased in plastic and uniforms.

IMPLEMENTATION POINTS

- Such badges may be encased in a block of hard plastic of sufficient size to render the badge unusable, and returned to the retired member.
- Police agencies should work with their veterans associations to ensure that retired officers in good standing have access to an appropriate veteran's blazer, if they wish to have one.

Recommendation C.29

REGULATING THE PERSONAL POSSESSION OF POLICE PARAPHERNALIA

The Commission recommends that

- (a) The Province of Nova Scotia amend the *Police Identity Management Act* to remove the exception for personal possession of ceremonial uniforms.
- (b) Other Canadian provinces and territories enact legislation equivalent to the Nova Scotia *Police Identity Management Act*.

Recommendation C.30

SALE OF DECOMMISSIONED VEHICLES

The Commission recommends that

- (a) The minister for public safety should retain a moratorium on the sale of decommissioned RCMP vehicles to the public until a third-party review of the decommissioning process has been completed, any recommendations arising from this review have been implemented, and alternative avenues for disposal (such as transfer to other government agencies or other levels of government) have been pursued.
- (b) If sales to the public are resumed, the RCMP should publicly report on an annual basis the number of vehicles sold and the net revenue raised by such sales.

IMPLEMENTATION POINTS

- Conscious of the environmental cost of scrapping vehicles that are in good condition, we encourage the minister of public safety and the RCMP to work with GCSurplus to investigate alternative means of retaining roadworthy vehicles within government fleets, even when they are no longer suitable for policing.
- The moratorium on selling RCMP vehicles to the public should be retained at least until a third-party review of the decommissioning process has been completed.

Recommendation C.31

GCSURPLUS TRACKING, TRAINING, AND OVERSIGHT

The Commission recommends that

- (a) GCSurplus and any company that performs a similar function of disposing of policing assets should develop and implement a policy to identify, track, and report suspicious activity by buyers and potential buyers.
- (b) GCSurplus and any company that performs a similar function of disposing of policing assets should train its warehouse employees to identify suspicious behaviours and follow this policy and provide management oversight of this role.

CHAPTER 15

Cultivating Healthy Masculinities

CHAPTER 15 Cultivating Healthy Masculinities

In Chapter 15, we build on our Volume 3, Violence findings and recommendation and extend them to an exploration of approaches to cultivating healthier masculinities. We conclude that initiatives in support of this objective will contribute to one of the main cultural shifts required to end gender-based violence and are an important strand of a “whole of society” response.

In the first section, we summarize information gathered by the Commission about a public health approach to preventing male violence. In the second section, we explore initiatives to cultivate healthy masculinities in relation to the four main strategies proposed in Volume 3: prevention, early intervention, and response, as well as recovery and healing. Chapter 15 is a case study of one set of initiatives that communities should consider for inclusion in their safety and wellness plans.

Unhealthy Masculinity and Violence

In Volume 3, we explained that violence is a gendered phenomenon, that men are the primary perpetrators of all forms of gender-based violence and mass casualties, and concluded there is a connection between these two established facts. Recognizing that violence is a gendered phenomenon does not mean seeing all men as perpetrators. “Men are not inherently more violent than women, but in many societies, social and cultural understandings of what it means to be a man are tied to violence.”¹

While violence is overwhelmingly perpetuated by men, most men do not perpetrate violence. Many of those who do use violence have themselves been victimized at the hands of other men. We concluded in Part B of Volume 3 that it

is a particular idea of masculinity – which we term traditional masculinity – that is closely connected to violent behaviour. The phrase “traditional masculinity” refers to a cultural understanding that emphasizes male authority and perpetuates cultural messages that implicitly and explicitly teach men and boys particular notions of how to be a man. Men and boys are taught to suppress a range of traits such as vulnerability and empathy in order to maintain their status as males and not risk ostracization and reprisal from other men. Traditional masculinity is also associated with coercive control. Research has shown that coercive control predominantly manifests in relationships that adhere more closely to stereotypical understandings of masculinity and femininity. Traditional gender roles encourage women to be – or to be viewed as – submissive and dependent, whereas men are expected to be dominant and assertive.

As we explain in Volume 3, *Violence*, those who study masculinity emphasize that there are many forms and expressions of masculinity, healthy and unhealthy. It is not accurate to characterize masculinity as the problem; rather, some expressions of masculinity are problematic. Commission staff conducted an interview with Tod Augusta Scott, executive director of the Bridges Institute in Truro. The Bridges Institute works with both partners in a relationship where intimate partner violence has occurred. Mr. Augusta Scott reflected on an aspect of his journey to seeing the complexities of masculinity (both his own, and those of the men with whom he works):

I got trained in the Duluth Model. Those are the people who came up with the power and control wheel in the eighties, and that's pretty ubiquitous in the domestic violence field.

