MASS CASUALTY COMMISSION
COMMISSION DES PERTES MASSIVES

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

Commission fédérale-provinciale sur les événements d'avril 2020 en Nouvelle-Écosse
CommissionDesPertesMassives.ca

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

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Appearances / Comparutions

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Halifax, Nova Scotia

--- Upon commencing on Thursday, July 14, 2022 at 9:33 a.m.

COMMISSIONER FITCH: Bonjour et 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 who were harmed, their families, and all those affected by the April 2020 mass casualty in Nova Scotia.

(SHORT PAUSE)

COMMISSIONER FITCH: So far this week, we've been looking at different aspects of the perpetrator's violence towards his common-law spouse, his family, and others. We've also heard from a number of expert witnesses to help us understand the related issues of gender-based and intimate partner violence, which are part of our mandate.

Much of our work is focused on learning how we can help to prevent future events like the mass casualty. Today we will hear from two roundtable discussions. We will hear two roundtable discussions that will assist us and work to bring forward lessons learned and recommendations.

The first roundtable will focus on whether it might be possible to predict and prevent mass casualties, including a discussion on risk assessment models, intervention strategies, and steps that Canadian institutions and citizens can take.

The second roundtable will focus on how mass casualties are defined, why these definitions matter, and whether we might be able to identify perpetrators of violence in mass casualties based on common characteristics.

I will now ask Dr. Emma Cunliffe, the Commission's Director of Research and Policy, to introduce the first roundtable.

Dr. Cunliffe?

--- ROUNDTABLE: PREDICTION AND PREVENTION OF MASS CASUALTY

EVENTS:

DR. EMMA CUNLIFFE: Thank you, Commissioner Fitch.

My name is Emma Cunliffe, and I have the honour of serving as the Director of Research and Policy for the Mass Casualty Commission.

This morning we will focus on that aspect of the Mass Casualty Commission's mandate that invites us to consider how best to prevent incidents of this kind in the future.

When a mass casualty occurs, important questions arise about whether there were missed opportunities to recognize the perpetrator's dangerousness, and to intervene to prevent the harms from occurring.

In this roundtable, as with every roundtable, we won't focus on the mass casualty of 18 and 19 April 2020, nor on the evidence that the Commission has assembled about the man who perpetrated these dreadful crimes; this work is being done in other aspects of the Commission's process. Instead, we'll take up the direction provided in our mandate to consider the broader context and causes of mass casualty incidents generally, and in this roundtable and this afternoon's roundtable, we'll specifically focus on questions that arise about predicting the perpetration of mass violence and seeking to prevent these acts.

These roundtables, as with every roundtable, begin from a commitment to community safety and to finding the strategies that are evidence based and are the most likely to assist in keeping communities safer in the future.

The core themes of this roundtable are whether mass casualties can be predicted, and whether effective risk assessment models exist and for what purposes; the availability of early intervention and prevention strategies, given the state of our knowledge and understanding; and the steps that Canadian institutions, communities, and citizens can take to prevent these events, as much as possible, in the future.

To speak to these questions, we've assembled a group of experts

who bring deep engagement with questions of risk, the challenges of prediction, possibilities for intervention, and the ways in which how we think about these problems shapes our understandings of how we might respond to them. I'll let them introduce themselves to you in a moment.

In this morning's roundtable, we'll be having difficult conversations about difficult questions. As facilitator of the roundtable, it's my responsibility to direct the questions, to ask follow-ups, and to moderate the dialogue. And I would remind our roundtable members please to speak slowly for the benefit of our accessibility partners.

Roundtable discussions will form part of the Commission record. They're being livestreamed now and will be publicly available on the Commission's website.

The Commissioners may choose to pose a question or ask for clarification at any point.

This is also a good opportunity to remind you that we're presently conducting a further public consultation, this one online, in which we're seeking input about the recommendations that you would like to see considered about the Commission's work. You can find more information about this consultation on the Mass Casualty Commission website at masscasualtycommission.ca; under the Proceedings menu, look for the option Public Submissions.

