

## **Public Hearing**

## **Audience publique**

### **Commissioners / Commissaires**

The Honourable / L'honorable J. Michael MacDonald,  
Chair / Président

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

Dr. Kim Stanton

### **VOLUME 46**

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Ms. Emily Hill

Commission Counsel /  
Conseillère de la commission

Ms. Gillian Hnatiw

Commission Counsel /  
Conseillère de la commission

Ms. Anastacia Merrigan

Counsel / Conseillère

Ms. Erin Breen

Counsel / Conseillère

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Halifax, Nova Scotia

--- Upon commencing on Wednesday, July 13, 2022 at 8:34 a.m.

**REGISTRAR DARLENE SUTHERLAND:** Good morning.

The proceedings of the Mass Casualty Commission are now in session with Commissioner Michael MacDonald, Commissioner Leanne Fitch, and Commissioner Kim Stanton presiding.

**COMMISSIONER FITCH:** Bonjour, bienvenue. Hello and welcome. We join you from Mi'kma'ki, the ancestral and unceded territory of the Mi'kmaq.

Please join us in remembering those whose lives were taken, those were harmed, their families, and all those affected by the April 2020 mass casualty in Nova Scotia.

**(SHORT PAUSE)**

**COMMISSIONER FITCH:** This morning we'll hear from the expert witnesses, Professors Jude McCulloch and JaneMaree Maher, via Zoom from Australia. They will discuss their commissioned report prepared, titled, "Understanding the Links Between Gender-Based Violence and Mass Casualty Attacks: 'Private' Violence and Misogyny as Public Risk."

Following that, Commission Counsel will share a Foundational Document looking at the perpetrator's violence towards his common-law spouse Lisa Banfield. We will hear from Ms. Banfield in person on Friday.

Once again, today's discussions and presentations will be dealing with the different forms of violence, including violence that is gender based or inflicted by intimate partners. Gender-based and intimate-partner violence are two of the related issues we are required to examine as part of our mandate. This work helps us to understand the connections between them and the circumstances leading up to the mass casualty.

If you find this information distressing, please remember we have a

1 dedicated mental health team here at proceedings to help you and those around you,  
2 and everyone is welcome to reach out to the support services listed on our website,  
3 including those listening by audio or watching the webcast online. There are supports  
4 available 24/7 for all ages.

5 I'll now ask Commission Counsel, Gillian Hnatiw, to introduce  
6 today's witness.

7 Thank you.

8 **MS. GILLIAN HNATIW:** Thank you, Commissioners. Good  
9 morning.

10 As Commissioner Fitch indicated, we're going to start today by  
11 hearing from Professors McCulloch and Maher, who are joining us by Zoom from  
12 Melbourne, Australia, where it is currently just after 10:30 p.m. in the evening.

13 So I will start by saying welcome, good evening, and thank you for  
14 having an extra coffee to be with us today.

15 Madam Registrar, could you affirm Professors Maher and  
16 McCulloch?

17 **DR. JANEMAREE MAHER, Affirmed:**

18 **DR. JUDE McCULLOCH, Affirmed:**

19 **REGISTRAR DARLENE SUTHERLAND:** Thank you.

20 **MS. GILLIAN HNATIW:** Copies of Professor McCulloch and  
21 Professor Maher's *curriculum vitae* have been produced to participants, and I would ask  
22 that we mark both those documents as exhibits, Madam Registrar. That's COMMs  
23 59731 and 59732.

24 **REGISTRAR DARLENE SUTHERLAND:** And those will be  
25 marked Exhibit 3434 and 3435.

26 **--- EXHIBIT NO. 3434:**

27 (COMM0059731) *Curriculum vitae* of Dr. Jude McCulloch

28 **--- EXHIBIT NO. 3435:**

1 (COMM0059732) *Curriculum vitae* of Dr. JaneMaree Maher

2 **MS. GILLIAN HNATIW:** And I would also ask that the report  
3 authored by Drs. McCulloch and Maher titled, "Understanding the Links Between  
4 Gender-Based Violence and Mass Casualty Attacks: 'Private' Violence and Misogyny as  
5 Public Risk" be marked as an exhibit.

6 **REGISTRAR DARLENE SUTHERLAND:** And that's 3436.

7 **--- EXHIBIT NO. 3436:**

8 Report by Dr. Jude McCulloch and Dr. Jane Maree Maher  
9 titled, "Understanding the Links Between Gender-Based  
10 Violence and Mass Casualty Attacks: 'Private' Violence and  
11 Misogyny as Public Risk"

12 **--- EXAMINATION ON QUALIFICATIONS BY MS. GILLIAN HNATIW:**

13 **MS. GILLIAN HNATIW:** Before we start to unpack your report,  
14 Professors, or I should say Doctors, I just wanted to briefly outline and discuss with  
15 each of you your qualifications.

16 So starting with you, Professor McCulloch.

17 Madam Register, if we could bring her *curriculum vitae* up on the --  
18 on the screen?

19 Professor McCulloch, I understand that you are Emeritus Professor  
20 at Monash University, where you were the inaugural Director of Monash Gender and  
21 Family Violence Prevention Centre; is that correct?

22 **DR. JUDE McCULLOCH:** That's correct.

23 **MS. GILLIAN HNATIW:** And that in association with that work, you  
24 taught, researched, wrote, published in the areas of crime, risk, family violence, and  
25 policing; is that correct?

26 **DR. JUDE McCULLOCH:** That is correct.

27 **MS. GILLIAN HNATIW:** And before your career in academia, you  
28 actually worked as a -- in a refuge for women escaping family violence, and as a

1 community lawyer specializing in gendered crimes and policing; is that correct?

2 **DR. JUDE McCULLOCH:** That is correct.

3 **MS. GILLIAN HNATIW:** And you have a long list of publications,  
4 but I wanted to quickly draw attention to two of them in particular, that would be on the  
5 second page.

6 Thank you, Madam Registrar.

7 In 2019, you co-published with Dr. Maher, among others, a paper  
8 titled, "Lone wolf terrorism through a gendered lens: men turning violent or violent men  
9 behaving violently?"; is that correct?

10 **DR. JUDE McCULLOCH:** That's correct. That is correct.

11 **MS. GILLIAN HNATIW:** And then a second paper of interest was  
12 also published in 2019 titled, "Criminology, gender and security in the Australian  
13 context: Making women's lives matter."

14 **DR. JUDE McCULLOCH:** That's correct.

15 **MS. GILLIAN HNATIW:** Okay.

16 And turning now to you, Dr. Maher, you are currently a Professor at  
17 the Centre for Women Studies and Gender Research at Monash University?

18 **DR. JANEMAREE MAHER:** That's correct.

19 **MS. GILLIAN HNATIW:** Okay. And you're also the Associate  
20 Dean of Graduate Research for the Faculty of Arts.

21 **DR. JANEMAREE MAHER:** Yes.

22 **MS. GILLIAN HNATIW:** Okay. And as we -- you are a nationally  
23 and internationally recognized expert on motherhood scholarship, and you've done a lot  
24 of work focusing on intimate partner violence and have co-published the two papers that  
25 I just drew Dr. McCulloch's attention to. Is that correct?

26 **DR. JANEMAREE MAHER:** That is correct.

27 **MS. GILLIAN HNATIW:** And I also skipped over the fact that you  
28 both earned PhDs earlier in your careers.



1 **DR. JANEMAREE MAHER:** Yes.

2 **MS. GILLIAN HNATIW:** Okay.

3 So on the basis of their qualifications, Commissioners, we're asking  
4 that they be qualified as experts to discuss the links between mass casualty events and  
5 gendered violence, to critique gaps in methodological flaws in the collection of data  
6 about mass casualties, and to explain how understanding the continuum between public  
7 and private violence can improve our ability to understand, prevent, and respond to  
8 mass casualty events.

9 **COMMISSIONER MacDONALD:** Thank you, Ms. Hnatiw.

10 And thank you so much for joining us, Drs. McCulloch and Maher,  
11 and you are so qualified.

12 Thank you.

13 **--- EXAMINATION IN CHIEF BY MS. GILLIAN HNATIW:**

14 **MS. GILLIAN HNATIW:** So, Doctors, the concept of public  
15 violence versus private violence is at the centre of the report that you were  
16 commissioned to prepare for our -- for the Commission's work. Would you -- could you  
17 start by explaining those two concepts?

18 **DR. JANEMAREE MAHER:** So private violence generally is  
19 defined both locationally and relationally. It's understood to occur typically between  
20 people known to each other, often behind closed doors, and it's termed private violence  
21 very often because it is unseen in the public realm.

22 There are a number of different forms of public -- of private  
23 violence, intimate partner violence is often most commonly associated with this type of  
24 violence; it's also the most common form of violence that occurs. The UN has  
25 estimated that globally, one in three women experience some form of intimate partner  
26 violence during their life. Very few of them seek help for that violence.

27 We also think of family violence as a form of private violence. It  
28 occurs in the family home or in the family context. There are a number of terms used

1 to describe that type of violence too; domestic violence, domestic abuse. They all  
2 signal something slightly different but the central theme is that they are between people  
3 known to each other and people already in relationship with each other.

4 **MS. GILLIAN HNATIW:** And am I correct in my understanding that  
5 private violence of the multiple types you describe, is overwhelmingly committed by  
6 men?

7 **DR. JANEMAREE MAHER:** That's correct, yes. So that's  
8 established by policing reports in most developed countries where data is collected. So  
9 even though we're aware that there's a lot of private violence that we don't know about  
10 and we don't see, the best way to estimate its prevalence and its primary perpetrators is  
11 through that private violence which does end up on the record, and systematically, over  
12 many decades, it's been clear that that violence is overwhelmingly perpetrated by men  
13 in those private contexts.

14 **MS. GILLIAN HNATIW:** Thank you. And by contrast, could you  
15 explain what is commonly recognized forms of public violence?

16 **DR. JANEMAREE MAHER:** So public violence similarly takes a  
17 number of forms. Mass casualty attacks are obviously a form of public violence, gang  
18 wars or terrorist acts, all of those are understood as forms of public violence, and again,  
19 the defining feature is location and visibility, that they are seen, and they are acts of  
20 violence that, by nature and intent, are meant to be seen, meant to be visible.

21 **MS. GILLIAN HNATIW:** And do we know anything about whether  
22 private violence tends to be gendered? Is there also data about -- I understand there is  
23 also data ---

24 **DR. JANEMAREE MAHER:** Yes.

25 **MS. GILLIAN HNATIW:** --- that it is ---

26 **DR. JANEMAREE MAHER:** Yes.

27 **MS. GILLIAN HNATIW:** --- overwhelmingly committed by men.

28 **DR. JANEMAREE MAHER:** Public violence is overwhelmingly

1 committed by men, too. In fact, more than 90 percent in most jurisdictions, I think we  
2 would confidently say, is committed by men.

3 **MS. GILLIAN HNATIW:** And given these two different concepts of  
4 violence, private violence and public violence, are they traditionally understood to be  
5 linked and studied in that way, or are they approached as separate phenomenon?

6 **DR. JANEMAREE MAHER:** Jude, I ---

7 **DR. JUDE McCULLOCH:** Well, ---

8 **DR. JANEMAREE MAHER:** --- might hand over to you.

9 **DR. JUDE McCULLOCH:** Yeah. There's definitely a long-  
10 standing, well-established division between the way public and private violence are  
11 understood and responded to. While gender-based violence is today widely considered  
12 a public problem, it's still seen as separate and qualitatively different than violence that  
13 happens in the public space and between people who don't know each other.

14 So there is quite a public/private dichotomy when it comes to  
15 violence, and even though this dichotomy is, in many ways, based on outmoded ideas  
16 about the harms of violence and the type of entitlement men have over women's bodies  
17 and as women -- as property; women and children as property, there's still a very strong  
18 cultural resonance around a division between public and private violence.

19 So these -- although private violence is now, and increasingly,  
20 recognized as a public problem, the dichotomy continues to exist and there continues to  
21 be a feeling that public violence is more harmful in some ways than -- in many ways,  
22 than private violence. And I think it's -- Dake, a sociologist, has argued that shared  
23 world views provide powerful cultural lenses, magnifying one danger, obscuring another  
24 threat, and selecting others for minimal attention or even disregard. And the  
25 public/private dichotomy is a powerful lens that trains our eye, more often, to public  
26 violence than private violence.

27 **MS. GILLIAN HNATIW:** And I understand that in your research,  
28 obviously you focused on, as opposed to the dichotomy, but the links. And I wonder if

1 you've been able to draw any high-level conclusions about those links from that  
2 research?

3 **DR. JUDE McCULLOCH:** Yes, very much so. So the high-level  
4 conclusions that we've drawn is certainly that there is a strong connection between  
5 public and private violence, and the public violence that we focus on, of course, in our  
6 report, is mass casualty attacks.

7 So there's a very strong link between mass casualty attacks and  
8 gender-based violence that we find in our work and set out in our report.

9 **MS. GILLIAN HNATIW:** I understand one of your key conclusions  
10 is that men who commit gender-based violence are often the same men who commit  
11 mass casualty attacks, and that specific women, often partners, are often the first  
12 victims of such attacks.

13 **DR. JUDE McCULLOCH:** Exactly. So our findings very much  
14 were that although the dichotomy between public and private violence, the way the  
15 media reports, the criminal justice system responds, the way society approaches these  
16 things, see public and private violence as separate. Really, what we see is that men  
17 who commit gender-based violence, particularly family violence, are often the same  
18 men who commit mass casualty attacks.

19 **MS. GILLIAN HNATIW:** And so does the way this dichotomy  
20 operates, both in the public and the media as well as academia, does it influence the  
21 way that mass casualty attacks are researched and reported?

22 **DR. JUDE McCULLOCH:** Absolutely. We found that a  
23 dichotomous approach is the foundation -- a dichotomous approach between public and  
24 private violence is the foundation for much of the research around mass casualty  
25 attacks.

26 So for example, familicides, which is the killing of a family,  
27 generally, no matter how many people are killed in a familicide, these aren't classified  
28 as mass casualty attacks, simply because they take place in a private space, usually,

1 and involve people who are known to each other. We also found that misogyny as a  
2 motivator for mass casualty attacks isn't seen as terrorism, usually, because it's not  
3 seen as a political motivation, which means the data collected around terrorism often  
4 doesn't include or study those mass casualty attacks that are motivated by misogyny.

5 So -- and we found even though we say that there's a connection  
6 between public and private violence, and particularly in terms of mass casualty attacks,  
7 we very much found that the research does not seek out these connections, and even  
8 when the data tends to suggest even quite strongly that they're there, they're  
9 overlooked or ignored.

10 **MS. GILLIAN HNATIW:** That seems like a good segue to talking  
11 about the middle section of your report, where you dive into the research that does exist  
12 on the connections between gender-based violence, misogyny, and mass casualty  
13 attacks.

14 And Dr. McCulloch, I think you just touched on this briefly, but my  
15 understanding is that this research has been -- this is not a well researched area and  
16 that the research that does exist has emerged fairly recently. Is that a fair  
17 characterization?

18 **DR. JUDE McCULLOCH:** That is a very fair characterization.

19 So we found it surprising, given how strong the connection seemed  
20 to be, that there has been actually very little research that focuses specifically on the  
21 connection between gender-based violence and mass casualty attacks, but there is an  
22 emerging body of research, although still small, quite robust, and compelling that points  
23 to those connections.

24 And we also found that the research on mass casualty attacks  
25 generally, although it doesn't pay particular attention or specific attention to the  
26 connections with gender-based violence, it was still helpful because when you're alive  
27 to those connections, it was actually quite obvious in the data.

28 So and it also often pointed to some problematic frames of

1 research based on the dichotomy that we could critique, which was useful.

2 **MS. GILLIAN HNATIW:** Could you comment on those challenges?

3 I understand that the absence of a coherent definition of what constitutes a mass  
4 casualty and the different ways in which the data are sort of collated and categorized  
5 can present a challenge for scholars and researchers who are now attempting to  
6 understand the links between public and private violence. Do I have that correct?

7 **DR. JUDE McCULLOCH:** Yes, definitely. So studying mass  
8 casualty attacks generally, there's issues around inconsistent definition of mass  
9 casualty attacks, there's issues around shallowing of the data. So most data is divided  
10 between mass shootings, for example, and terrorism. So there are gaps in the data and  
11 the data is also separated, so most of it doesn't look at mass casualty attacks generally.

12 So they are the problems that exist for people who are researching  
13 mass casualty attacks, but there are specific and additional significant issues in relation  
14 to the studying of the links between gender-based violence and mass casualty attacks.  
15 The first is that much of the data that has been collected historically hasn't paid  
16 attention to the gendered aspects.

17 So in order to make the connections, you need to be able to, for  
18 example, know the relationships between the attacker and the victims, and often the  
19 data is not collected in relation to those things.

20 You also would want to know about the attacker's biography and  
21 any history of gender-based violence. But the issue there is, again, that data has not  
22 been sought out or collected in the original data collection.

23 But also, importantly, as JaneMaree earlier pointed out, much  
24 information -- much gender-based violence is not reported at all, or most of it. So you're  
25 going to have incomplete data. So they are the additional issues.

26 And as I said previously, the frames of research tend often to  
27 ignore or minimize gender-based violence. So the existing research is sometimes not  
28 only based on inadequate data, but the frameworks we would also often find unhelpful

1 in looking for that gendered connection.