...

The problem was, I came home thinking that was the only story that was important. ...

I only saw the men in terms of their violence. We used to call them batterers and abusers and all that kind of stuff, like these totalizing labels, like this is all they were or all they could be.

And so, again, they would come into the room and I'd be thinking I'm talking to Mr. Violent and, so of course, I thought I was Mr. Peaceful and Mr. Equality and all that kind of stuff, and it just wasn't helpful because I couldn't actually hear anything else. ...

And part of what started to crack for me was when I began to ask myself in group, I'm confronting these guys on their violence and the minimizing and all that stuff and getting debates in that I wasn't going to lose, doing all that stuff, and then I began to ask myself, well, how do I want the men to engage their partners when their partners disagree with them or have different ideas. Like do I want him going home and doing this kind of confrontation that I'm doing with him in group? Do I actually want him to go home and do that?

And as I began to ask myself, frankly, those painful questions, the answer was, of course, no.

...

And when I began to sincerely ask them, you know, "What would you prefer?" in terms of, "How do you want your kids to feel in the relationship?" And when I sincerely began to ask those questions and guys began to talk about, "Well, no, I don't – I don't want my kids to have what I had."

"Well, could you tell me about that?" "Oh, yeah. No, I want my kids to, you know, feel safe and comfortable." "Oh, yeah? Rather than what?" "Well, rather than, you know, scared."

And then I can have conversations about that. "Oh, yeah, so do you think maybe sometimes your kids are scared?"

...

[T]he more I was able to actually listen and discern differences between people, the better I – the more it just makes sense. The more responsive we became to the individuals, so we were able to kind of break out of that stereotype of all the men are the same and they all need the same treatment.²

Mr. Augusta Scott observed that many of the characteristics associated with traditional masculinity can also be symptomatic of trauma: "[N]ormalized ideas around masculinity are often symptoms of trauma and they're being masked as normal masculinity ... if you can't be vulnerable with anybody, can't ask for help."³

In our proceedings, Nick Cardone, a registered counselling therapist in Nova Scotia who specializes in working with men and boys in non-traditional therapeutic settings, related a story that illuminates this dimension of traditional masculinity:

I was rock climbing with one of my daughters a number of years ago and when my kids are climbing, I always make sure to tell them, “Climb as high as you want. If you need some help, please feel free to ask. Otherwise, when you want to come down, let me know and I’ll lower you down”.

And there was a young boy about the same age as my daughter, approximately 10 at the time, and his father and they were climbing right beside us. And this young boy must have heard us as he was climbing. He was about 10 feet off the ground. He looks down at his father and says, “I’m ready to come down now”. And the father says, almost verbatim, “We’re here to climb up, not to climb down”.

And so the boy tries again and he looks back down at his father and you could tell his voice was getting animated and he was clearly distressed and he wanted to come down. And his father kept pushing and pushing and pushing with an angrier and angrier tone until, finally, frustrated, with a loud huff, he lowers the boy down.

And he says to the boy when he comes down, angrily, “How could you let a girl pass you?”⁴

As Mr. Cardone observed, a moment like this has ripples:

[T]he impact that moment has on that boy about his – how he is seen in the eyes of his father, his messaging around what it means to be a boy or a man, how it means to compare to girls or women in that moment is transcendent ... The ripple effect keeps going, and it’s not just with that boy. It’s his next interaction with someone who doesn’t want to climb, it’s his next interaction with a girl or a woman. It’s his next interaction with his father.

That’s one ripple effect. The other one, which goes ignored, largely, is what does my daughter hear in that moment as well.⁵

Brian Braganza, a Nova Scotia-based experiential educator and facilitator, has worked extensively with boys and men to disrupt harmful expressions of masculinity and to explore a more compassionate self. He too recognizes that traditional

masculinity is harmful to everyone, including men and boys. In an expert report prepared for the Commission, Mr. Braganza and Mr. Cardone explain that traditional masculinity plays out differently for different communities of men. For example, traditional concepts of masculinity intersect in complex ways with the messages racialized men and boys receive, and rural masculinities, while understudied, may be more rigid than urban masculinities. In our proceedings, Mr. Cardone described their efforts to work “upstream and downstream:”

Upstream, how do we work with men and boys at younger ages? How do we work with boys? ... [D]ownstream is how do we work with men who are already influenced ... by harmful expressions of masculinity?

We need to change the culture for youth and children, directly and indirectly, and that means getting into our communities, especially our teens, and our schools, and our youth groups. And that's where we get to have positive influence for young people by changing the culture when they're young, and this includes developmental programming, and media literacy.