As with every roundtable discussion, our intention is to provide the Commissioners, Participants and the public with a deeper understanding of the core themes so that everyone is well-positioned to engage in conversation in Phase 3 about lessons learned and potential recommendations.

Before I invite our roundtable members to introduce themselves, I would particularly like to acknowledge the work of the Research and Policy Team in producing today's roundtable, in particular, Serwaah Frimpong, Selena Henderson, Laura McAnany, and Janet Dyson, who have all made significant contributions to today's proceedings.

So let's get started. I'm going to ask each of the roundtable members to introduce themselves, and I'll begin with the virtual participants.

Myrna, if I may ask you to begin.

DR. MYRNA LASHLEY: Good morning. Thank you very much. My name is Myrna Lashley. I'm an Associate Professor with the Department of Psychiatry at McGill University, and my research interest is in ethnicity, mental health, the intersection of ethnicity and mental health, and radicalisation. Thank you very much for the invitation to be here.

DR. EMMA CUNLIFFE: Myrna, thank you so much for joining us today.

George, if I may ask you to go next. I'm sorry, George, I think you may be on mute.

MR. GEORGE SZMUKLER: Sorry. My name's George Szmukler. I'm a Emeritus Professor in Psychiatry in Society at King's College London, and a retired psychiatrist. I was a general psychiatrist with experience of inpatient and community services, but I'm not a forensic, I wasn't a forensic psychiatrist. My main interest is in mental health, law reform, in coercion and measures to reduce recourse coercion, and related to that, is an interest in risk assessment, and particularly, the risk of harm to one's self or to others and the role that it plays in involuntary treatment.

DR. EMMA CUNLIFFE: Thank you, George.

Benjamin, if I can ask you, please, to go next.

MR. BENJAMIN BERGER: Thank you. I'm Benjamin Berger. I'm a Professor and York Research Chair in Pluralism and Public Law at Osgoode Hall Law School in Toronto. I teach and research in the fields of constitutional and criminal law and theory, the law of evidence, and the historical and contemporary interaction of law and religion as well.

And Emma, if you'll allow me, I want to also just acknowledge that I'm living and working and zooming to you today from Tkaronto, the traditional territory

of many Indigenous nations, including the Anishinabek Nation, the Haudenosaunee Confederacy and the Huron-Wendat. This territory is the home to many First Nations, Inuit, and Métis, and is cared for by the current treaty holders, the Mississaugas of the Credit First Nation. It's also subject to the Dish With One Spoon wampum belt covenant, an agreement to peaceably share and care for the Great Lakes Region.

And in acknowledging that, I thought it very important to do so in part to acknowledge that there are here on this land, in this territory, deep traditions of thought, about sorry, about tragedy, about justice, about community and wellness that far precede the institutions that we're living with together right now. And so I always do my best to listen and learn from those tremendous sources of wisdom, and I do so in studying criminal justice, that includes liability sorts of questions around mental disorder and of fault, but also policing, sentencing, the law of evidence. I'm looking forward to our conversation, and thank you for having me, Commissioners.

DR. EMMA CUNLIFFE: Thank you very much, Benjamin.

Nikolas, if I can turn to you next.

MR. NIKOLAS ROSE: Thanks, Emma. So my name's Nikolas Rose, and I'm a sociologist, now retired. I have honorary appointments at the Australian National University and at University College London. Prior to my retirement, I was head of the Department of Global Health and Social Medicine, which I set up at King's College about a decade ago, and I was co-head of a big research centre on mental health in society.

So I have been working on social and political issues concerning mental health and risk assessment for very many years, looking at the intersection between two great systems of merging conduct in our society, the criminal justice system and the mental health system, and the ways in which they work together and the ways in which they have clashed. And started about 10 or 12 years ago, focussing, particularly, with some Canadian colleagues, as it happened, at the University of Toronto, Centre for Criminology, on questions of risk assessment and prediction -- and

the dangers of prediction, the dangers and difficulties of prediction, I should say, not just the dangers.

And I've also been working in an area called Foresight, trying to look at the future consequences of current developments in biotechnology and genomics and brain imaging. And I suppose the one sort of slogan that sticks in my mind from Niels Bohr, is that prediction is very difficult, especially about the future. It's extremely difficult to predict the future, but it's quite easy to produce compelling tales about how the past has led to the present.