2 **MS. GILLIAN HNATIW:** And so despite these challenges and  
3 limitations in the data, I understand from your paper that there are some sub categories  
4 that have emerged in the work that you and others have done in trying to forge new  
5 understandings between the links that are emerging in our understanding, and those  
6 subcategories, to my reading, would be mass casualties in which -- that target a specific  
7 woman, who is often the first victim of the mass casualty. Secondly, mass casualties  
8 where the perpetrator has a history of gender-based or family violence in their past.  
9 And third, mass casualty events where there's an explicitly misogynistic motive for the  
10 mass casualty.

11 So have I summarized that correctly? And could you perhaps  
12 comment on each of those three categories? I think the distinctions are settled, but  
13 important in our -- to have a wholistic understanding of what we're talking about here.

14 **DR. JUDE McCULLOCH:** I'll talk -- you've got that exactly right,  
15 and I'll talk about the first two categories and hand over to JaneMaree for the second  
16 two.

17 In relation to the specifically targeted women, so despite the only  
18 emerging database and research that focuses on the connections between gender-  
19 based violence and mass casualty attacks, we can say fairly confidently that specifically  
20 targeted women, that is women known to the attacker, often an intimate partner or ex-  
21 partner, but sometimes another female relative, like a mother, is so common that it's  
22 reasonable to say that the typical mass casualty attack is an attack -- includes an attack  
23 on a specifically targeted woman, and often begins with an attack on that woman.

24 According to U.S. research that unusually examined mass casualty  
25 attacks of all types and helpfully did so, familicide, that is, the killing of a family, is the  
26 most common type of mass casualty attack, with the attackers being mainly husbands  
27 and fathers, and the victims being mainly intimate partners, children, and other relatives.

28 There is ---

1                   **MS. GILLIAN HNATIW:** Sorry, I don't want to interrupt you, but I  
2 just want to stop you there to make sure I've understood that correctly. So I hear you're  
3 telling us that in fact the most common form of mass casualty is a familicide? Is that ---

4                   **DR. JUDE McCULLOCH:** Absolutely.

5                   **MS. GILLIAN HNATIW:** Okay.

6                   **DR. JUDE McCULLOCH:** If you define a mass casualty in terms of  
7 the number of people killed.

8                   **MS. GILLIAN HNATIW:** Okay.

9                   **DR. JUDE McCULLOCH:** Some mass casualty researchers say --  
10 have an implicit mass public casualty attack. But if you define mass casualties in terms  
11 of just the number of peoples killed, familicide is the most common form of mass  
12 casualty attack.

13                   **MS. GILLIAN HNATIW:** If you take the word "mass" at its most  
14 plain meaning, to be multiple?

15                   **DR. JUDE McCULLOCH:** That's right. And you don't put an  
16 implicit public in there, that you just take it as a mass casualty attack.

17                   But so -- and it's not only one research study that points to this.  
18 There's an emerging body of research. For example, around mass shootings,  
19 Everytown for Gun Safety, the non-government organization in the U.S., they've got a  
20 report on 12 years of mass shootings in the U.S., and they conclude that these mass  
21 shootings are typically intermingled with acts of family or domestic violence.

22                   Based on 262 incidents over the 12 years that they studied, they  
23 found that most shootings, most mass shootings, the attacker shot a current or former  
24 intimate partner or family member during the attack and that domestic violence mass  
25 shootings accounted for almost half of the deaths. So most of the mass shootings were  
26 intermingled with family violence, and nearly half the deaths.

27                   There's another paper by Silver that's particularly relevant. Would  
28 you like me to go and talk about that?



1 **MS. GILLIAN HNATIW:** Sure. That would be very interesting.

2 Thank you.

3 **DR. JUDE McCULLOCH:** Yeah. So there's a really helpful and  
4 interesting study that was published last year by Silver and colleagues on mass  
5 shootings in the U.S., and that looked at over 50 years of data, starting in 1966 and  
6 finishing in 2018. And what they specifically looked at was what they called gender-  
7 based mass shootings. And they defined gender-based mass shootings as mass  
8 shootings that were motivated by a grievance against women or a woman.

9 **MS. GILLIAN HNATIW:** M'hm.

10 **DR. JUDE McCULLOCH:** And they looked specifically and  
11 exclusively at mass public shootings. So they excluded, you know, mass shootings that  
12 were familicides only, or only took place in private homes.

13 And what they found ---

14 **MS. GILLIAN HNATIW:** So they -- sorry, again.

15 **DR. JUDE McCULLOCH:** Yeah.

16 **MS. GILLIAN HNATIW:** I apologize to interrupt, but I just want to  
17 make sure I understand correctly. So they used a more narrow version of what a mass  
18 casualty or what a mass shooting would be in this study? Is that correct?

19 **DR. JUDE McCULLOCH:** Exactly.

20 **MS. GILLIAN HNATIW:** Okay.

21 **DR. JUDE McCULLOCH:** So why this study is so useful, one, it  
22 specifically focuses on gender-based violence, even though, as you pointed out, it uses  
23 a narrow definition.

24 **MS. GILLIAN HNATIW:** M'hm.

25 **DR. JUDE McCULLOCH:** But because it uses that narrow  
26 definition, it really illuminates the connections between mass casualty attacks and  
27 gender-based violence. Mass public casualty attacks and gender-based violence. So it  
28 really looks at private and public violence and how they are connected.

1                   And one of the ways that the research tells us they are connected  
2 and quantifies -- and that's why this study is so important, it's a large study, as I said,  
3 more than 50 years of data, or 50 years of data, hundreds of cases included, but they  
4 also quantify the connections, which is fairly rare in the research that we've come  
5 across.

6                   And it found that 34 percent of mass public shootings are motivated  
7 or -- they're motivated by a grievance against women. And it found that the targeting of  
8 a specific woman against whom the attacker had a grievance, such as a girlfriend, wife,  
9 or a woman who objected their advances, to use their terms, was the most common  
10 category of gender-based mass shootings.

11                   Specific women-targeted attacked consistently made up the  
12 majority of gender-based mass shootings, making up about 50 percent of those  
13 shootings.

14                   **MS. GILLIAN HNATIW:** And that's not withstanding the fact that  
15 they used a narrower definition, as you spoke to earlier, and excluded familicides that  
16 occurred exclusively in private locations? Is that correct?

17                   **DR. JUDE McCULLOCH:** That's right. So the percentage would  
18 have been bigger if it was just mass shootings.

19                   **MS. GILLIAN HNATIW:** Right. And in your paper -- oh. Sorry,  
20 continue please.

21                   **DR. JUDE McCULLOCH:** I was just going to say, it might be  
22 useful to give just one example, or a kind of paradigmatic or an exemplar of the specific  
23 woman-targeted shootings, ---

24                   **MS. GILLIAN HNATIW:** M'hm.

25                   **DR. JUDE McCULLOCH:** --- because there's a particular shooting  
26 in the U.S., mass shooting 1966, which is often referred to as providing the template for  
27 future mass shootings, and that's the 1966 Texas University mass shooting, where the  
28 attacker killed his mother and his wife in their respective homes before he went to the

1 university with firearms, climbed a tower there, and shot and killed 14 other people,  
2 other students, ---

3 **MS. GILLIAN HNATIW:** M'hm.

4 **DR. JUDE McCULLOCH:** --- that had no particular connection to  
5 him.

6 And that shooting is -- that example is said to have set the template  
7 for what has become a reasonably standard sort of set of facts around shootings, mass  
8 shootings, in the U.S.

9 **MS. GILLIAN HNATIW:** A pattern we see again and again, that  
10 the mass casualty starts with an attack on either a specific woman or women, and then  
11 pours out into more public spaces. So ---

12 **DR. JUDE McCULLOCH:** That's right.

13 **MS. GILLIAN HNATIW:** Yeah. I wanted to ask you specifically, in  
14 your paper, you critique the idea of a specific woman as a trigger to a mass casualty  
15 event. Can you speak to why, in your view, that's a problematic description?

16 **DR. JUDE McCULLOCH:** Yeah. We think or argue that it's  
17 problematic for three main reasons.

18 The first is that the term "trigger" suggests that the specific woman  
19 targeted is the cause, or at least part of the cause of the attack, they caused the attack,  
20 they triggered the attack. And we think that that's incorrect.

21 And linked to that idea, closely linked, we think it's problematic  
22 because it obscures the victim status of the woman. It's harder to see the specific  
23 woman targeted as a victim, or fully a victim, even if she's killed or injured, when she's  
24 also seen as the cause, or suggested to be the cause of the attack.

25 And finally, or the third reason, and it's really an important reason in  
26 this context, is that where you say the woman is a trigger to the attack, you're placing --  
27 you're placing her, or the situation in which she's attacked, ---

28 **MS. GILLIAN HNATIW:** M'hm,

1                   **DR. JUDE McCULLOCH:** --- outside of the context of the mass  
2 casualty attack. You might see the mass casualty attack as connected to her, but  
3 you're not seeing the attack on her as part of the mass casualty attack.

4                   But when you look at the narratives around the case studies, you  
5 find that there isn't the attack on the woman and then a separate attack that we call a  
6 mass casualty attack on the public, that they're really intimately connected in time and  
7 in place and they should be seen as part of the same series of events. And not seeing  
8 them as a continuous event, that really does undermine our ability to better understand  
9 the mass casualty attacks.

10                  **MS. GILLIAN HNATIW:** Thank you. I want to move on now to the  
11 second subcategory that's explored in your paper, in which the perpetrator has more of  
12 a history of gender-based violence or intimate partner violence, and ask you to address  
13 how you say this differs, or what you've learned about how these can sometimes differ  
14 from specific-woman-motivated attacks, and also perhaps speak to how reliable the  
15 data in this area is at the moment?

16                  **DR. JUDE McCULLOCH:** Yeah. I would say that to answer the  
17 first -- the second question first, I'd say the data definitely has some gaps in it, and  
18 those gaps would, in my view, grossly underestimate the number of mass casualty  
19 attackers that have a history of gender-based violence, one because the violence isn't  
20 regularly, or routinely, or mainly reported. It's -- gender-based violence is  
21 underreported. So the history of violence in attacker's biographies could be unknown ---

22                  **MS. GILLIAN HNATIW:** M'hm.

23                  **DR. JUDE McCULLOCH:** --- or overlooked because the data  
24 hasn't looked for it.

25                  But another very specific thing is, and this gets back to the  
26 connection between a specific woman targeted, they're different things. When we say  
27 specific woman targeted, it means they're targeted in the mass casualty attack. When  
28 we're talking about gender-based violence in the history of the attacker, we're looking at

1 a history, not the targeting of the woman in the attack, but a history of such violence,  
2 gender-based violence. And these aren't two mutually exclusive categories of specific  
3 woman attacked and the history of gender-based violence. They very much overlap.

4 **MS. GILLIAN HNATIW:** M'hm.

5 **DR. JUDE McCULLOCH:** And Silver and colleagues' 2021 study  
6 makes that pretty clear, that when there's a gender-based mass casualty attack  
7 involving the targeting of a specific woman, very often there's a history of gender-based  
8 violence in the biography of the man.

9 But one particular problem with the data too is if the attacks kills a  
10 specifically targeted woman, ---

11 **MS. GILLIAN HNATIW:** M'hm.

12 **DR. JUDE McCULLOCH:** --- it's quite possible that she's the only  
13 one that has a good understanding or knowledge of the violence in his history and she's  
14 been killed. So ---

15 **MS. GILLIAN HNATIW:** So I hear you telling us that the data on  
16 this category is flawed for at least two reasons. One is that it's just sometimes not a  
17 question asked, or a category of information considered, and so for some of the mass  
18 shootings where there's no identified history of gender-based violence in the  
19 perpetrator's background is not necessarily because it was excluded, sometimes it  
20 might be because it wasn't explored? Is that correct?

21 **DR. JUDE McCULLOCH:** Exactly. So ---

22 **MS. GILLIAN HNATIW:** And then the second category would be  
23 that the source of that information, or potentially the best source of that information may  
24 not be around to provide that data to researchers looking at it after the fact.

25 **DR. JUDE McCULLOCH:** Yeah.

26 **MS. GILLIAN HNATIW:** Okay.

27 Thank you. I wanted to move on now to the third category, which I  
28 think Dr. McCulloch indicated she would be turning over to you, Dr. Maher, and that's

1 sort of gender-based mass casualties that are more explicitly motivated by a type of  
2 misogyny. So could you start just by introducing us to that concept of that subcategory?

3 **DR. JANEMAREE MAHER:** Thank you. So misogyny is  
4 obviously most commonly understood and described as a hatred of women. And it is  
5 important in facilitating both private violence and public violence. It's a sense that  
6 women are less than or not deserving of respect or security. Misogyny also, of course,  
7 we understand is part of our structure. So as Jude has described, the failure to collect  
8 data about gender-based violence or histories of intimate partner violence can be in part  
9 understood by a sense that that violence is less than or not worthy of attention, and that  
10 reflects that underpinning sense that women are not deserving of respect or safety. So  
11 that's the kind of context of misogyny.

12 Mass casualty attacks that are motivated explicitly by a general  
13 hatred of women are not common. The gender-based mass shootings analysis done in  
14 Silva et al found that 20 percent of the mass casualty events in the period from 1966 to  
15 2018 were motivated by grievances against women in general, so that's not a -- it's not  
16 a large category where there's an explicit articulation of misogyny. There are, of course,  
17 a number of events that are widely recognized as misogynistic events ---

18 **MS. GILLIAN HNATIW:** I think we have quite a notorious one in  
19 Canada, based on your definition.

20 **DR. JANEMAREE MAHER:** That's ---

21 **MS. GILLIAN HNATIW:** The mass shooting at the École  
22 Polytechnique.

23 **DR. JANEMAREE MAHER:** That's right. The occurring in 1989  
24 and where a male engineering student shot and killed 14 female engineering students  
25 explicitly saying that he hated women, and particularly that they were all feminists, and  
26 that was part of the driver. So ---

27 **MS. GILLIAN HNATIW:** M'hm.

28 **DR. JANEMAREE MAHER:** --- one of the things that is

1 characteristic in a text that are explicitly identified as motivated by misogyny is a sense  
2 of disruption to a traditional or appropriate social order that somehow causes a  
3 disposition, so these men who then subsequently consider that they need to find a way  
4 to secure their social place by using extreme forms of violence.

5 More recently, there has been a new category of mass casualty  
6 events that have been committed by incels, a shortened version of -- for involuntarily  
7 celibate, and a number of these events have occurred, mostly in western countries ---

8 **MS. GILLIAN HNATIW:** M'hm.

9 **DR. JANEMAREE MAHER:** --- where men who feel that they are  
10 not socially achieving their goals as men, as heterosexual men have then taken action  
11 against women ---

12 **MS. GILLIAN HNATIW:** And I ---

13 **DR. JANEMAREE MAHER:** --- also lethal ---

14 **MS. GILLIAN HNATIW:** Sorry, Dr. Maher, to interrupt you, but I  
15 realize that I misspoke earlier when I mentioned that there were three categories  
16 because I think you're moving on to a fourth category which is, of course, articulated in  
17 your paper, which is connected to explicitly misogynistic motives but sort of more  
18 looking at the intersection of misogyny with other forms of violent extremism. And is  
19 that ---

20 **DR. JANEMAREE MAHER:** Yes.

21 **MS. GILLIAN HNATIW:** --- part of what is emerging in your  
22 research and the research of others on incels?

23 **DR. JANEMAREE MAHER:** It certainly is. And in fact, I think even  
24 prior to incels, that connection has been emerging. It's apparent from research into far  
25 right groups, into antisemitic groups, a range of other racially -- of racial hate groups  
26 that there's a strong connection between the type of rhetoric and explicitly misogynistic  
27 attitudes that occurs. And so in those locations, which many of which are now, of  
28 course, occurring online, there's a very -- there's a strong set of discourses that bring

1 together forms of extremism, anti-authoritarianism, racism, and a range of other things  
2 with misogynistic attitudes. And significantly, that is emerging really in a whole range of  
3 locations across the globe. In fact, the UN has recently made a very strong argument  
4 that we need to take misogyny as a gateway to forms of extreme action much more  
5 seriously, or otherwise, we're missing out on a very significant platform to understand  
6 where these sorts of mass attacks are coming from.

7 One that I think perhaps usefully illuminates this, I'm sure most  
8 people will remember that in 2017, there was an explosion at an Ariana Grande concert  
9 in Manchester in the UK, and ---

10 **MS. GILLIAN HNATIW:** M'hm.

11 **DR. JANEMAREE MAHER:** --- she's a pop singer.

12 **MS. GILLIAN HNATIW:** M'hm.

13 **DR. JANEMAREE MAHER:** Beloved of the young and ---

14 **MS. GILLIAN HNATIW:** I have teenage daughters.

15 **DR. JANEMAREE MAHER:** And their ---

16 **MS. GILLIAN HNATIW:** Yeah.

17 **DR. JANEMAREE MAHER:** --- mothers as well, and so it was an  
18 audience where significantly -- it was a significantly female audience. It was an  
19 intergenerational female audience. And there were 22 people and many, many injured  
20 in that attack. But one of the things that is not often commonly noted was that the 22-  
21 year-old male perpetrator that attacked had, in the years before at his secondary  
22 school, been violent and aggressive towards women for the type of clothing they wore  
23 or telling them they needed to get out of school, and so that there was this sense of  
24 women being out of place, or that was a motivator for that bold attack. So I think the  
25 more that people look and search, do the background search and do the analysis, it is  
26 much clearer that there are connections between forms of misogyny and, finally, mass  
27 casualty events ---

28 **MS. GILLIAN HNATIW:** So ---



1 **DR. JANEMAREE MAHER:** --- or attacks.