... Downstream, we need to find more effective, more resonant ways to help men heal and find ways, better expressions, healthier expressions for them to be men.⁶

The language of moving “upstream” was echoed by many of the experts we spoke to. **Moving upstream is a metaphor for shifting one's efforts toward prevention, rather than focusing mostly on responding when problems have already arisen.** Mr. Cardone explained the benefits of moving upstream in an effort to build healthy masculinities:

[S]upporting a healthy evolution of men and boys by shifting the culture that will then have a ripple effect into families, parenting, schools, therapy settings, sports settings, and thus, the water I referred to earlier, the upstream and the downstream, then becomes a cycle. Boys grow up to have healthy expressions of masculinity, who will eventually become fathers, and coaches, and teachers, and mentors.⁷

Strategies for Cultivating Change

In Part C of Volume 3, we concluded that carceral approaches – approaches that emphasize the criminal justice system – have often failed to prevent violence or to respond effectively to those who commit violence. In 2022, the Nova Scotia *Standing Together Evaluation and Learning Summary* identified a cultural shift away from framing women as victims and men as perpetrators and toward “a trauma-informed approach to those who experience violence and those who cause the harm, and a recognition that men who have committed violence often face their own underlying trauma”:

We have observed a striking change in how violent or abusive men are viewed. While no one excused male violence, the narratives we heard reflected on seeing these men through a different lens. The work with men could catalyse social change that re-thinks men’s role in society and what it means to be a man. As one project participant reflected to a service provider, the program is “helping me see my male identity differently.”⁸

Throughout this Report, we have called for a shift away from emphasizing carceral approaches toward a public health prevention approach. A public health prevention approach takes into account the social and economic determinants of behaviours and encompasses a continuum of strategies to end gender-based violence: prevention, early intervention, response, and recovery and healing.

Public Health Prevention Strategies to End Gender-Based Violence

Prevention: Stop violence before it starts.

Early Intervention: Stop violence from escalating and prevent it from reoccurring.

Response: Promote efforts and programs used to address existing violence.

Recovery and healing: Help to break the cycle of violence and reduce the risk of re-traumatisation.⁹

In Volume 3 (Violence), Recommendation V.16, Putting Women's Safety First, we recommended the following:

- (a) All governments and agencies should prioritize women's safety in all strategies to prevent, intervene in, and respond to gender-based violence and in those designed to support recovery and healing.
- (b) Governments should shift priority and funding away from carceral responses and toward primary prevention, including through lifting women and girls out of poverty and supporting healthy masculinities.

The Canadian National Action Plan to End Gender-Based Violence recognizes the need to “[engage] men and boys to challenge and change norms, attitudes and behaviours that perpetuate gender inequality, to become positive role models, and to understand and take action against GBV [gender-based violence].” It also states this engagement “could include early interventions to prevent and respond to child maltreatment, since abuse, neglect, and/or exposure to IPV [intimate partner violence] place boys at greater risk of perpetrating GBV later in life.”¹⁰

In the next section, we use the example of cultivating healthy masculinities and addressing the unhealthy aspects of traditional masculinity to illustrate how a community safety ecosystem that works holistically toward enhancing community safety and well-being can engage each of these public health prevention strategies.

Prevention Strategies

The approach taken by Mr. Braganza and Mr. Cardone exemplifies the strategy of preventing violence by encouraging boys and men to rethink their role in society. Mr. Cardone explained that countering narratives that excuse or justify problematic male behaviours is a shared responsibility. He illustrated the role that teachers and those who work with children and youth have to play in this regard:

[O]ne of my other daughters was playing in the playground and she went to one of the teachers saying there's a group of boys that were stealing the basketball from them, and the teacher said, more or less, “Boys will be boys” and sloughed it off.

And so one of the, sort of, greatest upstream, I think, supports we need is greater education and training for educators. Community leaders in general, but educators as well.¹¹

Sue Bookchin, who is the co-founder and executive director of Be the Peace Institute, also emphasized the importance of preventive strategies focused on boys in educational and sporting environments. In a Participant consultation on gender-based violence, she explained:

[P]revention necessarily involves schools having a much bigger role, and this is a very, very challenging thing. But children spend half their waking lives in school, and school encompasses all children, not just children who can afford to go to extracurricular activities or be involved in leadership programming. And so the violence prevention, healthy relationship-building, the focus on emotional and relational intelligence needs to happen in every grade, developmentally, appropriately, and sequentially from Primary to Grade 12.

...