And I think those are some of the issues that we'll be trying to deal with today, how much is hindsight helpful and how much is foresight possible. So thanks very much for inviting me, and I'm looking forward to the discussion.

DR. EMMA CUNLIFFE: Many thanks, indeed, Nikolas.

And Robert, thank you for joining us in person today. Please introduce yourself.

MR. ROBERT WRIGHT: Hello, I'm Robert Wright. I'm a social worker and an African Nova Scotian from here in Halifax. I currently serve as the Executive Director of the Peoples' Counselling Clinic, which is a community-based pro bono mental health clinic that I founded a few years ago. I'm also the Acting Executive Director of the African Nova Scotian Justice Institute, which has been recently formed and funded by the Provincial Government to look at matters of systemic racism in the criminal justice system as it affects people of African descent.

In that regard, I -- one of the things that I bring to the table is I'm the pioneer of a -- of a model of assessment called "Impact of Race and Culture Assessments", which is kind of an enhanced pre-sentence assessment for people of African descent to assist courts in making better decisions around sentencing for people of African descent. I should say I'm also a clinical member of the Association for the Treatment and Prevention of Sexual Abuse, which is something I've been involved in since -- well, very early in my career, and have been a regular presenter at regional and

national conferences in that area as well. So I'm happy to be here.

DR. EMMA CUNLIFFE: Robert, thank you so much for joining us today. Robert also was kind enough to conduct an interview with the Mass Casualty Commission which will also form part of our record.

I would like to begin our discussion today by talking a little further about the idea of risk and risk assessment. Risk has become a governing concept within Canadian society, as is true in many OECD nations. That is, it's become a way of understanding certain kinds of problems and seeking to counter them. Terms such as "risk management" and "risk assessment" have become standard within policy discussions, and even public conversations. Efforts of early identification of risk and intervention to prevent risks from becoming outcomes have become a key strategy within mental health, the criminal legal system and other domains. So for example, the use of risk assessments has become a standard tool for the criminal legal system when questions of bail or sentencing are being decided. Psychiatrists use risk assessment when working with patients who have, or may be violent, and so on.

And so Nikolas, I'd like to begin with you today. You have written that efforts to identify and manage risk bring together two closely-related senses of risk: the desire to identify risky individuals before they do harm to others; and the hope that one might be able to identify individuals who are at risk, those who are susceptible to harm, such as personality disorders. Can you explain what this turn to a discourse of managing risk enables and what it obscures?

I'm sorry Nikolas, you may be on mute.

MR. NIKOLAS ROSE: Just, again, with a little history, and the history is mainly one from Europe, which I apologize, but that’s what I know the most about.

So up to about 30 years ago, when it was a question of whether or not people would be violent, the attempt was made to identify what was specific about people who were dangerous, to identify dangerous individuals in terms of their specific

character, their specific personality, their specific dispositions, and so on. Dangerousness was seen as something which adhered within a kind of pathological individual.

Now, in a celebrated set of articles and debates, many of the people who were working on this area became increasingly pessimistic about the possibility of identifying what it was in an individual that made them dangerous. And some went so far as to say that actually the idea of dangerousness was really no use whatsoever in the criminal justice system or in the psychiatric system. Instead of trying to make a binary distinction between those who are dangerous and those who are not dangerous, we should move to do something on risk assessment. Everybody was potential risky. And the question was who on this continuum was more or less risky than others?

Now, in one way, this became really interesting because it tried to bring in all sorts of other factors apart from the personality of the individual, which made someone risky. And for those of us like me who are social scientists, we began to recognize that the conditions under which people might pose risks to others were often social: bad housing, unemployment, whether or not they were using drink or drugs, or whatever. So people could be placed on a continuum of risk on the basis of an assessment of a whole series of factors.

Gradually, this idea that everybody, in a sense, was subject to risk, and everybody and every situation could be assessed as potentially risky or leading to risk, generalized, and it became almost the obligation of almost every professional to assess risk in their situation, whether it was a building manager assessing whether or not a particular staircase was risky, or whether it was a psychiatrist assessing whether or not their particular client or patient was risky. Risk assessment became a kind of obligation of almost every professional.