2 **MS. GILLIAN HNATIW:** Yeah. And so I think that highlights one  
3 thing I wanted to draw out here, which is that this research is backward looking, which is  
4 that after a mass casualty, researchers look into the background of the perpetrator and  
5 identify these links; is that correct?

6 **DR. JANEMAREE MAHER:** Yes.

7 **MS. GILLIAN HNATIW:** Yeah. And so I wonder if there's been  
8 anything that's emerging from the research that might help us predict, you know, which -  
9 - let me back up and say that what I heard you say earlier is that sort of gender-based  
10 violence, family violence is a very widespread almost ---

11 **DR. JANEMAREE MAHER:** Yes.

12 **MS. GILLIAN HNATIW:** --- depressingly common ---

13 **DR. JANEMAREE MAHER:** Ubiquitous.

14 **MS. GILLIAN HNATIW:** M'hm.

15 **DR. JANEMAREE MAHER:** Yes.

16 **MS. GILLIAN HNATIW:** And that you talk in your paper about how  
17 mass casualty events, by contrast, are quite rare. And so when you look at the ubiquity,  
18 in some ways, of family violence and gender-based violence in our society, how can we  
19 predict which individuals from that large pool will go on to perpetrate, you know, larger  
20 mass casualty attacks? Do we know anything about that?

21 **DR. JANEMAREE MAHER:** I think it would be a very courageous  
22 person who said we have a good sense of what that pathway might be. As you've  
23 pointed out, gender-based violence, private violence, intimate partner violence is very,  
24 very common, and by contrast, mass casualty events are not. And so it's clear that the  
25 presence of gender-based violence doesn't explain or can't give us a clear pathway  
26 because most gender-based violence remains hidden and remains targeted at people  
27 with whom the perpetrator is specifically in relationship.

28 **MS. GILLIAN HNATIW:** So if that is the case, then how could a

1 better understanding of the connections between gender-based violence and mass  
2 casualties, how can that help us prevent future attacks?

3 **DR. JANEMAREE MAHER:** I think the purpose of commissions  
4 like this one, of a range of others that occur, of the public and the state's willingness to  
5 look so closely and carefully at such difficult events is around a search for information  
6 and context. It's to resource us, as communities, as societies to be better able to  
7 understand what happened and to look for then what we might take away from that to  
8 protect us going forward, to prevent in the future.

9 From our perspective, I think, from the work that we've done and  
10 from a long period of time involved in thinking about this type of work, what is helpful  
11 here is that if we begin as a society to take gender-based violence seriously and  
12 respond to it effectively with the mechanisms that we have at hand, we have then a  
13 chance of bringing into view people whose patterns of behaviour in that context are  
14 escalating ---

15 **MS. GILLIAN HNATIW:** M'hm.

16 **DR. JANEMAREE MAHER:** --- moving towards threatening other  
17 types of violence that then move on to affect others.

18 I think one of the things we would want to say about the continuum  
19 of private and public violence is that even when the private violence doesn't come into  
20 the public sphere, it has public impacts. It impacts those around ---

21 **MS. GILLIAN HNATIW:** M'hm.

22 **DR. JANEMAREE MAHER:** --- both the victim and the perpetrator.  
23 It impacts children. It impacts family members. It impacts health services. It impacts  
24 workplaces. So there is always a sense in which private violence is always already  
25 having public effects that we are increasingly aware of. It seems that given the difficulty  
26 of predicting those pathways, or catching them, or recognizing them, that one of the  
27 mechanisms that we have to hand is a clearer and stronger and more solid attention to  
28 private violence as a critically important public problem ---

1 **MS. GILLIAN HNATIW:** M'hm.

2 **DR. JANEMAREE MAHER:** --- that needs our attention, and that  
3 we need to seek to make women, children and those affected by private violence safe  
4 at home, because that does assist us in identifying perpetrators who may, who are likely  
5 because of the patterns that we've seen, to be those who go on to commit mass public  
6 casualty events, even if we can't work out exactly which ones.

7 **MS. GILLIAN HNATIW:** M'hm. So what I hear you saying is that  
8 by looking for earlier opportunities to intervene, we may be disrupting all kinds of  
9 violence, including mass casualties, and that perhaps we'll never know which ones were  
10 interrupted or prevented, but that there would be sort of broader public impacts to  
11 focussing on these forms of what are traditionally referred to as private violence. Is that  
12 a fair summary?

13 **DR. JANEMAREE MAHER:** That is a fair summary, yes.

14 **MS. GILLIAN HNATIW:** Okay. And so that sounds easy. Do you  
15 have specific recommendations for how that can be accomplished?

16 **DR. JUDE McCULLOCH:** I might answer this one, JaneMaree.

17 **DR. JANEMAREE MAHER:** Yes.

18 **DR. JUDE McCULLOCH:** Well, just to add about -- first of all, to  
19 add about the predicting, exactly right, very hard to predict. You can see the pathway in  
20 hindsight but not look forward and say the prediction. But one thing that needs to  
21 happen is when security agencies, police agencies identify someone they believe is at  
22 risk of committing public violence like a mass casualty attack, if there is gender-based  
23 violence in their background, that should be seen as a red flag. And because we had a  
24 case in Australia where someone did come to the attention of the security service for  
25 risk assessment on the basis that they might be a public risk, but the security services,  
26 in assessing the risk, decided that the gender-based violence, which was extensive and  
27 known, was not relevant, and that really had repercussions. And you can never know  
28 for sure, but the individual did go on to engage in what could have been a mass

1 casualty attack. He did, in fact, take hostages, 18 of them, and 1 was executed by him  
2 and another was killed when the police came in. But it's very clear when they looked at  
3 his security assessment in hindsight that the security agencies had said, well, there's  
4 personal violence, but that's not relevant to the public risk that we're looking at, and that  
5 was a mistake.

6 **MS. GILLIAN HNATIW:** And that is ---

7 **DR. JUDE McCULLOCH:** In terms of ---

8 **MS. GILLIAN HNATIW:** Sorry, just to confirm that that's the attack  
9 at the Lindt Café, I believe, that you talk about in your paper?

10 **DR. JUDE McCULLOCH:** Yes.

11 **MS. GILLIAN HNATIW:** Okay.

12 **DR. JUDE McCULLOCH:** Which happened in 2014.

13 **MS. GILLIAN HNATIW:** Okay. Please continue.

14 **DR. JUDE McCULLOCH:** Yeah. Yeah, so JaneMaree talked  
15 about, and you summarized well about intervening earlier to stop the escalation of  
16 gender-based violence because you can't know out of this huge pool of gender-based  
17 violence what's going to spill over and become a public risk. So we need to prevent --  
18 be better at preventing gender-based violence, and that prevention needs to be primary  
19 prevention as well as -- which means in the primary prevention for gender-based  
20 violence, which is, you know, very well researched and supported by the research and  
21 evidence is that you really need to look at gender inequality.

22 **MS. GILLIAN HNATIW:** M'hm.

23 **DR. JUDE McCULLOCH:** That's the way of really intervening  
24 early.

25 **MS. GILLIAN HNATIW:** M'hm.

26 **DR. JUDE McCULLOCH:** But then as JaneMaree and you  
27 summarized, to intervene in ways to stop gender-based violence escalating when  
28 there's knowledge about it.

1 But if we're looking for solutions to gender-based violence, which is  
2 a very simplistic term for a hugely complex problem, as you said, it's ---

3 **MS. GILLIAN HNATIW:** Yeah.

4 **DR. JUDE McCULLOCH:** --- that's not easy to do ---

5 **MS. GILLIAN HNATIW:** I just thought ---

6 **DR. JUDE McCULLOCH:** --- I think the ---

7 **MS. GILLIAN HNATIW:** --- I wanted to be clear for the record that I  
8 was perhaps reaching for sarcasm when I suggested that the answers would be simple,  
9 so it doesn't ---

10 **DR. JUDE McCULLOCH:** Yes, I ---

11 **MS. GILLIAN HNATIW:** --- always translate in a -- sarcasm  
12 doesn't always come through in a transcript, but I appreciate these issues are complex.  
13 So we'd be interested to hear your perspective.

14 **DR. JUDE McCULLOCH:** Yes. So apart from some looking at  
15 preventing gender-based violence, we also need to, I think, really seriously address the  
16 unhelpful dichotomy between public and private violence.

17 **MS. GILLIAN HNATIW:** M'hm.

18 **DR. JUDE McCULLOCH:** So for example, the media needs to  
19 perhaps have some parameters around the way they report mass casualty attacks or  
20 familicides because when the media reports a familicide where multiple people are  
21 killed in what is really a mass casualty attack, it's not usually called a mass casualty  
22 attack, but more than that, the perpetrator's often referred to as a good bloke. And  
23 those kind of framings actually encourage the violence because they excuse it. They  
24 suggested there's some reason for it.

25 And we had a case in Queensland, which is a state in Australia,  
26 where a woman, Hannah Clarke and her three young children, were doused in petrol  
27 and set on fire by her three -- by her estranged partner.

28 **MS. GILLIAN HNATIW:** M'hm.

1                   **DR. JUDE McCULLOCH:** And so he killed, in this very brutal and  
2 barbaric way, his children, three young children and his wife. And the police officer  
3 investigating said in a media interview that there'll be people who'll be wondering what  
4 side to come down on this, whether it's the woman suffering from family violence or  
5 whether it's a man who's suffered and been pushed too far into committing these acts.  
6 So there needs to ---

7                   **MS. GILLIAN HNATIW:** So there could be some rational  
8 explanation for ---

9                   **DR. JUDE McCULLOCH:** Yeah.

10                  **MS. GILLIAN HNATIW:** --- for the act?

11                  **DR. JUDE McCULLOCH:** And the thing is, if there was a mass  
12 casualty attack involving strangers, it would never be the suggestion that really, there's  
13 two sides to this mass casualty attack.

14                  **MS. GILLIAN HNATIW:** Right.

15                  **DR. JUDE McCULLOCH:** And who do we -- you know, whose side  
16 do we take?

17                  **MS. GILLIAN HNATIW:** M'hm.

18                  **DR. JUDE McCULLOCH:** So those sort of framings are actually  
19 dangerous because they encourage the grievance against women, so we need to look  
20 at placing responses. We need to look at the media. We need to look at gun control,  
21 but I understand that other people with expertise will be looking at that around gender  
22 and family violence.

23                  **MS. GILLIAN HNATIW:** And so you mentioned looking at the  
24 police. Would this, in your opinion, involve increased funding for the police?

25                  **DR. JUDE McCULLOCH:** We thought carefully about that, and the  
26 research suggests that the issue is very rarely lack of funding. It's not always poor  
27 policy. The issue tends to be not prioritizing gender or private violence in the way that  
28 public violence is prioritized. It's saying -- it's continuing to say private violence is

1 something that the police don't need to be as specifically involved in as public violence.  
2 We see also there's a cost benefit in -- giving more funding to the police because there's  
3 other programs, services that need to be invested in to keep women safe; we need to  
4 invest in long-term primary prevention, which is gender equality.

5 So we really see the issue being around consistent police  
6 response, the reprioritization, and police accountability, too; a duty of care to victim  
7 survivors, and ensuring that the policies that are in place that in many Western  
8 countries are progressive and have progressed really well over recent decades, mainly  
9 because of the work of feminists in every part of the system, that those policies are  
10 consistently put into place, implemented.

11 **DR. JANEMAREE MAHER:** One of the things that does, very  
12 consistently, emerge in instances of intimate partner homicide is that very often women  
13 have made multiple reports to police requesting support and assistance, and despite  
14 policies being in place that require response and say we will take this seriously; despite  
15 an increasing recognition that for most police forces in the developed world, over 50  
16 percent of their work is actually focused on domestic and family violence incidences,  
17 that's actually most of their job in a large -- in large part, that there is an unwillingness to  
18 take women's complaints or concerns seriously in this context. And that does go back  
19 to that sense that, oh, this is just a domestic; this is a less-than form of violence, and so  
20 if someone phoned up and said, "You know, every time I walk into my shop, there's a  
21 person there who's spitting at me and swearing at me outside the door," that that would  
22 be taken very seriously as a question of kind of criminal behaviour in a public space, but  
23 when a similar complaint is made in a familial sense there's just, I think, an ingrained or  
24 learned sense that that is a less than and we don't need to respond as seriously as we  
25 would otherwise.

26 So we're on a journey towards talking about that in a slightly  
27 different way but we have yet to realize that form of response.

28 **MS. GILLIAN HNATIW:** Thank you, Dr. Maher.

1 I want to thank you both for the paper you prepared. And those  
2 are my questions for you, other than to say that -- maybe to just give you both a final  
3 opportunity to speak to any other recommendations or suggestions you may have for  
4 the Commissioners that you haven't had an opportunity to address yet today.

5 **DR. JUDE McCULLOCH:** Yeah, I just had just a couple.

6 I think we need to ensure gender expertise amongst those  
7 organizations charged with assessing risk of public violence. For example, looking for  
8 security services, looking at terrorism and fixated -- I don't know if you have fixated  
9 persons units, but people who are assessing public risk need to have a really -- there  
10 needs to be included gender expertise in that because we've seen in Australia how that  
11 can be very problematic if they don't.

12 We need to consider where women's safety fits into the national  
13 security context because there's more lives lost to family violence, for example, than  
14 there is to terrorism or public mass casualty attacks. And we need to be aware that the  
15 family man is not mutually exclusive to the mass killer, not the antithesis of the mass  
16 killer but often the same person, and this is fundamental to understanding -- better  
17 understanding mass casualty attacks and public risk.

18 But also like to thank the Commission very much for having us,  
19 giving us the opportunity to write the report and speak here tonight. Thank you very  
20 much.

21 **MS. GILLIAN HNATIW:** Thank you.

22 **DR. JANEMAREE MAHER:** I'd like to echo that thanks.

23 I think as Jude said, to think -- when we think about violence, we  
24 need to think about all forms as violence as connected and we need to therefore  
25 respond with the same degree of seriousness and intent to all forms of violence. And  
26 that will give us, I think, the best opportunity of moving forward.

27 But I would also like to thank you and the Commission and the  
28 community for offering us the opportunity to be a part of this really important process.



1 Thank you.

2 **MS. GILLIAN HNATIW:** Thank you.

3 Commissioners, those are my questions for Drs. Maher and  
4 McCulloch.

5 **COMMISSIONER MacDONALD:** Thank you.

6 And thank you again, Dr. McCulloch and Dr. Maher. The process  
7 we've been following is that we would break after you've given your evidence proper to  
8 see if some of our many participants might have some follow-up questions for you. And  
9 that's what we'll do now. I realize it's approaching midnight where you are, I think, so  
10 we greatly appreciate that. But we'll break for 15 minutes and that'll give the counsel for  
11 the Commission and the counsel for the Participants a chance to meet and make sure  
12 that the questions are coordinated for you. So if you can just bear with us for 15  
13 minutes or so, we'll be back.

14 Thank you so much.

15 **DR. JUDE McCULLOCH:** Thank you.

16 **DR. JANEMAREE MAHER:** Thank you.

17 **REGISTRAR DARLENE SUTHERLAND:** The proceedings are  
18 now on break and will resume in 15 minutes.

19 --- Upon breaking at 9:39 a.m.

20 --- Upon resuming at 9:59 a.m.

21 **REGISTRAR DARLENE SUTHERLAND:** Welcome back. The  
22 proceedings are again in session.

23 **COMMISSIONER MacDONALD:** Thank you.

24 Ms. Hnatiw.

25 **MS. GILLIAN HNATIW:** Thank you, Commissioners.

26 Counsel for a number of the Participants have questions for Dr.  
27 Maher and Dr. McCulloch, so I will turn things over to them, with your permission.

28 **COMMISSIONER MacDONALD:** Yes, thank you so much. And if

1 they would be kind enough, as always, to indicate to the witnesses the details of their  
2 retainer.

3 Thank you.

4 **--- DR. JANEMAREE MAHER, Resumed:**

5 **--- DR. JUDE McCULLOCH, Resumed:**

6 **COMMISSIONER MacDONALD:** Thank you again, Dr. McCulloch  
7 and Dr. Maher. There will be some questions -- follow-up questions for you and the  
8 counsel will let you know who they represent.

9 **DR. JANEMAREE MAHER:** Thank you.

10 **--- CROSS-EXAMINATION BY MS. ANASTACIA MERRIGAN:**

11 **MS. ANASTACIA MERRIGAN:** Good morning. I appreciate our  
12 time today; I note it is now midnight, and so I really appreciate you staying up to answer  
13 some of these questions.

14 My name is Anastacia Merrigan; I represent the Transition House  
15 Association of Nova Scotia, and we're in a coalition with two other organizations, Be the  
16 Peace Institute, and Women's Shelters Canada.

17 I have a number of questions for you, as I'm sure you can  
18 understand, from my clients' perspective. So a lot of them are just clarifying things that  
19 you had said in your report or that you have said today.

20 The first is a question about the effect of siloing or keeping  
21 separate gender-based violence when examining mass casualty events. Specifically  
22 how important the integration of examining gender-based violence in any investigation  
23 or inquiry into a mass casualty event, how important is that?