I think there is real promise, in work with boys. So boys have been neglected, they've been dismissed with boys will be boys, so that kind of behaviour is excused and ignored, and yet, they are steeped in the toxic masculinity of our mass culture.¹²

Ms. Bookchin described the work that Be the Peace Institute has done with schools:

In the work that we have done, doing some of this kind of gender segregated work, where a facilitator and a male teacher would work with boys in a classroom, and a female facilitator and a female teacher works with the girls, and then periodically they come together, what we have found is that boys are starved for adults who will have these kinds of conversations with them, honestly and openly about sexuality, about consent, homophobia, gender stereotypes and roles, and the pressures that they feel to measure up.¹³

Ms. Bookchin explained that one of the challenges in this work comes from the need to ensure that parents understand the work being done in classrooms on these topics: "When you teach about sex and sexuality parents get

uncomfortable.”¹⁴ Another challenge arises because it can be difficult to assess how well educational materials are being delivered: “We don’t actually know if the teacher who is teaching about violence prevention or consent or healthy sexual relationships is actually doing it in a way that is effective for kids. Many kids tell us it’s not.”¹⁵ The authors of the *Standing Together Evaluation and Learning Summary* conclude that “including young people in violence prevention is critical to build resilience, explore emotions, and understand what healthy interpersonal relationships should look like.”¹⁶ We agree, and would add that this is a necessary primary prevention strategy.

Here, as in many places in this Report, we emphasize the importance of being open to uncomfortable and difficult conversations. Emily Stewart, the executive director of Third Place Transition House in Truro, observed: “What’s important for us to do ... is not to shy away from the hard conversations, not to decide not to talk about a topic that could be uncomfortable, could feel like blame is being assigned, but to really address things as directly as possible.”¹⁷ **Openness to difficult conversations, too, is a preventive strategy.**

Early Intervention

The second preventive public health strategy is early intervention. This strategy focuses on stepping in when potentially harmful behaviours first appear – to educate, to support, and to redirect the person engaging in those behaviours.

Ms. Bookchin observed that what students experience in school can reinforce problematic cultural messages about consent, dignity, and respect for the bodily integrity of others:

[G]irls in grade eight, for instance, have told us, they experience what amounts to sexual harassment and sexual assault at school at the hands of their peers every single day. But it’s not called that and we have no policies and guidance for teachers and principals to be able to respond to those kinds of things.¹⁸

The tools we have used for responding to such behaviours have historically been limited to two options, both of which cause harm. In many instances, these behaviours are normalized with a response such as “boys will be boys,” “ignore

it and they'll stop," or – even more damaging – "that's how boys act when they like a girl." Such responses excuse or validate harmful behaviours, with the result that boys are likely to regard them as socially acceptable and repeat them. These responses also send implicit messages to girls that there is a cultural expectation that they should tolerate behaviour that violates their equality and dignity and that they must manage their own and others' emotions and expectations rather than holding boys to an equal standard. Ultimately, normalization conveys problematic ideas to all children and youth about gender roles and what healthy relationships can and should look like. In other instances, and perhaps especially when a child who is engaging in problematic behaviour is racialized or regarded as challenging, schools respond with punitive approaches such as withholding privileges, imposing a suspension, or involving police. These punitive approaches can have a lasting impact on a young person's sense of self-esteem and belonging.

However, punitive approaches are not the only way to hold people accountable for their behaviour. Dr. Katreena Scott, a clinical psychologist and director of the Centre for Research and Education on Violence Against Women and Children at Western University in Ontario, explained in our proceedings:

[W]e've come through many years where the idea of accountability has somehow been made synonymous with the idea of punitiveness. And it's not the same thing. And I really appreciate the way people [in the Commission's proceedings] have been able to speak about accountability in a way that is also healing, that the idea of being accountable and also healing is not – they're not mutually exclusive that you can hold somebody accountable for their behaviour, you can help them change, and you can do that in a way that doesn't necessarily mean that you're being punitive.¹⁹

A preventive public health approach to the behaviours Ms. Bookchin described would not necessarily reach for punitive or carceral measures in the first instance, nor would it overlook or normalize these behaviours. **Rather, as a community, we must find alternative ways to intervene and teach our children to intervene to interrupt problematic behaviours in ways that strengthen social cohesion.** In our Participant consultation on gender-based violence, Dawn Ferris, who is the executive director of Autumn House in Amherst, invited us to imagine: "If we taught children that they can actually learn to see something, say something, call out behaviours and help their friends, that it will actually help."²⁰ Mr. Cardone observed

that intervening in informal ways is a skill we should particularly teach boys: “How do we support men and boys to stand up in respectful, responsible ways to call each other out in honourable ways?”²¹ Dr. Scott also emphasized the value of conversations as an early form of intervention: “[O]nce you start to ask yourself where could you have a conversation about a behaviour that is concerning and harmful, and that is somebody’s use of their own power and privilege over another, you start to see that those conversations can, and should, and are not happening in many, many, many places.”²²