24 **DR. JUDE McCULLOCH:** So I think we would say it's absolutely  
25 critical, that it's really impossible to understand the dynamics of many mass casualty  
26 attacks without understanding the connections between gender-based violence and that  
27 attack. And in fact, many -- as our report points out, many mass casualty attacks are  
28 actually gender-based violence, pure and simple, involving mass casualties. Others are

1 a combination where domestic, family violence is intermingled with more public  
2 violence. But absolutely critical that the research does that, and also that this public  
3 inquiry is very -- I think it's very forward-looking, thinking, and positions itself well to  
4 consider this question as part of its brief.

5 **DR. JANEMAREE MAHER:** One of the things that is becoming  
6 increasingly apparent is that hostile misogynistic attitudes, willingness to perpetrate  
7 gender-based violence in a private context is very clearly associated with other forms of  
8 public violence, and there's research that's recently been published looking at a number  
9 of different countries that suggests that actually those who hold those misogynistic  
10 attitudes who then engage in other sorts of extremism are more likely, in fact, to act on  
11 those kind of violent agendas for change. So that there is something about the gender-  
12 based violence and the hostile misogynistic attitudes that acts as a sort of a pathway or  
13 a driver towards those other forms of violence.

14 **MS. ANASTACIA MERRIGAN:** Thank you both for those  
15 responses.

16 Connected to that, I'd like your opinion on the timing of such an  
17 investigation. Specifically, does leaving the addressing of issues of gender-based  
18 violence to the end of an investigation into a mass casualty event have any effect on the  
19 resulting recommendations?

20 **DR. JUDE McCULLOCH:** When you talk about investigation, are  
21 you talking something like a commission, or are you talking about a police investigation,  
22 or...?

23 **MS. ANASTACIA MERRIGAN:** We'd be interested in your opinion  
24 on both, both in terms of a police investigation but also in terms of a more public inquiry  
25 such as this one.

26 **DR. JUDE McCULLOCH:** Well, I guess my opinion is that you  
27 have to be, as an investigator of any type, very -- you should be alive to the potential  
28 connections and be investigating it from the beginning. You should be open to that,

1 knowing that there's a pattern that frequently occurs. So it should be front of mind to  
2 keep it in mind.

3 JaneMaree, do you have an opinion?

4 **DR. JANEMAREE MAHER:** I think in a way the question that  
5 you've asked and the concern that you're expressing around timing reflects that siloing  
6 of public and private violence, in and of itself; that if we had a framework where  
7 violence, histories of violence were understood in a more unified way, there wouldn't be  
8 a question about whether you looked at gender-based violence at the beginning or the  
9 end because that would be part of the violence, it would be central to your consideration  
10 of what was going on.

11 One of the ongoing patterns in mass casualty events, and most  
12 recently in Uvalde, Texas shooting, is that the person who was shot first in that instance  
13 was the shooter's grandmother, and yet in newspaper reports and discussions that  
14 disappears, in a sense quite quickly, even though it's really central.

15 So as Jude said earlier in her testimony that we need to make sure  
16 that we include all of the people involved in a mass casualty event and understand the  
17 event as a whole in order to respond to it, and then work from there.

18 **MS. ANASTACIA MERRIGAN:** Thank you. And that brings me to  
19 a related question about whether framing a mass casualty event as starting with the  
20 attack on strangers as opposed to family members or domestic partners, does that help  
21 to mask the connections between gender-based violence and mass casualty events,  
22 and does it have any effects on the longstanding stereotypes about public versus  
23 private violence?

24 **DR. JANEMAREE MAHER:** It certainly, I think, does. It serves to  
25 mask exactly what violence has occurred and what it is that is going on. And it -- given  
26 what our report shows and what the research is suggesting about the intimate  
27 connection between the commission of gender-based violence and these mass casualty  
28 attacks, that the people who do them are the same and that a strong commitment to

1 gender-based violence and misogyny and hostility is evident in the biographies of these  
2 larger events that come to public attention, that it is really important to hold that in view  
3 for -- so we understand what's going on and, yeah, hopefully through understanding will  
4 come safety, more safety.

5 **DR. JUDE McCULLOCH:** And I think by not -- by reporting first, for  
6 example, the public aspects, I mean, it's clear that the public aspects of mass casualty  
7 attacks and public mass casualty attacks get much more attention than the private path  
8 or private mass -- what might call private mass casualty attacks, and this creates a false  
9 impression about what mass casualty attacks are and who the victims are. And by  
10 playing down, minimizing, obscuring the connection, you know, it undermines our  
11 understanding. But also, it's not just a separation, it's a hierarchy, so we see the private  
12 violence as less serious, and if we're going to better prevent mass casualty attacks, we  
13 have to take private violence or gender-based violence seriously. So it undermines our  
14 ability in all sorts of ways.

15 **MS. ANASTACIA MERRIGAN:** Thank you.

16 I'd like to turn now -- you talked about -- in great detail about the  
17 different categories of links between gender-based violence and mass casualty events,  
18 in four different categories. Could you just clarify about if a mass casualty event could  
19 fall into more than one of those categories? For example, it could be motivated by both  
20 misogyny but also part of a continuum of domestic violence or intimate partner violence  
21 or any of the other categories that you've identified?

22 **DR. JANEMAREE MAHER:** I think we would both unequivocally  
23 say absolutely, that one of the foundational premises of the work that we do in bringing  
24 a gendered lens to understanding the commission of violence, wherever it occurs, is  
25 that recognition that the sense of hierarchy, a patriarchal society, a sense of entitlement,  
26 a sense that men have particular roles and women have other, lesser roles and should  
27 stay within them and behave appropriately within them, that that of course is part of  
28 gender-based violence; it's of course part of being aggrieved; it's of course a form of

1 misogyny, too. So there are strong threads that connect all of those categories and  
2 typologies.

3 **DR. JUDE McCULLOCH:** And I must say I am -- and I think  
4 JaneMaree is too -- kind of aware that there's an irony or a contradiction there. We're  
5 talking about a continuity of violence, but in order to kind of exemplify, we've used some  
6 typographies and categories. But, you know, there's spillovers everywhere. Like, we've  
7 talked a bit about the spillover, or the interlocking nature of the specific woman targeted  
8 and a history of family violence in the background. And although we only looked in  
9 detail at misogyny as a motivation for mass casualty attacks, I mean, misogyny is also  
10 obviously present in many, most cases of specific women targeted and where a  
11 perpetrator has gender-based violence in their background. So the categories are kind  
12 of helpful for illuminating certain things, but they're not strict by any means.

13 **MS. ANASTACIA MERRIGAN:** Thank you for that clarification.  
14 You also spoke a lot about the -- moving away from the idea that the attacks on a  
15 specifically targeted woman are triggering events, rather than part of the mass casualty  
16 event itself. Can you comment on any effect, the effect, if any, of this approach on  
17 recommendations that would be made coming out of an inquiry like this, using the  
18 approach of viewing that first instance of violence against a specifically targeted woman  
19 as a triggering event? Would it have an effect on the recommendations that come out?

20 **DR. JANEMAREE MAHER:** I think in the sense that it skips over a  
21 foundational and critical part of the actual events, it has a potential to diminish the  
22 effectiveness of that event. So Jude, for example, spoke about the Lindt siege, Café,  
23 and the occurrence there of a really poor risk assessment that occurred and the  
24 outcomes that emerge from that. and I think that principle goes beyond that specific  
25 example that if you don't include all of the events and understand them as integrated,  
26 you risk missing that.

27 There's also a significant issue with a notion of triggering or a  
28 failure to -- triggering has long been associated in domestic violence, any domestic

1 violence homicides, a notion of provocation, and many jurisdictions have moved to  
2 remove the effect of provocation because there's a readiness in the societies in which  
3 we live to say, "Well, I was provoked to do it," or, "She was having an affair," or, you  
4 know, "She went out with someone," or, "She did something," or whatever, and  
5 somehow that acts as a kind of justification because of our assumptions about what  
6 women should and shouldn't do.

7                   So the use of that language, although it's common place, you know,  
8 it does suggest that that initial act is not significant because it's kind of a precursor, but  
9 it also reinforces a range of other stereotypes that are actually linked to the events that  
10 are under investigation or consideration.

11                   **DR. JUDE McCULLOCH:** I guess, you know, one of the things  
12 that we would consider important is that people in influential positions, in leadership  
13 positions, researchers, but in the public sphere, people who in leadership positions take  
14 a leadership role around this and don't use language or don't make statements that  
15 suggest that victims of -- women victims usually, are responsible or partly responsible  
16 for the violence that's inflicted upon them by the perpetrator, therefore reducing the  
17 culpability of the perpetrator, and in the public eyes then, excusing, to some extent, the  
18 violence that has occurred, because that encourages it.

19                   **MS. ANASTACIA MERRIGAN:** Thank you. And this issue of the  
20 stereotype that we've spoken about and how harmful it is, your paper doesn't address  
21 this, however I'm interested to see if you know of any research, or if you've done  
22 research yourself, about how that stereotype might contribute to mostly women  
23 remaining in a relationship in which they're experiencing gender-based or domestic  
24 violence, for the explicit purpose of keeping others safe. Do you have any research on  
25 that particular area?

26                   **DR. JANEMAREE MAHER:** There's certainly a significant amount  
27 of research that suggests that mothers with children involved will assess the risk of  
28 staying or leaving around the safety of the children and what is the best or most

1 protective mechanism to ensure that, and very often, that -- those risks are dynamic and  
2 they shift and move. So, you know, women will stay in order to secure the safety of  
3 their children or other members of their family or pets and because they feel that they're  
4 leaving the relationship will create threat.

5 And certainly in the Australian context, and I'm sure in the  
6 Canadian context too, there's a lot of evidence that suggests that actually the point of  
7 leaving the relationship is the most -- of leaving a violent and abusive relationship is the  
8 most dangerous point where a woman is likely to be killed by an abusive partner,  
9 because of that sense of moving out of control.

10 There's also been increasing attention to the notion of coercive  
11 control, which is the work that perpetrators quite explicitly do to diminish confidence and  
12 capacity to act independently, and their access to money. You know, a pattern that's  
13 attracted a lot of attention globally is the use of the trackers on phones, where a partner  
14 will have a tracker on a phone and make sure that they're able to see where their  
15 partner is at all times, what they're doing, what money they're spending, who they're  
16 talking to, using those mechanisms.

17 And one of the things that is -- coercive control is very important  
18 because what we know is that 50 percent of intimate partner homicides, there's been no  
19 interaction with services before the fatality occurs.

20 So those mechanisms of control and dislocation within the  
21 relationship are really important to take into account.

22 So I think there is -- women often don't act to leave the relationship  
23 because of safety concerns for themselves and for others, but also our broader social  
24 settings, where we don't always believe what women say, or we minimize it, are also a  
25 barrier for women leaving abusive relationships and seeking safety. So there's a  
26 significant connection there.

27 **MS. ANASTACIA MERRIGAN:** Thank you.

28 Dr. McCulloch, I'm not sure if you wanted to -- if you had anything



1 to add?

2 **DR. JUDE McCULLOCH:** No, I'm not aware of research in that  
3 area or nothing. JaneMaree's answered the question.

4 **MS. ANASTACIA MERRIGAN:** You also note in your report the  
5 need for understanding the relationships between a perpetrator of mass casualty events  
6 and his victims.

7 In your opinion, how important is this context, beyond identifying  
8 the specific -- a specific woman that has been targeted, how important is it to identify  
9 those relationships that may exist between other victims of the perpetrator?

10 **DR. JUDE McCULLOCH:** Yeah, I think it's fundamental to getting  
11 a more nuanced and better understanding of mass casualty attacks, and specifically  
12 their gender-based connections. Got to understand, to the extent that it's possible, the  
13 relationships with all the victims. Were they really strangers? The extent to which they  
14 were known, and/or perhaps intimate with, or victims of the violence of the perpetrator in  
15 the past. I think they're all important things to know, whether they're relatives.

16 You think that, you know, you would have a database including that  
17 information, but you definitely -- we definitely don't, you know.

18 So even basic information would be helpful. You know, was this a  
19 partner? Was this a girlfriend? Was this someone that the attacker had sexually  
20 harassed in the past, for example? Just all the range of relationships. Because I think  
21 we would find that the public mass shootings aren't always all that public in the sense  
22 that the people were strangers. There's probably likely to be, in some cases, a more  
23 mixture.

24 **MS. ANASTACIA MERRIGAN:** Thank you. Just checking to make  
25 sure I've asked all the questions.

26 The final question is your report, and I think you made clear that  
27 public statements by police that suggest, and by the media, that suggest that a victim is  
28 somehow responsible for the gender-based violence, or that private violence is

1 somehow less harmful than public violence, are both inappropriate and dangerous. And  
2 you've further explained today that it in fact encourages more violence.

3                   Would you agree that the same is true in the context of other  
4 statements, in the context of inquiries, into Mass Casualty Commissions into mass  
5 casualty events? There have been many. Would you agree that statements made by  
6 those in the context of those inquires about -- or sorry, that implicitly suggest that  
7 victims are somehow responsible, or that private violence is somehow less harmful than  
8 public violence, are those equally as inappropriate and dangerous as statements made  
9 by police or the media?

10                   **DR. JUDE McCULLOCH:** I think the point stands. Statements like  
11 that, that have a public circulation, are not to be encouraged, are to be discouraged,  
12 and it tends to play into that dichotomy, which is between public and private violence,  
13 which is hierarchal dichotomy, saying one sort of violence, private violence, is less  
14 violent, and it's not based in reality.

15                   **DR. JANEMAREE MAHER:** I think one of the tools we have is  
16 primary prevention, and we already recognize that if we work hard with young children  
17 in school to challenge gendered statements, or dismissive statements, or hierarchal  
18 statements, that children respond well and then begin to work towards a more kind of  
19 equitable framework, which then has the flow-on effect of greater security for all of us.

20                   So I think there is a sense in which everyone who speaks, whether  
21 it's a public context or a private context, really to take seriously the deep understanding  
22 that these forms of violence all are unacceptable and any opening that we provide  
23 around them, any justification or framework, is too readily taken up and turned into poor  
24 outcomes, and whether that's a poor outcome just in a very private context behind  
25 closed doors, or a much bigger one, you know, we would argue that those are  
26 connected and this is kind of a fundamental core to start to understand and speak about  
27 these types of violence in quite different ways.

28                   **MS. ANASTACIA MERRIGAN:** Thank you. Those are all my

1 questions.

2 **COMMISSIONER MacDONALD:** Thank you so much.

3 **--- CROSS-EXAMINATION BY MS. ERIN BREEN:**

4 **MS. ERIN BREEN:** Good morning, Commissioners.

5 Good morning, professors. Good night as well. My name is Erin  
6 Breen and I am counsel for the Participant Coalition of Avalon Sexual Assault Centre,  
7 LEAF, and Wellness Within. And I am quite cognizant of the time, so I will be as  
8 efficient as possible.

9 And first, I want to thank you on behalf of our client for the very  
10 important work that you do. We really greatly appreciate your presence here and your  
11 information.

12 Professors, the first issue I would like to talk about with you is a  
13 comment I believe, Professor Maher, you made, regarding the issue of private violence  
14 that we don't know about. And this is something that is addressed in your report at  
15 page 5 of the report. At that reference, you note both the Barrett and the Saxton  
16 studies, which are Canadian specific.

17 **DR. JANEMAREE MAHER:** Yes.

18 **MS. ERIN BREEN:** And I just have a couple of questions about  
19 those reports. In particular, we understand from the Barrett report that most intimate  
20 violence incidents where police become involved are due to self-reporting, rather than  
21 police action or investigation. Is that correct?

22 **DR. JANEMAREE MAHER:** Yes, that's correct. And that's  
23 commonplace in most jurisdictions, that someone reaches out to the police for help, or -  
24 - and that's how police are involved in the situation.

25 **MS. ERIN BREEN:** And I guess on the flip side of that, from the  
26 Saxton paper, we understand that in Canada in particular, and I believe this is a 2018  
27 study, but that was updated in 2021, that many women who experience intimate partner  
28 violence do not call the police, and that number, I believe, according to Saxton, is as

1 high as 65 percent?

2 **DR. JANEMAREE MAHER:** Again, that's the accurate statistic,  
3 and it's commonplace. We know that it's likely that a very small percentage of gender-  
4 based violence that's committed in the intimate or private context is reported. That's  
5 sexual assaults between acquaintances, that's family violence that people don't report  
6 to the police, and very often they don't call the police because they see how difficult it is  
7 once you do call the police, and that there's not necessarily the support that comes.  
8 There's often experiences, and this has certainly been a feature of a number of inquiries  
9 that are currently occurring in our context, where it depends on the police person you  
10 get. So that sometimes that person will get someone who helps them feel safe, and  
11 because domestic and family violence events are usually multiple and cumulative, if you  
12 get a poor response the first time, you don't call again.

13 **MS. ERIN BREEN:** Yes, that's noted in Saxton as well.  
14 Sometimes the women who did call received dismissive responses when they did,  
15 which had almost a deterrent effect in the future.

16 **DR. JANEMAREE MAHER:** Yes. Yes.

17 **MS. ERIN BREEN:** Also in Barrett, the study -- the findings  
18 suggest that there is a significant racial, economic, and social variation in women's  
19 motivation for self-reporting to police. This is something that you're familiar with as well  
20 in the Australian context?

21 **DR. JANEMAREE MAHER:** Totally.

22 **DR. JUDE McCULLOCH:** Yeah, certain cohorts of women victims  
23 would be very reluctant, based on history and their own experience, to ever involve the  
24 police. First Nations women are very high on that list. That's -- yeah, that's -- Australia  
25 has an ongoing colonial history, perhaps similar to Canada in some ways, and First  
26 Nations women have typically got a very poor police response, or they're out of place to  
27 perpetrators and underservice the victims.

28 But yes, of course there's others factors of marginalization as well.

1                   **DR. JANEMAREE MAHER:** Refugee and immigrant women,  
2 women on temporary visas, women on partner visas, may not feel confident in  
3 contacting the police because they're uncertain of their status, they may not be aware  
4 that there are notionally protections in place that would support them, and one of the  
5 things that is commonly identified is that how a victim presents is an important aspect of  
6 gaining credibility. So obviously economic security supports one's ability to present and  
7 seek help in a way from police that is more likely to get a positive response than  
8 otherwise.

9                   Women with disability often struggle to appropriately communicate  
10 and get appropriate responses from police because of assumptions around their self-  
11 efficacy, or their disability, or their presentation that means there is a misidentification of  
12 the victims of violence that are occurring in the relationship, and all those things act as  
13 barriers to reporting to police.

14                   **MS. ERIN BREEN:** Yes, thank you. And like Canada, I assume in  
15 Australia, the default position in terms of reaction to intimate partner violence has been  
16 a carceral or a criminal justice response over the years; is that correct?

17                   **DR. JUDE McCULLOCH:** I think it's a bit of a mixed bag and it's  
18 also very contentious. So there are those that would argue for criminalization, for  
19 example, of coercive control, which is only a gender at the moment, and there would be  
20 those who argue strongly against it on the basis of criminalization, of making anything  
21 an offence will further disadvantage already marginalized groups, particularly First  
22 Nations women, but not only First Nations women. And on the basis that policing and  
23 the criminal justice system does not deliver good results often for many women, but  
24 particularly women who are marginalized.

25                   **MS. ERIN BREEN:** Yes, and I've noted that you also reference the  
26 work of Leigh Goodmark, who was an American ---

27                   **DR. JUDE McCULLOCH:** Yes.

28                   **MS. ERIN BREEN:** --- scholar in this area and has advocated

1 widely for non-carceral approaches in this regard. And obviously, that's something I'm  
2 sure we're going to be exploring throughout the Commission.

3 My next series of questions, Professors, relate -- because I note  
4 that both of you have been personally involved in overseeing the recommendations  
5 implemented as a result of the 2016 inquiry in Victoria in your country, where over 200  
6 recommendations were -- I guess, are in the stages of implementation; is that correct?

7 **DR. JANEMAREE MAHER:** Yes.

8 **MS. ERIN BREEN:** To reduce family violence including violence  
9 against women and children. And I just wanted to ask you, I know it's probably still early  
10 days in terms of measuring results. Where you are members of overseeing the  
11 implementation of the recommendations, have you been able to measure any -- how  
12 effective or whether there has been any change in Australia as a result of those  
13 recommendations?

14 **DR. JUDE McCULLOCH:** So the recommendations for the state of  
15 Victoria, I think it's a complicated landscape. There's certainly been a lot of investment,  
16 there's been a lot of goodwill and enthusiasm. There's been, I would say, good political  
17 leadership. It's very hard to measure change though, and what are your indicators of  
18 change. I think there's some suggestion that attitudes are changing, but, of course,  
19 once you increase recognition of family violence, you also increase reporting. And I  
20 think, you know, some of -- there are arguments that, you know, women's expectations  
21 have been raised but men's behaviour hasn't changed. There's certainly been a lot of  
22 investment in policing, and on the surface, things look pretty good, but what's going on  
23 beneath is often more complicated.

24 So, for example, Victoria police came out, and I think it might have  
25 been in about 2016, and said they would treat family violence as seriously as terrorism,  
26 which is a good -- we felt that was a good thing to say because, you know, in terms of  
27 lives lost and harm done in Australia, it's certainly more significant, family violence than  
28 terrorism. But I think it's a long conversation to kind of answer that question. We

1 looked at specific recommendations. Things like information sharing seemed to have  
2 worked well. But on the other ---

3 **MS. ERIN BREEN:** Yes.

4 **DR. JUDE McCULLOCH:** --- hand, First Nations women are so  
5 suspicious ---

6 **MS. ERIN BREEN:** Yeah.

7 **DR. JUDE McCULLOCH:** --- and with good reason, of the idea  
8 that their information would be shared because they fear reporting family violence will  
9 lead to the removal of their children, and that fear is not unfounded. I think generally  
10 speaking, it's seen to be a good move, but there is that, you know, not an insignificant  
11 issue of First Nations women potentially being disadvantaged and certainly feeling very  
12 fearful, which in itself is a problem.

13 **DR. JANEMAREE MAHER:** I think one of the areas where there  
14 has been I think success and values has been a greater integration of the men's  
15 services with the other systems of services that are in operation. So typically,  
16 perpetrator programs and response services sat well outside the other services, and  
17 that was historical, and political, and a range of different things. But as Jude said in the  
18 information sharing space particularly with recognition that this doesn't work very well  
19 for marginalized groups, but I think we certainly have seen men's services actively take  
20 up the opportunity to share risk, to recognize that privacy and their commitment to their  
21 clients is always trumped by a sense of risk, and that a focus on women's safety has to  
22 be the focus of all of that work, that behaviour change is not change in and of itself. It's  
23 the changes that the woman in that perpetrator's life has to be safer and has to  
24 experience greater safety. So I think that is one of the places where there has been a  
25 significant commitment. Victoria police has an assistant commissioner for family  
26 violence, which sits, therefore, you know, at a really high pillar of visibility and a public  
27 kind of statement of the commitment. They have worked very hard on the training and  
28 have specialist groups, but there are lots of gaps, and as Jude said, this is a long road

1 to be walking. There were 227 recommendations, and many of them will take decades  
2 to kind of weave their way through.

3 **MS. ERIN BREEN:** Thank you. And I know it's covering a broad  
4 area, but I know that the recommendations are publicly available, so perhaps we can  
5 have a look at them at some point. One recommendation though I did want to ask  
6 specifically about is the recommendation to develop a framework and pilot program for  
7 restorative justice options in family violence. I'm just wondering, has that been  
8 implemented, and is there -- is that currently an option in Australia?

9 **DR. JUDE McCULLOCH:** I don't think I know the answer to that at  
10 this stage. I know it's controversial. Do you know the answer to that, JaneMaree?

11 **DR. JANEMAREE MAHER:** I think the place where it has been  
12 most activated has been when the perpetrator of the violence is an adolescent in the  
13 family context. So that's been a space where there's been much more willingness to  
14 take up an opportunity for a restorative kind of conversation. It hasn't, I think,  
15 progressed as far as some of the other recommendations because it is a deeply  
16 contentious issue. And clearly, if, on the one hand we're wanting to reverse a long-term  
17 tendency to minimize this violence as not significant, and if we recognize that that  
18 violence is bound up in familial hierarchies and relationships, you know, there has been  
19 some concern expressed by some of the practitioners working with adolescent males  
20 that a primary victim, who's often a mother, will work to resolve the situation, even  
21 though it's not necessarily a restoration of her safety. So I think those concerns are still  
22 very much in play.

23 **MS. ERIN BREEN:** Okay. Thank you very much for that.

24 Finally, I just wanted to ask you both, and I don't know if you can  
25 speak to this, but there has been commitment to a national plan to reduce violence  
26 against women in Australia since 2010. And we're now at 2022, and I understand that  
27 you're into your fourth action plan ---

28 **DR. JUDE McCULLOCH:** Yes.



1                   **MS. ERIN BREEN:** --- with -- and there's a significant investment  
2 and focus on both primary prevention and early intervention integrated into that plan.  
3 And I guess it's the same question, has there been any way to measure how things  
4 have changed or how things are improving, if they are improving?

5                   **DR. JUDE McCULLOCH:** Such a good question. You go first,  
6 JaneMaree.

7                   **DR. JANEMAREE MAHER:** Such a difficult question to answer  
8 though because I read a really depressing analysis that said 12 years into the action  
9 plan and we have seen no change in the rates of intimate partner homicide in Australia,  
10 which as a kind of a high-level indicator of what's going on underneath is a significant  
11 and troubling outcome of those plans. There has been significant investment, but I think  
12 we would note that the investment, for example, in things like homeland security, so-  
13 called, and counterterrorism units always outstrips extensively the investment in  
14 women's services and economic support for those who are displaced in housing and all  
15 of those sorts of things. So I think one of the things that is emerging in this national  
16 plan, which will be reviewed, given that we've just had a change of government, is the  
17 need to integrate housing and economic equality as critical parts of changing that  
18 picture, because economic insecurity causes women to stay. It creates risks for women  
19 in the first place, and it reduce options. And the first national plan and action plans  
20 didn't address housing. They didn't address the connection to women's economic  
21 inequality and insecurity in the way that that contributed to family violence. So ---

22                   **MS. ERIN BREEN:** Yeah.

23                   **MS. JANEMAREE MAHER:** --- it's an important national  
24 conversation that we're having. But as you saw, we have been having it for 12 years,  
25 and there's certainly greater awareness. It's hard to say that less people, less women  
26 and children are being affected because I think that's not the case.

27                   **DR. JUDE McCULLOCH:** But it is a good question, Erin, and I  
28 think you hit the nail on the head. One of the -- I think the main two criticism of the

1 previous national plan is there hasn't been any way to measure the outcomes. So in the  
2 consultations about this most recent national plan, that was really at the forefront of  
3 people's minds. We have to do better in terms of measuring.

4 **MS. ERIN BREEN:** Okay. Thank you very much, both of you, for  
5 your insight today. Those are all my questions for you.

6 Thank you, Commissioners.

7 **COMMISSIONER MacDONALD:** And thank you so much.

8 Ms. Hnatiw?

9 **MS. GILLIAN HNATIW:** Thank you, Commissioners. I have no  
10 further questions for Drs. Maher and McCulloch this morning, but the Commissioners  
11 may have questions for you, so if I could ask you just hold on and stay awake for a little  
12 bit longer. Thank you.

13 **COMMISSIONER MacDONALD:** Thank you.

14 Commissioner Fitch?

15 **COMMISSIONER FITCH:** Thank you very much, Doctors, for your  
16 great contributions. I have all of my questions answered today based on your excellent  
17 report and the questions put forward by our Participants who are deeply engaged and  
18 committed to this work. So that's great. I would love to continue the conversation  
19 because I have a lot of -- a lot to say about your excellent work and look forward to  
20 doing so in our future recommendations. Thank you.

21 **COMMISSIONER MacDONALD:** Commissioner Stanton?

22 **DR. JUDE McCULLOCH:** Thank you.

23 **COMMISSIONER STANTON:** Thank you. There are a couple of  
24 points in your report that I would appreciate a bit of expansion upon, please. One is a  
25 mention on page 27 where you mention some research with respect to the relationship  
26 between the pandemic and a heightened prevalence of intimate partner homicide, and  
27 you say in particular that there's some research on increases of this type of violence in  
28 rural and remote areas of Canada. And I wondered if you could speak to that for us,

1 please.

2 **DR. JUDE McCULLOCH:** Are you in a position to speak to that,  
3 JaneMaree?

4 **DR. JANEMAREE MAHER:** I'll just have to find it. Could you -- if -  
5 - would you be able to name ---

6 **COMMISSIONER STANTON:** Yes, it was the ---

7 **DR. JANEMAREE MAHER:** --- the ---

8 **COMMISSIONER STANTON:** --- Moffatt 2020 reference in the text  
9 on page 27.

10 **DR. JANEMAREE MAHER:** So there's a systematic pattern that  
11 has long been recognized that in rural and remote communities in Canada and other  
12 places where there is often access to firearms and a lack of access to services and  
13 those things combine together to create particular types of risks. Obviously, in the  
14 pandemic, all across the globe and in a range of different context, including in the  
15 Moffatt, there has been a recognition that there's been increased intimate partner  
16 violence. And coming from that, there's been increased incidents of homicide that's  
17 uneven and unevenly measured. And one of the things about some of those rights is  
18 that when people's mobility and movement is restricted in other ways, it will change the  
19 way the percentages occur.

20 **COMMISSIONER STANTON:** Thank you. The other point in the  
21 report that I had that I just wondered if you could expand upon, please, is mentioned on  
22 page 32. And you're quite clear that the answer doesn't appear to be allocation of more  
23 resources to policing, and what you do suggest though is, among other things, the  
24 consistent implementation of policy and practice should be supported by robust internal  
25 and external accountability mechanisms, including attention to workforce training and  
26 development. I wondered if you could speak a bit further about accountability  
27 mechanisms that you suggest might be of assistance, please.

28 **DR. JUDE McCULLOCH:** Yes. Well, my view due to my

1 experience working quite a bit in the space of police accountability, both to, you know,  
2 people that I come into contact with as victims and people that I deal with as  
3 perpetrators is the need for robust independent placed accountability mechanisms.  
4 Now, I don't know the details of Canada's or Canadian provinces or states  
5 accountability mechanisms, but in Australia, which is an advanced democracy, and in  
6 our state of Victoria, which is very progressive politically, still, 98 percent of complaints  
7 against police are investigated by police. And the investigations are meant to be  
8 overseen by an independent body but, you know, it's very problematic. So the UN has  
9 a whole range of recommendations about, you know, human rights compliance,  
10 compliant, independent complaint mechanisms or complaint mechanisms for police.  
11 And in this context, I think it's really important, because what the research does show  
12 about family violence and policing is that there's often good policies, but they're not  
13 implemented. And police need to have a duty of care and to be accountable, so there is  
14 an impunity about that, and that means that those mechanisms need to be robust and  
15 independent, so there isn't that sense of impunity.

16                   And there's also the issue, and internal accountability may be part  
17 of this, there is also the issue as put of police as perpetrators, and that's been quite an  
18 issue in Victoria and other states as well, Queensland, where the kind of masculinist  
19 tendencies of organizations like the police and the military can lead to, you know -- and  
20 they -- reflective of the community in some ways, there are perpetrators in the police  
21 force. It's important that this is dealt with as a -- should be as the lower policies said  
22 they should be and not be protected within the organization, but it's particularly  
23 problematic for victim survivors when the perpetrator is a police officer.

24                   I don't know if that answers your question.

25                   **COMMISSIONER STANTON:** Thank you.

26                   Dr. Maher, did you have anything that you wanted to add?

27                   **DR. JANEMAREE MAHER:** Only that those questions of policing  
28 become incredibly intense and difficult in rural and remote locations where there's

1 anonymity in terms of seeking services or support or reporting to police is really  
2 unavailable because of the interconnected nature of the community. So, you know, in  
3 Australia, in towns that we visited, outback towns, you know, having -- there's no way  
4 that someone could in fact make a report or even seek support from a non-police  
5 service, because to do so would be to reveal that to the whole community, to create a  
6 range of different things. So there's particular locations where policing becomes really  
7 very complicated, and there are less opportunities for it to be effective. But as Jude  
8 said, there's a depressing recurrence of incidents where police procedures have just not  
9 been followed as they're laid out in the police force commitment or in the policy or  
10 procedure that this is the mechanism of response, this is what we do, this is how you  
11 take seriously a complaint that occurs. And the outcomes of that are often a police  
12 force will say, so this has happened in Australia in the last couple of weeks, a police  
13 force will say, "Well, we'll do more training and we'll do more." It's hard to say that that  
14 is enough accountability, because training is critically important, but it's also a  
15 commitment to follow through on what the training suggests is best practice, and  
16 perhaps consequences if that is not the practice that's adopted in that context.

17 **COMMISSIONER STANTON:** Thanks so much to both of you for a  
18 helpful report and for joining us so late in the evening. I'll pass it back to Commissioner  
19 MacDonald to thank you formally on behalf of the Commission. Thank you.

20 **DR. JUDE McCULLOCH:** Thank you.

21 **COMMISSIONER MacDONALD:** Yes. Thank you both so very  
22 much, Dr. McCulloch, and Dr. Maher.

23 On behalf of the Commission, I would like to thank you on three  
24 fronts, if I could.

25 The first is more generally for the work you do for all of us. Your  
26 tremendous courageous scholarship in promoting important changes is a legacy in  
27 development, I'm sure, and we greatly appreciate it. It benefits us all.

28 Secondly, thank you for your thoughtful, comprehensive, and

1 insightful report. Very helpful to the important work we're doing and aligns, of course,  
2 specifically with the express terms of our Orders in Council.

3 And thirdly, and perhaps most importantly, is thank you for joining  
4 us today and adding even more value to the tremendous report you've done. You've  
5 done -- you continue to do a great service to all of us. We on the Commission strive to  
6 find the very best expertise we can find, regardless of where in the world that may be,  
7 and in this instance, it means keeping you up well past midnight, for which we are even  
8 more grateful.

9 So thank you for your contribution to all of us, to the Commission,  
10 and to assisting us in what will be hopefully important and pragmatic recommendations.  
11 So thank you so very much.

12 **DR. JUDE McCULLOCH:** Thank you. Thank you again for the  
13 opportunity.

14 **DR. JANEMAREE MAHER:** Yes, thank you. It's been a privilege.

15 **COMMISSIONER MacDONALD:** Ms. Hnatiw, you of course will be  
16 having your presentation. Perhaps we should take a 15-minute break at this time.  
17 Would that make sense? Thank you.