The promise of early intervention strategies extends beyond children and youth. The *Standing Together Evaluation and Learning Summary* identifies that, for intimate partner and family violence, a “commitment to coordination, through strengthening and stabilizing the intervention sector, is a critical foundation for success.”²³ **Participants in our process identified the importance of making services available to perpetrators of gender-based, intimate partner, and family violence as early and widely as possible.** In our Phase 3 Participant consultation, Dr. Scott challenged the widespread belief that violent men are resistant to receiving services: “Men do access services, they will reach out when offered the opportunity ... [W]e know a lot about how we need to improve interventions for abuse perpetration.”²⁴ Dr. Scott pointed to research that supports the proposition that many men who have engaged in violence are capable of changing their behaviour: “Between one third and two thirds of those who engage in abusive behaviour go on to end their use of abusive behaviour ... It is clear that we need to expect, and we should and can expect abusive behaviour to change.”²⁵ However, she explained that “there needs to be adequate funding for interventions and adequate access” to programs and supports.²⁶

In an expert report she prepared for the Commission, Dr. Scott explains the importance of offering multiple pathways to intervention and support services:

A comprehensive vision of services for IPV [intimate partner violence] perpetrators must also include multiple routes to engagement and entry. Men themselves should be able to find services that address IPV and should be able to self-refer. There should also be clear, well-utilized pathways to referral through police, addictions, and general health services. Finally, workplaces, neighbours, friends, and families should be able to recognize IPV perpetration, be supported in having initial conversations to express their concerns, and should be able to find resources to intervene with individuals in their lives who are causing harm.²⁷

Dr. Scott emphasizes that creating multiple pathways to intervention is integral to

an overall vision of a response to IPV perpetrators that would join communities together in creating a web of accountability to keep perpetrators in view while working to ensure survivor safety. An essential part of this system is services that are feminist, intersectional, and culturally appropriate. Creating such systems will require investment in IPV specialist services and shifts in the ways in which systems such as police, child protection, and mental health and addictions services recognize and respond to abuse perpetrators. To the extent that we can intervene earlier to end abuse, the potential return is a reduction in human suffering and loss of life, as well as significant cost savings to society.²⁸

Intervention can and, at best, should begin before a chargeable act of violence is committed. Robert Wright, an African Nova Scotian community leader and the executive director of the People's Counselling Clinic in Nova Scotia, identified that it is important to encourage men and boys to seek help, and even more important to ensure that effective support is available when it is first sought:

I would say that one of the things that is probably not spoken about enough is that those adult male-identified perpetrators of violence probably also had early histories of needing help and being either socialized not to frame their needs as needs, or were openly rejected when they sought help. And that is something that is certainly undervalued, misunderstood, not spoken about extensively. But certainly when we ask questions about, you know, help-seeking histories in people who have created horrible things, we might have to go digging deep, but it's there.²⁹

Mr. Wright related that, in his work, he had encountered boys and men who had sought help from healthcare professionals or within informal circles of support and been shamed or excluded in response to their disclosures. In one instance, despite seeking help on several occasions, a man received clinical assistance only after being charged with a serious crime. He reflected, "When it comes to the question of calling for help, there need to be more numbers than 911 and more responses than police responses if we really want people to be seeking help in advance of such tragedy."³⁰

Mr. Wright emphasized that such resources must be made widely available, including in rural communities:

[H]elping resources tend to be harder to access [in rural areas]. So, I think of in Cumberland County, and in Pictou County, there's a family resource centre called Maggie's Place. It's famous in that part of the world. It's just the most progressive, the most wonderful family resource centre. But of course, they can't recreate themselves in every little village in a county with a sparse population in a large geography.

And so, those kinds of helping resources that are kind of, what I would call on the low end of the continuum that prevents family violence, that help families cope are hard to come by in rural Nova Scotia. And again, we can deploy police in every square inch of the province, but we cannot necessarily deploy helping resources in every square inch of the province. And so, I'd say that in rural Nova Scotia, that is a great challenge, and it does mean that those families that are affected by domestic violence are less able to rehabilitate from the dynamics that the violence causes in their homes. And I would say that those families that are developing problems are more likely to find themselves in a state where domestic violence is an issue in their home because they were unable to get access to the preventative services that might help them at earlier stages in their distress.³¹

Response

As harmful behaviours escalate or become a pattern, more comprehensive responses are required. Cultivating healthy masculinities remains important to response-based strategies. In an expert report prepared for the Commission, Dr. Tristan Bridges and Dr. Tara Leigh Tober explain that “violence is a masculine resource” and that some men use violence as an expression of masculinity. **Interrupting the connection between traditional conceptions of masculinity and the use of violence is an important part of a comprehensive preventive public health approach to violence.**

Dr. Scott explains that the web of accountability she envisages would respond differently, and in coordinated ways, in circumstances where a perpetrator is assessed to present a higher risk or where they have multiple or intersecting needs:

Go beyond “one size fits all” with a variety of group-based interventions augmented with individual case management to assess and manage risk and to supplement services as needed to address individual needs. Services should combine individual and group work. A priority is for the development of cross-agency / cross-system collaborative services and service models in the areas of: a) substance abuse; b) general criminal behaviour; c) mental health; and d) fathering.³²

We discuss risk assessment and management in Volume 3, Violence. Dr. Scott’s approach is consistent with our conclusion in that volume that effective approaches to risk assessment work to secure victim safety without defaulting to punitive approaches. Indeed, this recognition is integral to the web of accountability that Dr. Scott describes:

Augmented funding would gradually grow a suite of service options that is flexible to meet the needs of men and include provisions for cross-agency work to facilitate greater coordination of services. Victim safety, including the safety of children, would remain a core guiding priority of service, and as such, programs would maintain their strong linkages to services for survivors. Finally, this system should include investments that can strengthen collaborative responses that bring together organizations within a community. Coordinated community response processes would allow organizations to collaboratively plan for ways to address high-risk situations and seemingly intractable perpetrators and to ensure clear consequences and collective responsibility to address men’s potentially ongoing abusive and violent behaviour, risk for such behaviours, and failure to comply with court orders.³³

Ms. Ferris underscored the importance of wraparound services, and in particular, of ensuring that the services available to perpetrators comprehensively support them to avoid re-offending:

[W]hen charges are laid, and those charges happen 24/7, as we know, you – always, in this domestic violence component, there’s a no-contact order, and if those men don’t have a means to support themselves with a hotel, or friends or family, because they’re embarrassed, they’re living on the streets or in their cars, and that doesn’t de-escalate anything. We

have the 211 call in Nova Scotia, which is great, but they can point them to programs that are Monday to Friday-based for men.

...

And if a man had a, let's say a men's transitional housing for men who use / abuse to go to that's staffed 24/7 that can help him adhere to the no contact order, because the narrative that they tell themselves is "I just wanted to talk to her, I just wanted to have an explanation, I just wanted to explain," and then breaches happen. And if somebody in that could say it's not the best course of action, he might be more likely say "you're absolutely right, I'm not going to reach out tonight." So I think that type of 24/7 proactive services wraparound for men would really help change the narrative.³⁴

Ms. Ferris pointed to a promising model that had been piloted in Halifax with funding from the *Standing Together* program:

There was a grant given to the Halifax Regional Police just before COVID through the Standing Together grant application that they created the Domestic Violence Offender Navigator, the DVON, and this was a proactive response to men who cause harm, and was very successful, potentially ground-breaking in the way it supported men and families dealing with domestic violence in HRM [Halifax Regional Municipality]. And so something like that in every county in the province would be an amazing step forward.³⁵

Wraparound Services

Wraparound services are a key element of a prevention-oriented response to gender-based violence. These are closely connected to multisector coordination, a key feature of community-engaged planning for safety and well-being discussed in Part C of this volume.

Multisector coordination is also important in direct service provision. Multisector case coordination was developed in recognition that many people experience problems and need assistance that cannot be addressed by a single service provider. For example, people with health concerns may simultaneously

experience legal and financial problems. In many cases, problems such as these can compound and “cascade” when service needs are not met. Wraparound services are delivered in a people-centred, comprehensive, and holistic way.

Wraparound service delivery is a team-based, collaborative case management approach. A case management approach represents a point-of-delivery, rather than a system-level, approach to coordination. The concept of wraparound programming is used to describe any program that is flexible, family- or person-oriented, and comprehensive – that is, a number of organizations work together to provide a holistic program of supports.

Such an approach is neither costly nor complicated; in fact, such an approach could reduce complexities caused by siloed, uncoordinated responses where a client’s needs trigger responses from several systems (e.g., community services such as income assistance and/or child protection, the Department of Health for mental health and addictions treatment, and law enforcement such as police and courts). As Dr. Scott explained:

[M]any of us in our lives know somebody who we’re already concerned about because of the way that they’re behaving or because of something that they’re experiencing. Many times those individuals who are most high-risk are known by multiple different service and service providers in community, so having situation tables or collaborating tables that can come together and make plans for those individuals that promote accountability and safety is really important.³⁶

In Volume 3, we noted that despite the existence of frameworks for the provision of wraparound services in some contexts, they are rarely available in situations of gender-based violence. During our roundtable on personal and community responses, Pamela Cross, legal director at Luke’s Place Support and Resource Centre, explained the impact of failure to provide wraparound services:

I talked recently to a woman, who, in a 25-year relationship, left more than 20 times. It’s not that women don’t leave. Women leave, and they leave and they leave. But because systems fail to meet their needs, whether that’s the policing system, the family court system, housing, social assistance, healthcare, education, pick a system, because [when] those systems fail, women go back. And it took me a long time before I could say what I’m about to say: ...

they're not deluded in thinking it's safer for them to ... stay. Imagine that. In one of the wealthiest countries in the world, a country that claims that women are treated with equality and respect, our system failure is so significant that it – for many women, it is actually safer for them to remain with a man who is abusing them.³⁷

Here, we underscore that it is also important to provide wraparound services to men who assault their intimate partners or are violent toward other family members.