18 **REGISTRAR DARLENE SUTHERLAND:** Thank you. The  
19 proceedings are now on break and will resume in 15 minutes.

20 --- Upon breaking at 10:54 a.m.

21 --- Upon resuming at 11:11 a.m.

22 **REGISTRAR DARLENE SUTHERLAND:** Welcome back. The  
23 proceedings are again in session.

24 **COMMISSIONER MacDONALD:** Thank you.

25 **--- INTRODUCTION OF FOUNDATIONAL DOCUMENTS – THE PERPETRATOR'S**  
26 **VIOLENCE TOWARDS HIS COMMON-LAW SPOUSE**

27 **--- PRESENTATION BY MS. GILLIAN HNATIW:**

28 **MS. GILLIAN HNATIW:** Thank you, Commissioners.

1 I'm Gillian Hnatiw, member of the Commission Counsel team. And  
2 this afternoon, or I guess this morning, I'll be presenting the Foundational Document  
3 titled "The Perpetrator's Violence Towards His Common-Law Spouse".

4 I am trying to -- just a moment. I got the hang of it.

5 Madam Registrar, I wondered if we could start this presentation by  
6 marking this Foundational Document as an exhibit?

7 **REGISTRAR DARLENE SUTHERLAND:** And that's Exhibit 3437.

8 **--- EXHIBIT No. 3437:**

9 Foundational Documents – The Perpetrator's Violence  
10 Towards His Common-Law Spouse

11 **MS. GILLIAN HNATIW:** And I would also ask that all the related  
12 source material referenced in the Foundational Document be marked as well.

13 **REGISTRAR DARLENE SUTHERLAND:** So exhibited.

14 **MS. GILLIAN HNATIW:** Thank you.

15 Today's presentation summarizes evidence that is currently  
16 available to the Mass Casualty Commission about the perpetrator's violence towards his  
17 common-law spouse of 19 years, Lisa Banfield.

18 The presentation will cover all forms of violence and coercion within  
19 the 19-year relationship, including verbal and emotional abuse, intimidation, and  
20 financial control, as well as his controlling and possessive behaviour towards her.

21 Ms. Banfield will also be attending on Friday to provide evidence on  
22 other issues relating to the perpetrator. However, Ms. Banfield will not be retelling her  
23 experience of violence when she testifies. This means she will not be retelling her  
24 experiences as the first victim of the mass casualty on April 18<sup>th</sup> and 19<sup>th</sup> 2020.

25 For that reason, this presentation draws heavily on audio and visual  
26 materials from Ms. Banfield's past interviews with the RCMP and with the Commission  
27 so that we are all able to hear her retell large parts of the story in her own words.

28 I apologize, the screens -- the slides are advancing on everybody's

1 screens but mine. Okay.

2 Today's Foundational Document is the third in a related series that  
3 were prepared in connection with the work done by the Commission in connection with  
4 its mandate to examine the role of gender-based and intimate partner violence in the  
5 context of mass shootings, with a view to making forward-looking recommendations.

6 The first two Foundational Documents in this series, titled "Violence  
7 in the Perpetrator's Family of Origin", and "Perpetrator's Violent Behaviour Towards  
8 Others" are now available on our website.

9 The fourth and final document in this series, titled "Perpetrator's  
10 Financial Misdealings" will be presented next week.

11 As with the related Foundational Documents and presentations,  
12 there are some key terminology that inform the facts set out in this and the related  
13 documents.

14 These key terms are gender-based violence, which is a term that  
15 refers to harmful acts directed at an individual based on their gender. It is rooted in  
16 gender inequality, the abuse of power, and harmful norms. It can include sexual,  
17 physical, mental, and economic harm inflicted both in public and in private.

18 The second term is intimate partner violence. Behaviour by an  
19 intimate partner or ex-partner that causes physical, sexual, or psychological harm,  
20 including physical aggression, sexual coercion, psychological abuse, and controlling  
21 behaviours. That definition comes from the World Health Organization.

22 Finally, the term coercive control is relevant to the facts set out in  
23 this document. According to Dr. Katreena Scott, coercive control is defined as an  
24 ongoing pattern of abuse and the accumulation of harm that occurs through both time  
25 and space, as opposed to incident specific and injury inducing violence that  
26 predominates in current definitions and law-enforcement responses towards intimate  
27 partner violence.

28 About Lisa Banfield. Lisa Banfield was born and raised in Lower



1 Sackville, Nova Scotia. She was 31 years old when she met the perpetrator. Lisa is the  
2 second youngest of nine siblings. She has always had a close relationship with her  
3 family, especially with her sisters, Maureen and Janice, who are immediately elder and  
4 younger to her in the sib line.

5 Ms. Banfield and her sisters are also very close with their niece,  
6 Stephanie, who they sometimes refer to as a sister as well. Stephanie grew up close  
7 to them in age, and they all grew up together.

8 Ms. Banfield completed high school in Dartmouth, and then  
9 completed a year long program at the Academy of Cosmetology.

10 Prior to meeting the perpetrator, she worked in a hair salon, as well  
11 as for the Royal Bank of Canada for a number of years.

12 She was previously married and divorced, as was the perpetrator.

13 At the time of the mass casualty, they had lived together for  
14 approximately 19 years.

15 Ms. Banfield met the perpetrator at the Thirsty Duck Bar in Halifax  
16 in May of 2001. On their first date, the perpetrator showed up in a convertible with a  
17 dozen roses. Ms. Banfield was not impressed by this and thought it was showing.

18 However, during the date, she describes how a woman rear-ended  
19 the perpetrator in his new car and that she was impressed by his calm and  
20 understanding reaction to the fender bender.

21 In her interview with the Commission, she said that he was just so  
22 calm and she thought sweet, and that was one of the things that really won her over.

23 After that, the relationship progressed at somewhat lightening  
24 speed. At the time of their meeting, Ms. Banfield was living with her sister Maureen, as  
25 she was approximately one year out from her divorce.

26 Within weeks, the perpetrator was encouraging Ms. Banfield to  
27 move in with him at his house at 193 Portland Street in Dartmouth.

28 They moved in together on July 1<sup>st</sup>, 2001.

1                   The couple used the top floor of the property as the residence,  
2 while the lower floor functioned as the perpetrator's dentist clinic, where Ms. Banfield  
3 began working in approximately 2004.

4                   Within the first five years of her moving in, -- sorry, within the first  
5 year of her moving in, the perpetrator presented Ms. Banfield with a document to sign to  
6 protect his ownership in the property.

7                   **[AUDIO PLAYBACK]**

8                   The perpetrator told Ms. Banfield that his parents had wanted her to  
9 sign the document, which as you've heard, she signed without seeking any legal advice.

10                  The perpetrator subsequently bought the cottage in Portapique at  
11 200 Portapique Beach Road in October of 2002 and the couple fixed up the property  
12 together over the years.

13                  The perpetrator spent more time in Portapique at the cottage than  
14 Ms. Banfield did and the pattern of them living together and living apart evolved over the  
15 course of their 19-year relationship. As Ms. Banfield told the Commission, sometimes  
16 she would go up there every weekend, and then she wouldn't go up there for weeks or  
17 months at a time. So it all depended on how she was and if she wanted to go up, in  
18 part.

19                  We will also hear about how his work week evolved over time and  
20 how he would cut back his own days at the dentist clinics from five, to four, to three,  
21 over the course of their 19-year relationship.

22                  Shortly after Ms. Banfield moved in with the perpetrator, he  
23 convinced her to sell her car, as he did not like the fact that she had driven that car  
24 during her previous marriage. He arranged for her to get a new car and she only  
25 learned later that he had put it in his own name.

26                  A few years into the relationship, the perpetrator also convinced  
27 Ms. Banfield to quit her job at the Royal Bank and to begin training to work for him at the  
28 denture clinic.

1 He convinced her that it would enable them to have flexibility to  
2 travel and spend time together without worrying about whether she could get time off  
3 work.

4 It also proved helpful to him to have her work on the denture  
5 material in the clinic, as it enabled him to deliver dentures to patients on a very short  
6 timeline, which was a competitive advantage to him in his professional life.

7 When Ms. Banfield began working at the perpetrator's denture  
8 clinic in 2005, she took care of administrative duties and also performed technical lab  
9 duties related to polishing and waxing the dentures. She was paid an hourly wage,  
10 which began at \$18 an hour and eventually increased to \$25 an hour.

11 However, the denture clinic did not use a regular pay roll service.  
12 Instead, she had to get the perpetrator to handwrite her a cheque for her wages. This  
13 was her only source of income.

14 Ms. Banfield told the Commission that the perpetrator did not like it  
15 when she spent money, so he tried to control her spending, which sometimes resulted  
16 in him withholding her pay. And as she told the Commission in her interviews:

17 "So, there would be times that he would take part of my  
18 pay and say it's towards retirement. Or if I did extra work  
19 or [if] I did more work and brought [in] more business [...],  
20 he would put that money aside for retirement. So, he  
21 liked to control the money."

22 Ms. Banfield told the RCMP that the perpetrator took care of the  
23 money and that:

24 "He was good with his money, so I just trusted with  
25 whatever he did."

26 Although Ms. Banfield paid for certain things, the perpetrator took  
27 care of the majority of household and other expenses.

28 In addition to Ms. Banfield's work at the perpetrator's clinic, she

1 also took care of all the household related duties, including the cooking, cleaning, and  
2 laundry. She described to both the RCMP and the Commission that her mother had  
3 waited on her father in the same way and that it made her feel good to look after her  
4 partner.

5 **[AUDIO PLAYBACK]**

6 **MS. GILLIAN HNATIW:** End of that clip you hear Ms. Banfield  
7 describing how she sometimes needed a break. And so she told the Commission how  
8 she would sometimes stay in Dartmouth while the perpetrator went to Portapique  
9 because she needed a break from constantly needing to build him up and look after  
10 him.

11 The perpetrator did not like the fact that Ms. Banfield was close to  
12 her family and would often question her plans to spend time with them. As we heard  
13 earlier this week, the perpetrator was not close to his own family of origin.

14 Sometimes, the perpetrator would object to Ms. Banfield using a  
15 car if she wanted to see her family, saying that it would be wear and tear and gas, and  
16 that she had only just seen them. Other times, the perpetrator would be okay with Ms.  
17 Banfield making plans to visit with her family, sometimes he would agree to let her invite  
18 them to come up and spend a weekend with them at the cottage in Portapique, but then  
19 he would abruptly change his mind at the last moment and force her to make a last-  
20 minute excuse to cancel, even if they were already on their way.

21 **[AUDIO PLAYBACK]**

22 **MS. GILLIAN HNATIW:** According to Ms. Banfield, the perpetrator  
23 cheated on her multiple times, and she always took him back. This infidelity often  
24 occurred at the cottage when Ms. Banfield was not in Portapique. And we heard about  
25 some of that infidelity in the presentation of the perpetrator's violence towards others  
26 document yesterday. As part of its investigation, the Commission has certainly learned  
27 that the perpetrator had many other sexual partners during the course of his relationship  
28 with Ms. Banfield, some of whom were previously unknown to her.

1 Ms. Banfield described to the Commission how she would feel sick  
2 to her stomach that the perpetrator would hurt her again and again and remarked that  
3 she was clearly wrong in thinking that their relationship had changed for the better every  
4 time she forgave him and took him back. She also described feelings of devastation  
5 and shame around how she let him treat her. Those are her words.

6 The perpetrator's violence and abuse towards Lisa Banfield. As  
7 noted before, the perpetrator did not like Ms. Banfield spending too much time with her  
8 family and would use work, money and other excuses to control and limit her activities.  
9 As the relationship continued, the perpetrator displayed other controlling and jealous  
10 behaviours.

11 **[AUDIO PLAYBACK]**

12 **MS. GILLIAN HNATIW:** Ms. Banfield explained to the Commission  
13 that the perpetrator could always make her feel like she couldn't do any wrong, and then  
14 in the next moment, he would be tearing her down like she was dirt on the bottom of his  
15 feet.

16 **[AUDIO PLAYBACK]**

17 **MS. GILLIAN HNATIW:** The perpetrator sometimes embarrassed  
18 Ms. Banfield in front of patients and he once fired her in the presence of a patient.  
19 When she made mistakes at work, the perpetrator would humiliate her and reprimand  
20 her. Sometimes he would force her to call patients and apologize for her mistakes while  
21 he looked on. The perpetrator also used sexually explicit and degrading language  
22 towards Ms. Banfield, variously referring to her as a shithead, slut and bitch. Although  
23 Ms. Banfield sometimes objected to this language and told him to stop using it, the  
24 perpetrator often ignored her.

25 On April 20, 2020, Ms. Banfield told the RCMP that before the  
26 mass casualty, it had been approximately 3 years since the last incident of physical  
27 abuse. She also told the RCMP that she could not recall specifics about that incident.  
28 It should be noted that at the time she gave this statement, she was in the hospital

1 being treated for the injuries she sustained during the assault by the perpetrator less  
2 than 48 hours earlier. She was also being heavily medicated for pain.

3 A week later, Ms. Banfield told the RCMP that she could not  
4 remember other instances of domestic violence because there were so many times.  
5 When asked to quantify the number of times the perpetrator had abused her physically,  
6 Ms. Banfield responded 10, maybe. She also reported that years would go by without  
7 any physical abuse and that she would think things were back to normal.

8 In her five interviews with the Commission, Ms. Banfield provided a  
9 more comprehensive account of the patterns of violence and coercion in her  
10 relationship with the perpetrator and the methods she used to cope. She explained that  
11 after looking back at her journals, she realized there had been many more than 10  
12 incidents of violence and abuse over the almost 2 decades of their relationship. She  
13 was surprised to read how early the perpetrator's mistreatment of her had started and  
14 how frequently it had occurred.

15 When asked in her interviews with the Commission why she  
16 appears to have underreported the violence in the relationship to the RCMP, Ms.  
17 Banfield described how she would focus on what was in front of her at the moment,  
18 rather than what had happened in the past or what might happen in the future, as a  
19 means of coping and getting through.

20 **[AUDIO PLAYBACK]**

21 **MS. GILLIAN HNATIW:** In her interviews with the Commission,  
22 Ms. Banfield described experiencing many forms of physical violence including being  
23 punched, kicked and hit, usually on parts of her body where bruises would be  
24 concealed. She also described being choked and having her hair pulled.

25 **[AUDIO PLAYBACK]**

26 **MS. GILLIAN HNATIW:** After physically abusing her, the  
27 perpetrator would blame Ms. Banfield for his violence.

28 **[AUDIO PLAYBACK]**

1                   **MS. GILLIAN HNATIW:** The perpetrator also frequently threatened  
2 to harm Ms. Banfield or her family if she left him.

3                   **[AUDIO PLAYBACK]**

4                   **MS. GILLIAN HNATIW:** The next portion of this presentation  
5 covers some examples of specific incidents that were reported to us by Ms. Banfield as  
6 well as by a number of other individuals interviewed by both the Commission and the  
7 RCMP.

8                   Numerous witnesses recalled an assault at Sutherland Lake in their  
9 statements, again to both the RCMP or the Commission. These witnesses included  
10 Renée Karsten, Nancy Hudson, John Hudson, Stephanie Goulding and Maureen  
11 Banfield, as well as Lisa Banfield. Although their individual accounts vary somewhat in  
12 terms of dates and details, they align on the basic elements of the story. What we do  
13 know is that it occurred at a cottage owned or rented by a then employee of the  
14 perpetrator named Renée Karsten, at Sutherland Lake, which is about a 30-minute  
15 drive north of Portapique. The timeline is unclear, but the Commission believes it was  
16 likely post October 2002 when the perpetrator purchased his cottage. Ms. Banfield  
17 wanted to leave the party while the perpetrator, who had been drinking, wanted to stay.  
18 Ms. Banfield attempted to drive away in their jeep. The perpetrator jumped into the jeep  
19 and began to hit Ms. Banfield about the body and the head. Ms. Banfield stopped the  
20 car and ran into the woods. The perpetrator pursued Ms. Banfield, caught her, and  
21 dragged her back towards the jeep. He dropped her when some people from the party  
22 came to investigate her screams and what was going on.

23                   Ms. Karsten, in her statement to the RCMP, recalled being really  
24 scared by the perpetrator, that his face and the look in his eyes was just -- it scared the  
25 hell of out me. The police were called and reportedly drove the perpetrator home. I  
26 should note that, as yet, the Commission has been unable to locate police records in  
27 connection with this incident. This may be as a result of the lack of clarity around the  
28 dates and also some question as to what police service would have responded, in

1 addition to the passage of time and records retention policies.

2                   After the police came, they reportedly drove the perpetrator home.

3 This was the only time the police -- this is the only report that the Commission has  
4 received about the police being called directly in relation to the perpetrator's violence  
5 against Ms. Banfield. I distinguish that in some minor ways from the report we heard  
6 from Brenda about -- from Brenda Forbes yesterday. It sounds as though they were  
7 called while this incident was ongoing.

8                   When Ms. Banfield later returned to Portapique, the perpetrator --  
9 she discovered the perpetrator was taking the wheels off her car and throwing them  
10 over the bank into the Portapique River, so that she could not leave.

11                   The next incident that we heard about from a number of witnesses  
12 took place at the perpetrator's cottage in Portapique in the presence of his old friend  
13 from New Brunswick, Tom Evans. We believe this incident occurred prior to 2009 when  
14 Mr. Evans passed away.

15                   Tom Evans and another man were visiting the perpetrator at the  
16 cottage. At some point in the day, the perpetrator began assaulting Ms. Banfield, during  
17 which he hit and punched her and then held her on a bed, choking her so that she could  
18 not breathe. The other men called to the perpetrator from another room, telling him to  
19 stop, but reportedly took no further steps to intervene.

20                   Ms. Banfield escaped through a bedroom window and tried to get to  
21 her car but the men were outside on the lawn drinking and they saw her. When he  
22 realized she was outside, the perpetrator chased Ms. Banfield around her car and  
23 dragged her back to the cottage. Again, the visiting men did not intervene.

24                   The perpetrator later insisted that Ms. Banfield make the visitors --  
25 get up and make the visitors something to eat. When she first refused to do so, he  
26 screamed at her and pulled her by the hair.

27                   In her interviews with the Commission, Ms. Banfield described a  
28 number of incidents in which the perpetrator threatened her with handguns. She said



1 that he had put a gun to her head a couple of times. In one incident at the cottage in  
2 Portapique, she recalled the perpetrator put a handgun to her head following an  
3 argument and said, "I could just blow your head off right now."

4 A similar incident happened later at the Portland Street resident  
5 *[sic]* in Dartmouth. Ms. Banfield reported the perpetrator said afterwards, "If I didn't love  
6 you, I wouldn't do this, because that's how much I care about you." In a subsequent  
7 interview with the Commission, Ms. Banfield also recalled that the perpetrator once  
8 discharged a handgun inside the Dartmouth house on the same night of his threats to  
9 kill his parents.

10 Another incident which we refer to as the cottage choking incident -  
11 - sorry, the cottage choking and assault incident also occurred at the perpetrator's  
12 cottage in Portapique. The date is unknown but seems likely that it occurred before  
13 2015 when his uncle Glynn Wortman sold his cottage to Lisa McCully. Ms. Banfield  
14 reported that the perpetrator choked and punched her while they were in front of the  
15 yard of the cottage and that the perpetrator's uncle, Glynn, had tried to intervene. She  
16 recalled that the perpetrator did not like the close relationship she had with his uncle.  
17 Glynn Wortman, in his statement to the RCMP, recalled visiting the perpetrator's cottage  
18 one time and seeing the perpetrator straddling Ms. Banfield, choking the shit out of her.  
19 Mr. Wortman attempted to intervene but recalled being intimidated by the perpetrator.  
20 We believe that this is likely the same incident that was described by Brenda Forbes in  
21 her previous interviews with the RCMP and the Commission and which she testified to  
22 yesterday.

23 In her interviews with the Commission, Ms. Banfield also described  
24 how the perpetrator would intimidate her with dangerous driving.

25 Once, when he had been drinking, when she was driving, the  
26 perpetrator demanded that she overtake an 18-wheel truck, despite it being foggy, dark,  
27 and rainy. When she did not comply, the perpetrator grabbed the wheel and forced her  
28 to pull over. He then dragged her from the driver's seat and took over, despite his

1 intoxication.

2 Another time, on the way to Moncton for their anniversary, Ms.  
3 Banfield became concerned the perpetrator was driving too fast. When she said this,  
4 he only sped the car up to approximately 200 kilometres and hour and began taunting  
5 Ms. Banfield.

6 **[VIDEO PLAYBACK]**

7 **MS. GILLIAN HNATIW:** Other people's knowledge of the  
8 perpetrator's violence and abuse towards Lisa Banfield.

9 As we've heard, following the mass casualty, Brenda Forbes  
10 contacted the RCMP to say that she had reported the perpetrator's illegal weapons and  
11 his abuse of Lisa Banfield to the RCMP approximately six years earlier.

12 Cst. Maxwell, who responded to the 2013 complaint from Ms.  
13 Forbes, recalled the details differently. In his interview with the Commission he said  
14 that the report from Ms. Forbes related to the perpetrator driving dangerously around  
15 Portapique.

16 Ms. Banfield has confirmed in multiple interviews that she never  
17 self-reported the abuse. The Commission is still in the process of looking into whether  
18 there are any surviving records from the Sutherland Lake incident.

19 Knowledge within Ms. Banfield's and the perpetrator's families.

20 After the incident at Sutherland Lake to which she called her niece,  
21 Stephanie, to respond, and both her niece, Stephanie, and her sister, Maureen, were  
22 involved in the aftermath, they were unsuccessful in convincing Lisa to report the  
23 assault to the police, and after that, she hid the perpetrator's continuing abuse from her  
24 family.

25 Maureen Banfield knew the perpetrator -- knew about the  
26 perpetrator's first assault and some other episodes early in the relationship. She also  
27 described the perpetrator as "Very controlling," and, "Very obsessive". However, she  
28 said the family was unaware of the continuing physical violence.

1                   Other family members expressed similar knowledge and concerns  
2 about the nature of their relationship. Ms. Banfield's niece, Stephanie Golding, recalled  
3 to the RCMP following the mass casualty that she and other family members had  
4 repeatedly tried to get Ms. Banfield to leave the perpetrator over the years. She said  
5 that Ms. Banfield eventually stopped speaking to her and the family about her  
6 relationships.

7                   The perpetrator's uncle, Chris Wortman, told the RCMP after the  
8 mass casualty that he wasn't surprised to hear that something had happened, but that  
9 he always thought that if anything was going happen, it would probably have happened  
10 to Lisa and her family.

11                   This slide summarizes just some of what we know, in terms of  
12 knowledge within respective friends and family, that are further detailed in the  
13 Foundational Documents, and further detailed still in the underlying source material.

14                   Medical provider's knowledge.

15                   Ms. Banfield told the Commission in the course of her interviews  
16 that she never confided in her family doctor about the abuse or sought medical attention  
17 in relation to any of her injuries from the perpetrator's physical violence. She said that if  
18 she had had any visible injuries, she would have avoided her doctor until they healed.

19                   At some point, Ms. Banfield told the Commission that the  
20 perpetrator's abuse was so bad that she sought help from a psychologist located in  
21 Bedford. He told Ms. Banfield that she was in an abusive relationship and encouraged  
22 her to leave the perpetrator.

23                   When the perpetrator found out that Ms. Banfield was going for  
24 counselling, he made her stop. As Ms. Banfield told the Commission, "I knew if he  
25 didn't, he would beat me up. He threatened to confront the doctor. I was trapped."

26                   Knowledge among friends and community.

27                   Multiple close friends of Ms. Banfield described having  
28 conversations with her or becoming aware about the perpetrator's violence and abuse.

1 In some instances, they believed the abusive period was over. In other instances, they  
2 did not speak out as Ms. Banfield was committed to remaining in the relationship.

3                   Members of the Portapique community or other people connected  
4 with the denture clinic in Dartmouth also described in interviews to both the RCMP and  
5 the Commission, witnessing or hearing about the perpetrator's violence toward or  
6 controlling behaviour over Ms. Banfield. This included the perpetrator being verbally  
7 abusive, domineering, removing the tires from Ms. Banfield's car, or holding a gun to  
8 Ms. Banfield's head. Again, the specifics of these incidents and who had knowledge of  
9 them are detailed in both the Foundational Documents themselves and the underlying  
10 source materials.

11                   The perpetrator's behaviour in the weeks preceding the mass  
12 casualty.

13                   On March 10, 2020, Ms. Banfield and the perpetrator moved to the  
14 cottage in Portapique after the denture clinic was required to close as a result of Nova  
15 Scotia's response to the COVID-19 pandemic. Over the five weeks that followed, the  
16 perpetrator's mood was, according to Ms. Banfield, negativity all the time. He was a  
17 typically active individual and always had a project on the go when he was at the  
18 cottage in Portapique, but now he spent days at a time lying in bed, watching or  
19 listening to COVID-related news.

20                   Ms. Banfield described that he was agitated and paranoid, that he  
21 stopped sleeping or eating regularly. She said that his interest in sex also disappeared.  
22 The couple did not interact with anyone, and Ms. Banfield was not able to visit with her  
23 family.

24                   The perpetrator had a number of conversations with his friend,  
25 Sean Conlogue, in the States during this period, who told him that people could not buy  
26 guns or ammunition anymore, and they were running out of gas and other grocery  
27 items. So the perpetrator became even more paranoid.

28                   He said that -- he told Ms. Banfield that Sean told him that we are

1 going to be on our own to defend what we have. The perpetrator began talking crazy,  
2 like the world was going to end and people are going to get so desperate that we will  
3 have to protect ourselves.

4 The perpetrator became convinced that the economy was going to  
5 collapse, and that the world was shutting down. He did not trust the police, the  
6 government, or anyone to protect them. He began to stockpile supplies, including food,  
7 gasoline, and ammunition.

8 During this period, the perpetrator told Ms. Banfield that “he wasn’t  
9 afraid of dying” and that “he knew when he was going to die.” Ms. Banfield described  
10 being scared by the things the perpetrator was saying and that she would respond by  
11 trying to change the subject. She told the Commission that he thought the world was  
12 going to end.

13 “As extreme as his behaviour had been in the past, he  
14 was doing and saying things that were not normal,  
15 even for him. I was afraid I wouldn’t be able to calm  
16 him down, appease him or talk about the good life we  
17 had. His moods were more unpredictable; I didn’t  
18 know what to say to make him happy; he didn’t even  
19 want sex or drinks.”

20 In March of 2020, the perpetrator withdrew the entire \$475,000  
21 balance from an account he held with the CIBC in Dartmouth. Because he was  
22 withdrawing such a large sum of cash, the bank arranged for the money to be  
23 delivered to him by a Brinks truck.

24 The perpetrator and Ms. Banfield met the truck, and then drove the  
25 money down to Portapique where it was combined with money that the perpetrator had  
26 amassed and withdrawn previously over the years, and that Ms. Banfield described him  
27 as “keeping in various locations around his properties in Dartmouth and Portapique.”

28 The cash was combined and then buried under a hole under the

1 steps of their porch in Portapique.

2 **[AUDIO PLAYBACK]**

3 **MS. GILLIAN HNATIW:** On April 21<sup>st</sup>, 2020, Maureen Banfield  
4 contacted Sgt. Vardy of the RCMP on Lisa's behalf to alert the RCMP to the existence  
5 and location of the buried money.

6 I note that the details in relation to this banking transaction and  
7 other issues relating to the perpetrator's finances and financial mis-dealings will be  
8 further addressed in the Foundational Document titled, "Perpetrator's Financial Mis-  
9 dealings," which will be presented next Tuesday.

10 April 18<sup>th</sup>, 2020.

11 This section of the presentation in particular uses audio and video  
12 clips of statements provided by Ms. Banfield to the Commission and to the RCMP, as  
13 we do not anticipate that we will be asking Ms. Banfield to retail the story of April 18<sup>th</sup>  
14 from scratch again on Friday. She has already told this story on three separate  
15 interviews with the RCMP and again in her interview with the Commission. In addition,  
16 she participated in a lengthy re-enactment video created by the RCMP in October of  
17 2020.

18 While there may be follow-up questions posed to Ms. Banfield  
19 about the events of April 18<sup>th</sup> and 19<sup>th</sup>, the Commission does not believe that it would  
20 acquire any new information by asking Ms. Banfield to retell the entire story again from  
21 the start. As will be obvious from this presentation, it is a difficult story for her to revisit  
22 and retell.

23 The morning of April 20<sup>th</sup>, 2020, Ms. Banfield and the perpetrator  
24 planned to go for a drive and to spend the day together to celebrate their 19<sup>th</sup>  
25 anniversary. She made them breakfast, then they took a walk, packed some lunch, and  
26 went for a drive in the Jeep.

27 Ms. Banfield told the Commission that she and the perpetrator had  
28 often gone for drives in the past during their relationship and that it was common for the

1 perpetrator to take back roads, which he always seemed very familiar with.

2                   On this day, the perpetrator drove along back roads and headed  
3 towards Springhill Penitentiary, where his Uncle Glynn had once served time. When  
4 they got there, the perpetrator parked at the gate, looked at the building and said  
5 something like, "Yeah, I'd never make it in prison."

6                   After that, they drove up around the Debert Hospitality Centre and  
7 the Diefenbunker. Ms. Banfield told the Commission that the perpetrator "liked going up  
8 to that bomb shelter thing," and that he had visited the -- excuse me; that they had  
9 visited the Debert Hospitality Centre together many times. In fact, he told her that he  
10 had once considered purchasing a hangar building just past the bunker.

11                   Ms. Banfield does not have a clear recollection of the route they  
12 took on the drive that day. She does recall that at some point, they drove past  
13 Sutherland Lake, where they had not been since the assault by the perpetrator that  
14 occurred early in their relationship.

15                   Ms. Banfield says that the perpetrator then "drove Amherst way"  
16 and pulled into the driveway of another dentist. Following the mass casualty on April  
17 20<sup>th</sup>, that dentist, Rick Laurie, contacted the RCMP and provided a statement of his  
18 recollection of this encounter. His office is located in Springhill.

19                   He described the perpetrator as being "happy go lucky and  
20 laughing" when he stopped to say hello that afternoon.

21                   On their way back to Portapique on the drive, their final stop was to  
22 pick up some frozen pizza and more beer before heading back to the warehouse where  
23 they planned to have drinks and continue celebrating their anniversary.

24                   **COMMISSIONER STANTON:** Excuse me, Ms. Hnatiw. I believe  
25 you misspoke. You said that this drive occurred on April 20<sup>th</sup>, when in fact it was April  
26 18<sup>th</sup>, I believe. I just wanted to put that into the transcript so that that's corrected now.

27                   Thank you. Sorry to interrupt.

28                   **MS. GILLIAN HNATIW:** No, thank you, Commissioner Stanton. I

1 apologize for misspeaking. This was April 18<sup>th</sup>, 2020.

2                   And I see that I was intended to click along and put the points that  
3 they visited on this map. These are the known locations that she recalls visiting on the  
4 drive.

5                   As I said previously, she doesn't have a clear recollection of exactly  
6 which route and roads were taken at any given time. They were driving, for the most  
7 part, on back roads, which were much more familiar to the perpetrator.

8                   In her interviews with the Commission, Ms. Banfield described how  
9 she was in ongoing communication with a number of people these days, including texts  
10 and calls back and forth with her sisters in Dartmouth, and texts and calls with their  
11 friends in the States.

12                   Angel Patterson, a friend from Maine, told the RCMP after the mass  
13 casualty that she spoke with the perpetrator and Ms. Banfield around 3:00 p.m. on April  
14 18<sup>th</sup> via Facetime. She said that they had been out cutting brush between the cottage  
15 and trying to clean the trail out of the cottage. Ms. Patterson told the RCMP that Ms.  
16 Banfield had said they would call her back once they cleaned up and got to the  
17 warehouse for drinks.

18                   When asked in her interview with the Commission if they had been  
19 cutting brush that day, Ms. Banfield said, "No." And I note that this call to Angel  
20 Patterson took place before the reported time of their visit to Rick Laurie in Springhill.  
21 So it seems likely that they were on the drive at the time of this call.

22                   After the perpetrator drove back to the warehouse in Portapique, he  
23 took time to clean the Jeep, which had become muddy from the backroads drive.

24                   Ms. Banfield describes sitting and watching him, and then the  
25 couple had some drinks and listened to some music.

26                   Around 5:45 p.m., Ms. Banfield took some photos to commemorate  
27 their 19<sup>th</sup> anniversary and texted them to friends.

28                   At approximately 6:20 p.m., Ms. Banfield called another friend,



1 Sean Conlogue in Houlton, Maine. When the phone began to ring, the perpetrator said  
2 that he was not in a mood to talk, so Ms. Banfield hung up. Mr. Conlogue called them  
3 back a few minutes later at approximately 6:26 p.m. and they spoke for approximately  
4 20 minutes.

5 Right after the call with Mr. Conlogue ended, Ms. Banfield placed  
6 another Facetime call, again to Angel Patterson, who'd she'd spoken with earlier in the  
7 day.

8 Ms. Patterson was with her niece and her niece's uncle when she  
9 received the call.

10 Records suggest that this call ended at approximately 8:41 p.m.

11 During their conversation with Ms. Patterson, the couple mentioned  
12 that they were planning a commitment ceremony for their 20<sup>th</sup> anniversary the following  
13 year. Ms. Banfield overheard Ms. Patterson saying to the perpetrator, "Don't do it," in  
14 relation to the commitment ceremony. This pissed her off because Ms. Patterson was  
15 supposed to be her friend.

16 I pause here to note that this video is extracted from the re-  
17 enactment video created with Ms. Banfield's cooperation by the RCMP in October of  
18 2020. I will be playing a number of clips from this video for the duration of this  
19 presentation.

20 **[VIDEO PLAYBACK]**

21 I should note that Ms. Banfield is standing on the site of the former  
22 warehouse at the time that she's recounting this story.

23 Upset, Ms. Banfield, as she described, left the warehouse and  
24 began walking on this path through the woods from their warehouse at 136 Orchard  
25 Beach Drive to the couple's cottage at 200 Portapique Beach Road.

26 Halfway there, she realized that, as she described, she was mostly  
27 upset at Ms. Patterson, rather than the perpetrator, and so she returned to apologize to  
28 him. But she discovered that he was already irate.