Recovery and Healing

The fourth strategy identified as integral to a preventive public health approach is to ensure that resources are directed to supporting recovery and healing. **For male perpetrators of violence, this necessitates the provision of comprehensive, trauma-informed services that recognize the relationship between experiencing and perpetuating abuse.** Services must be accessible and culturally appropriate to Indigenous, African Nova Scotian, and racialized men and 2SLGBTQI+ (Two-Spirit, lesbian, gay, bisexual, transgender, queer, intersex, and additional sexually and gender diverse) people – which may entail quite different approaches for different perpetrators. This principle extends, for example, to necessitating different approaches from one African Nova Scotian or Indigenous community to the next. As Lana MacLean explained in a roundtable on responses to gender-based violence, it “shouldn’t be carte blanche. Every community has some cultural nuances that need to be taken into consideration.”³⁸ Addressing recovery and healing also entails the provision of services that address problems that often coexist with the perpetration of violence.

In her expert report, Dr. Scott identifies that addressing concurrent problems is a necessary part of successfully preventing future recurrence of violence. In this regard, “four specific empirically supported recommendations can be made: address clients’ concurrent problems with substance use; address co-occurring criminal behaviours; provide specialized intervention to address men with complex mental health needs, including PTSD; and address fathering.”³⁹ For instance, as Dr. Scott explains:

Substance abuse and IPV are highly comorbid problems, and multiple studies have linked substance use to an increased likelihood of perpetrating domestic violence. Moreover, ongoing problematic substance use is a predictor of dropout from intervention and has emerged as one of the few consistent predictors of men’s continued use of or desistance from violence.

Despite high rates of co-occurring problems and frequent calls in the literature for integrated and coordinated IPV and addictions services, there are very few Canadian programs (and few programs generally world-wide) that offer any tailored or coordinated services for IPV and addiction. One exception was the Alberta-based “Sobering Effect” program, which is now discontinued due to lack of funding.⁴⁰

Dr. Scott concludes that increasing access to programs that address both substance use and the perpetration of intimate partner violence is a core priority: “Substantially improve the coordination of services addressing IPV perpetration and substance use. Address barriers to referral within services for individuals using substances, create opportunities and pathways to services, and encourage cross-agency service provision and case management.”⁴¹

Ms. Ferris observed that healing and recovery cannot happen when other fundamental needs are not being met:

[O]utside of HRM [Halifax Regional Municipality] and Sydney where there are some homeless shelters, there is nothing in rural communities in Nova Scotia for de-escalation and for the helping of men. So we have seen men, in our New Directions Program, living in their cars while they’re accessing programming. And I can’t imagine anybody actually making change to their behaviours while they have not got the basic needs of living met.⁴²

Healthy masculinity cannot be achieved in a silo. Instead, for recovery and healing to occur, the challenges facing each individual man must be comprehensively addressed.

The Australian state of Victoria has developed a public health initiative to assist in the development and implementation of programs and interventions “aimed at fostering freedom from unhealthy masculine stereotypes among men and boys.” Integrating these approaches as part of supporting men who have committed gender-based violence fosters their recovery and healing and contributes

to breaking the cycle of violence. These restorative approaches emphasize men taking responsibility for their actions and providing them with the assistance to develop healthier relationship behaviours.

Conclusion and Recommendation

Promoting healthy masculinity is a key strategy for preventing gender-based, intimate partner, and family violence. In this section, we have considered how a community safety ecosystem designed around preventive public health strategies can foster healthy masculinity. This approach moves away from the predominantly carceral or punitive approaches that, we conclude in Volume 3, Violence, have often failed to prevent violence or protect women and children. Instead, the ecosystem approach seeks to hold violent men accountable within a coordinated web of community safety agencies, with wraparound supports to promote recovery and healing. Even more fundamentally, it emphasizes the prevention of violence by systematically addressing the unhealthy aspects of traditional masculinity. This approach also prioritizes early intervention to address troubling behaviours before they become entrenched.