1                   When she returned to the warehouse, he was screaming and  
2 yelling and pacing.

3                   In her April 28<sup>th</sup>, 2020 statement to the RCMP, she described that  
4 she started to apologize, but:

5                                   “He just went off, and just was just being rude and nasty  
6 and, and he was getting loud, and when he’s like that I  
7 could tell like he’s on the edge kind of thing. So, you  
8 know, I got to get away kind of thing, so I just decided I’m  
9 done and I went back home.” (As read)

10                   Upon returning to the cottage, Ms. Banfield described to the RCMP,  
11 and at length to the Commission, that she dropped her things in the bedroom and then  
12 went back out into the kitchen. What seemed to her like mere moments later, she heard  
13 the door rattling, so she ran into her bedroom, got into bed, and pretended to be asleep  
14 to avoid a confrontation with the perpetrator.

15                   I pause here to note that for essentially the duration of their 19-year  
16 relationship, the perpetrator and Ms. Banfield had slept separately and had separate  
17 bedrooms, reportedly because the perpetrator snored.

18                   When he arrived back at the cottage that night, the perpetrator did  
19 not come directly into Ms. Banfield’s bedroom. As she laid there listening, Ms. Banfield  
20 began to hear a swishing kind of sound that she had never heard before and she  
21 wondered what the perpetrator was doing. It was only later that she realized that she  
22 had heard the sound of him pouring gas around the cottage.

23                                   **[VIDEO PLAYBACK]**

24                   After this assault by the perpetrator, Ms. Banfield felt him tie  
25 something around one of her wrists that she described as being soft and she -- may  
26 have been the tie from a bathrobe.

27                   He then went into his bedroom and through the sun porch, where  
28 he had retrieved a gun.

1                   They then crossed the cottage to the front door, where Ms. Banfield  
2 put on a jacket and some running shoes and went to grab her purse, but he told her:

3                                   “You don’t need your purse.” (As read)

4                   The perpetrator then said, as they walked towards the front door,  
5 that she should turn around and have a final look. When she did so, she could see the  
6 cottage going up in flames.

7                   Outside, the perpetrator doused the white Ford Taurus that was  
8 parked in the driveway with gasoline, but did not light it on fire, Ms. Banfield, continuing  
9 her attempts to deescalate the perpetrator by telling him that it did not have to go any  
10 further and that she would take the blame for burning the cottage. But she could tell  
11 that there was no change and whatever he had in his head. He told her that:

12                                   “At the end of the night, I’ll be dead, but if you don’t run,  
13 then you won’t be.” (As read)

14                   They began walking towards the path back towards the warehouse.  
15 When they reached the middle of Portapique Beach Road, Ms. Banfield got on the  
16 ground and began kicking and screaming. The perpetrator got on top of her and  
17 wrenched off her shoes, leaving her barefoot. He then told her:

18                                   “Now you can’t run, you little bitch.” (As read)

19                   After the mass casualty, while the RCMP searched the Portapique  
20 area, they located these two Nike running shoes that fit the description of the shoes that  
21 Lisa Banfield was wearing on April 18<sup>th</sup>, 2020.

22                   The perpetrator told Ms. Banfield that they were going to walk  
23 through the path and over to the warehouse in order to burn it, and that they were then  
24 going to go to Dartmouth and burn their home there, and that they would, after that, go  
25 to Maureen’s house, and all Ms. Banfield could think was:

26                                   “He’s going after my whole family.” (As read)

27                   The perpetrator dragged her by the arm along the path while also  
28 holding her by the back of her coat.

1                   At some point on the path, Ms. Banfield slipped out of her coat and  
2 started running. She quickly tripped in the woods in the dark and ended up on the  
3 ground. The perpetrator had a flashlight and found her almost immediately. He picked  
4 her up and said:

5                                    “If you run away from me again, I’ll kill you, but if you  
6 don’t, I won’t.” (As read)

7                   I note that Ms. Banfield’s coat was not located by the RCMP in the  
8 aftermath of the mass casualty. However, a small gold chain which belonged to her and  
9 she had been wearing the night of the mass casualty was located, and that is what’s  
10 depicted in these pictures.

11                                   **[VIDEO PLAYBACK]**

12                   **MS. GILLIAN HNATIW:** As you heard Ms. Banfield describe in that  
13 videoclip, the perpetrator placed her in the back of the replica police cruiser that was  
14 parked in the warehouse. As is standard with police cruisers, the back doors do not  
15 open from the inside. As Ms. Banfield looked on, the perpetrator loaded several  
16 firearms into the front seat of the replica RCMP cruiser. She told the Commission that  
17 the perpetrator regularly moved his guns around between hiding places in the cottage  
18 and the warehouse but that she had most recently seen a firearm by the bar. She  
19 recalled that the perpetrator went to the bar and then came back and threw guns into  
20 the front seat. He did not say anything to her. He went outside briefly before returning  
21 and heading upstairs to a loft apartment inside the warehouse space.

22                   And here on this slide are two photographs provided by Ms.  
23 Banfield to the Commission depicting the inside of the warehouse. One of the replica  
24 cruiser parked inside and the other taken from behind the bar and out into the general  
25 warehouse space.

26                   Trapped in the back seat, Ms. Banfield, who is approximately 5 foot  
27 5, tried to kick open the doors and windows without success. She then managed to  
28 slide one of the handcuff from her left hand. In her interviews with the Commission, she

1 described yanking on the handcuff and pulling it off her wrist to the point that she felt  
2 like she was going to lose skin but eventually succeeded and left the handcuff in the  
3 back of the RCMP cruiser. After that, Ms. Banfield managed to slide open the window  
4 in the silent patrolman that divided the front and back seats. And you can see the silent  
5 patrolman depicted in these two photographs, which again, were provided to the  
6 Commission by Ms. Banfield in the course of our interviews with her.

7 Ms. Banfield then described diving head first through the opening.  
8 From there, she opened the driver's door, fled the vehicle, and then fled the warehouse,  
9 and ran into the woods to hide.

10 In this clip, Ms. Banfield describes coming across a truck shortly  
11 after she escaped from the replica cruiser and the warehouse.

12 **[VIDEO PLAYBACK]**

13 **MS. GILLIAN HNATIW:** In this clip, Ms. Banfield describes hearing  
14 shots and then hearing what she described as whistling before somebody purports to  
15 identify themselves as the Colchester police.

16 **[VIDEO PLAYBACK]**

17 **MS. GILLIAN HNATIW:** In this clip, Ms. Banfield continues her  
18 description of what she observed from the woods.

19 **[VIDEO PLAYBACK]**

20 **MS. GILLIAN HNATIW:** In her interviews with both the  
21 Commission and the RCMP, Ms. Banfield explained that eventually she saw a big tree  
22 down where the insides had been burrowed out. And she thought, if I try and get myself  
23 in this tree, then that'll protect me and be one with the tree and he can't see me. Ms.  
24 Banfield described putting part of her body inside the hole of the fallen tree and lying on  
25 the ground parallel to the trunk. As you've already heard, from her hiding place in the  
26 woods, Ms. Banfield continued to hear noises and activity around her. She heard what  
27 she believed to be gunshots and saw a house go up in flames.

28 Ms. Banfield remained hidden in this trunk overnight as the

1 temperature dipped close to zero. She told the RCMP, "I didn't know if my feet were  
2 froze or burnt because I couldn't even feel them, and I was trying to keep moving them  
3 and trying to massage them and stuff, so I couldn't really walk much because it hurt."  
4 Of course, as we've heard already in this presentation, Ms. Banfield was barefoot and  
5 without a coat. While in the woods, she thought if I can just wait until daylight, so I can  
6 find my way out of here, because I know I where I will be at that point.

7 **[VIDEO PLAYBACK]**

8 **MS. GILLIAN HNATIW:** Apologize. I was attempting to pause it to  
9 just say that this is a particularly long clip but that there's a lot of information in it, and so  
10 I will try and restart.

11 **[VIDEO PLAYBACK]**

12 The tie that Ms. Banfield is describing in this clip, it was attached to  
13 her wrist, was never located.

14 In this next clip, the story picks up as Ms. Banfield comes out of the  
15 woods on the morning of April 19, 2020.

16 **[VIDEO PLAYBACK]**

17 When she emerged from the woods on the morning of April 19,  
18 2020, Ms. Banfield ran to the nearest home, which belonged to one of her neighbours in  
19 Portapique, Leon Joudrey.

20 At 6:28:20, the OCC received a 9-1-1 call from Mr. Joudrey  
21 advising that Ms. Banfield was at his house and that she was "freaking out" and "scared  
22 to death".

23 At the beginning of the call, when asked by the OCC call taker is  
24 Ms. Banfield was calm enough to be able to answer questions, Mr. Joudrey responded:

25 "No. Just send the cops down." (As read)

26 In a statement to the RCMP after the mass casualty, Mr. Joudrey  
27 explained that he let Ms. Banfield inside and gave her his coat and his sneakers, and  
28 then dialed 9-1-1, as Ms. Banfield was unable to attend to herself.

**[VIDEO PLAYBACK]**

1  
2 This is Mr. Joudrey's statement to the RCMP on April 19<sup>th</sup>, 2020.

3 "So she opened the door. She had no shoes. She was  
4 shaking and shivering. I let her in and she just -- she's  
5 just freaking. So I gave her my coat and my sneakers  
6 and she couldn't even dial 9-1-1, so I called 9-1-1 and I  
7 told them to come, bring the cops down to come and get  
8 her, and the SWAT team showed up. She said he beat  
9 her up, he handcuffed her, she got away, she hid in the  
10 woods all night, and she was just freaking, like, not  
11 making any sense after that." (As read)

12 On April 20<sup>th</sup>, 2020, Mr. Joudrey gave a second statement to the  
13 RCMP in which his recollection is set out here:

14 "She was wearing black spandex, black top. She's 51/52  
15 years old. She's a good-looking woman, sort of, I guess.  
16 She didn't look dirty. She had bare feet on. There's no  
17 dirt on her feet. She said she had handcuffs on, she was  
18 beat up. I didn't see fucking blood marks, dirt, anything  
19 like that, but what do you do? I'm freaking out. I slam  
20 the door and I call 9-1-1, 'Come get this fucking woman  
21 out of my house. This guy don't like me. I know that.'  
22 So they came and got her." (As read)

23 Between 6:33 and 6:42 a.m. on April 19, 2020, four ERT members,  
24 Csts Brent Kelly, Kyle Josey, Ben MacLeod, and Andrew Ryan arrived at Mr. Joudrey's  
25 home in the TAV to retrieve Ms. Banfield. They transported her to the head of  
26 Portapique Beach Road.

27 In his statement to SiRT, Cst Ben MacLeod described Ms.  
28 Banfield's injuries and emotional state at the time as follows:

1                   “Ms. Banfield, who was dressed all in black, did not have  
2                   any visible serious injuries. She had trouble walking due  
3                   to lower back pain suffered from the perpetrator’s assault  
4                   on her. She may have had other injuries, but Cst  
5                   MacLeod did not have a chance to assess her. She was  
6                   in a state of terror and had a distraught, disheveled  
7                   appearance.” (As read)

8                   Cst MacLeod recalled Ms. Banfield as:

9                   “Completely distraught, emotional, upset, and extremely  
10                  tearful. She had a quivering voice, like just, well, the best  
11                  way to describe it other than distraught, was she scared,  
12                  fearful for her life that he was coming to get her.” (As  
13                  read)

14                  In his testimony before the Commission a few months ago, Cst  
15                  MacLeod had said that he had never seen a witness as terrified, except for in hostage  
16                  situations.

17                  Ms. Banfield and the ERT team were met at the top of Portapique  
18                  Beach Road by the Emergency Medical Response Team that transported them to the  
19                  RCMP Command Post in Great Village.

20                  Cpl Ivany, who transported her, recalled that Ms. Banfield had no  
21                  obvious bleeding, bruises, deformations, no critical injuries. In his professional  
22                  experience, his observations of Ms. Banfield that morning were consistent with a  
23                  diagnosis of moderate hypothermia and that, from a medical perspective, he said he  
24                  was confident that she was hypothermic.

25                  Once the initial EMS -- EHS assessment was complete, Ms.  
26                  Banfield provided her first statement to Csts Terry Brown and Dave Melanson in the  
27                  back of an ambulance, where paramedics continued to monitor and assess her.

28                  Cst Brown later told the Commission that Ms. Banfield’s actions



1 were consistent with someone who had been the victim of domestic violence in the past.

2 Cst Melanson told the Commission that based on his observations  
3 of Ms. Banfield's demeanour and presentation at the time, she did appear to be fearful  
4 and did appear to be a victim of assault.

5 Around 7:52 a.m., EMS departed Great Village with Ms. Banfield  
6 and transported her to the Colchester East Hants Health Centre, where she was  
7 assessed in the Emergency Department and then admitted for treatment.

8 On examination, she was noted to have tenderness in her lower  
9 right flank, superficial scratches and abrasions on her hands, feet, and legs, and  
10 bruising to her upper back. X-rays later revealed that she had fractures to her ribs and  
11 lumbar spine.

12 Ms. Banfield remained in hospital for five nights and was then  
13 discharged on April 24<sup>th</sup>, 2020.

14 I note that Ms. Banfield's injuries were not photographed by either  
15 the RCMP or medical professionals at the hospital.

16 Thank you, Commissioners. That ends my presentation.

17 **COMMISSIONER MacDONALD:** Thank you.

18 **COMMISSIONER STANTON:** Thank you, Ms. Hnatiw.

19 Ms. Hill?

20 **MS. EMILY HILL:** Commissioners, there's just one piece of  
21 housekeeping to take care of, if I could?

22 We have shared with Madam Registrar and Participants  
23 COMM0059723. This is a transcript of a recorded interview of Cheryl Tschupruck,  
24 which was revised on July 4<sup>th</sup>, 2022.

25 The original transcript was marked as an exhibit, P-002411 as part  
26 of the "Support Services for Survivors, Families, and Communities" Foundational  
27 Document. Some mistakes in the transcript have been identified and corrected. And so  
28 I ask at this time that the revised version be marked as an exhibit.

1                   **REGISTRAR DARLENE SUTHERLAND:** It's Exhibit 3438.

2    **--- EXHIBIT No. 3438:**

3                                   (COMM0059723) Transcript of Cheryl Tshupruck's interview  
4                                   held on July 4th, 2022

5                   **MS. EMILY HILL:** Additionally, 23 documents relating to  
6 tomorrow's two roundtables, Prediction and Prevention of Mass Casualty Events and  
7 Definitions and Psychology, Sociology of Perpetrators of Mass Casualty Events, have  
8 been shared with Participants, as well as Madam Registrar, and I would ask that these  
9 be marked as exhibits.

10                   **REGISTRAR DARLENE SUTHERLAND:** So exhibited.

11                   **MS. EMILY HILL:** Finally, 25 documents related to the July 18<sup>th</sup>  
12 roundtable, Mass Casualties, Intimate Partner Violence, Gender-Based Violence, and  
13 Family Violence: Exploring the Connections, have been shared with Participants, as  
14 well as with Madam Registrar, and I would ask that those documents also be marked as  
15 exhibits.

16                   **REGISTRAR DARLENE SUTHERLAND:** So exhibited.

17                   **MS. EMILY HILL:** Thank you.

18                   **COMMISSIONER STANTON:** Thank you, Ms. Hill.

19                                   And thanks to Commission Counsel for sharing the Foundational  
20 Document. It's helped us build our understanding of the perpetrator's violence towards  
21 his common-law spouse.

22                                   As we heard today, this document's source materials are based on  
23 many hours of interviews and written statements from Ms. Banfield, both with the RCMP  
24 and with the Commission. As usual, all these materials will be available on our website  
25 for the public to read later this week, and we'll hear from Ms. Banfield in person on  
26 Friday.

27                                   Please remember that supports are available, including support for  
28 those experiencing violence. If you or someone you know needs help, you can talk to

1 supports on site at the proceedings or reach out to someone, one of the support  
2 services listed on our website.

3 Thanks again to Drs. McCulloch and Maher, the expert witnesses  
4 we heard from this morning who helped us understand more about the connections  
5 between private and public forms of violence.

6 Again, our mandate requires to examine issues including  
7 contributing and contextual factors, including the role of gender-based violence and  
8 intimate partner violence. These kinds of insights assist us in our work to develop  
9 recommendations that can help to make our communities safer.

10 Next week Commission Counsel will present a Foundational  
11 Document focusing on the perpetrator's financial misdealings. All the Foundational  
12 Documents, supporting materials, Commissioned Reports, and other research shared  
13 so far are available to read on the website, where they can help to answer questions  
14 you may have about what happened, how, and why.

15 Tomorrow we'll hear from experts in two roundtable discussions  
16 focused on ways to understand, predict, and prevent mass casualties, as you've just  
17 heard with reference to the exhibits.

18 Thank you and we'll see you back here tomorrow morning at 9:30  
19 Atlantic. Thank you.

20 **REGISTRAR DARLENE SUTHERLAND:** Thank you. The  
21 proceedings are adjourned until July 14<sup>th</sup>, 2022 at 9:30 a.m.

22 --- Upon adjourning at 1:02 p.m.

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**CERTIFICATION**

I, Sandrine Marineau-Lupien, a certified court reporter, hereby certify the foregoing pages to be an accurate transcription of my notes/records to the best of my skill and ability, and I so swear.

Je, Sandrine Marineau-Lupien, une sténographe officiel, certifie que les pages ci-hautes sont une transcription conforme de mes notes/enregistrements au meilleur de mes capacités, et je le jure.



Sandrine Marineau-Lupien