We do not underestimate the challenge of building such an approach to healthy masculinity and violence prevention. As Ms. Bookchin said in our Participant consultation on gender-based violence:

When issues are so complex and so intractable, we need to have the most accurate version of reality before we start creating solutions. And the most accurate version of reality requires all the vantage points at the table. It needs to be 2SLGBTQ people, African Nova Scotians, Indigenous people, men ... [T]he bulk of the responsibility for this work over decades, maybe hundreds of years, has been on the shoulders of women. We need men to step up, like the men in this room. No one organization, no one government department, no one person can fix this. We need each other, but we need to build an infrastructure where we can learn together continuously, where we can mobilize the knowledge and the research that's being created, where we can evaluate the things that we try on an ongoing basis and collect data about it, so that we can take innovative and

wise action without creating more problems because we didn't actually get the most accurate version of reality. It needs to involve government, academia, community-based services and survivors.⁴³

Nonetheless, such change is necessary. In an interview with Commission staff, Dr. Verona Singer, who is an adjunct assistant professor in criminology at St. Mary's University and a member of the evaluation team for the Standing Together project, explained that her research and experience had led her to see including men and boys, and Indigenous and African Nova Scotian community members as “the missing piece” in women's anti-violence initiatives:

[M]y thinking came from my research. Which was again, men and boys are the missing piece really need to be working with men and boys a lot, a lot more than what we've ever done. And we really need to be working with the African Nova Scotian and Indigenous community. So in those conversations that were the precursor to Standing Together, those were the three areas that I saw to be the most important.⁴⁴

LESSON LEARNED

Promoting healthier masculinities is an important strategy for improving community safety and well-being in two ways: preventing gender-based violence, and improving male health and well-being.

Recommendation C.32

PROMOTING AND SUPPORTING HEALTHY MASCULINITIES

The Commission recommends that

- (a) The federal government should develop and implement a national public health education and awareness campaign to promote healthy masculinities.

- (b) As part of the National Action Plan to End Gender-Based Violence, the federal government should support research, evaluation and knowledge exchange about promising practices to support healthy masculinities through primary prevention, strategies to intervene in and respond to the perpetration of gender-based violence, and to efforts to promote the recovery and healing of male perpetrators.
- (c) All Community Safety and Well-Being Leadership Councils (see Recommendation C.15) should integrate initiatives to promote and support healthy masculinities in primary prevention strategies, in strategies to intervene in and respond to the perpetration of gender-based violence, and in efforts to promote the recovery and healing of male perpetrators.

IMPLEMENTATION POINTS

- All strategies designed to promote and support healthy masculinities should centre diverse and intersecting identities, including Indigenous cultures and identities and should take anti-racist, anti-colonization, and anti-oppressive approaches.
- Following their appointment, the Gender-Based Violence Commissioner should be engaged in developing the federal initiatives (Recommendation V.17).

Notes

PART A: RURALITY AND RURAL COMMUNITIES

CHAPTER 1

Rurality and Canadian Rural Communities

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25. Commissioned report prepared by Dr. Anna Souhami, “A Systematic Review of the Research on Rural Policing,” May 2022: COMM0058282 at p 2.
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27. Ibid at p 11.
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22. Mr. Stanley subsequently pled guilty to the charge of unsafe storage of six rifles and shot-guns. He was fined \$3,000 and banned from possessing firearms for ten-years (Roach, Canadian Justice, Indigenous Injustice p 191).
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- that “[t]he politicalization of the rural crime issue, both in the 2012 [federal] laws expanding self-defence and defence of property and Prime Minister Harper’s 2015 campaign comments, linking the use of guns with the ‘security’ concerns of rural residents, provided some of the broader social, political, and legal context that influenced the Stanley/Boushie case” (Roach, p 57). See also Roach, pp 38, 47-50 and 170, and Flynn and Wagner, pp 370-71. Further, see Alexandra Flynn and Estair Van Wagner, “A Colonial Castle: Defence of Property in *R v Stanley*” (2020) 98:2 *Canadian Bar Review* 358, 2020 CanLII Docs 2469 at p 364, online: <https://canlii.ca/t/sxjb> (p 384) regarding advocacy by rural residents for looser gun laws and stronger trespass laws in Saskatchewan specifically, as well as opposition by the Federation of Sovereign Indigenous Nations (FISN).
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PART B: COMMUNITY-CENTRED CRITICAL INCIDENT RESPONSES

INTRODUCTION

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CHAPTER 4

Framework for Community-Centred Responses

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2. Mass Casualty Commission, Transcript of Proceedings, June 14, 2022, at p 26.
3. Commissioned report prepared by Dr. Jaclyn Schildkraut, “Supporting Survivors and Communities After Mass Shootings” (2022): COMM0058367 in Annex B at p 2.
4. Ibid at p 3.
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CHAPTER 5

Public Warning Systems

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CHAPTER 6

Meeting the Needs of Survivors and Affected Persons: Police-Based Services

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CHAPTER 12

Rethinking Roles and Responsibilities

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PART D: APPLYING LESSONS LEARNED: ACCESS TO FIREARMS AND COMMUNITY SAFETY

CHAPTER 13

Access to Firearms and Community Safety

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CHAPTER 14

Police Paraphernalia

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CHAPTER 15

Cultivating Healthy Masculinities

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