And to use a phrase I think first used by my late friend Richard Ericson at the Centre for Criminology at the University of Toronto, the gaze of the

profession was formatted by risk. You looked at situations and individuals in terms of whether or not they pose risk to the individual or to others. Risk became a very generalized way of professionals seeing things, and then as a corollary of that, those who governed all sorts of things, whether they were buildings, whether they were building sites, whether they were universities. Assessing risk everywhere. So risk became this really pervasive obligation to professionals and obligations for those who manage situations, whether or not anybody was any better at making risk assessments than they had been at making diagnoses of dangerousness, that, I guess, is going to be part of the discussion that we'll have today.

DR. EMMA CUNLIFFE: Thank you very much for sharing that history with us Nikolas.

Myrna, I'm going to turn to you. In our preparatory conversations for this roundtable, you observe that it's important to look closely at how the word "risk" is used, what we define it to mean, and in particular, what kinds of what risks we seek to assess and to manage.

Can you explain why these questions are so important to ask and what kinds of things can be left out of the risks we focus on?

DR. MYRNA LASHLEY: Thank you very much. I'm actually going to follow on from what Nikolas said.

Who defines risk? And what do we expect from it, in terms of society, in terms of institution, in terms of systemic issues, determines what we're going to get out of it.

Now, that sounds strange, to say that who determines how it's defined determines what we're going to get, but that's in fact true, because we set up a mindset of what we're looking for.

And we often have certain people assessing others without even understanding the lived reality of those others, and there's nothing -- very seldom do we have people from those communities explaining to people what's going on so that the

risk makes sense.

So we have determined, for example, that societally, systemically, that certain groups, for example Black people, especially, Black men, Black young boys, they say, “Well, they’re 15 years old, but they look big, and so we’re afraid them. They’re big. They go to the gym. They’ve got these muscles. Therefore, they are to be feared.” And so you have the phenomenon of people, for example, getting on a bus and people pulling their purses closer to them because they are afraid.

I mean, what are you afraid of? What is the risk? And who has determined that this is a risk?

And that is a big issue because we have seen that people get punished, get ostracized for things which are in favour of what the largest society thinks makes them comfortable. Not that that person is inherently evil or inherently dangerous. We don’t even know how to do that properly, as Nikolas said. But it has to do with the social.

And so we’ve got to be really, really careful. And if we look at tests, good gracious me, no test is culture free and very few of them, if any, are culture fair.

So I think those are things that we have to take into consideration when we’re talking about what do we mean by risk? Who defines it and how has it been implemented, that definition?

Policemen. Policemen do it all the time. What are they looking for? We don’t know. But they’ll say, “Well, I was afraid.” Afraid of what? They can seldom tell you.

DR. EMMA CUNLIFFE: Thank you, Myrna.

Robert, can you see other ways of thinking about risk and opportunities for intervention? How have you tried to approach these questions in your work?

MR. ROBERT WRIGHT: Well I would say that I’ve served in a number of different capacities where I’ve had responsibilities for thinking about risk.

For example, as a director of child welfare in a jurisdiction, a county jurisdiction, and you note that there are child welfare concerns coming from different communities.

Of course, in child welfare, we're always concerned about children who are being harmed, or at risk of being harmed. But in a relatively small jurisdiction like a provincial county, you can see the trends. You can see that people are coming from this particular area who are presenting risk, who -- perhaps a low-income area, perhaps an area affected by poverty, or isolation.

And so when you see that, there are kind of two things you can do. You can then go police that place and find all of the people who present risk, or you can service that place and then, you know, mobilize the local family resource centre and other services and deploy those to that area and say, okay. So now we're creating opportunity for people who may present a risk to actually access services that could reduce those risks. And so that kind of gets us away from focusing on who is at risk and providing services to selected communities or populations that we know could have risk, and lower the risk by providing those services, enhancing services to expand issues.

So for example, in this province, you know, we follow newborns pretty well. You know, every child who is born -- 99 percent of children are born with the assistance of the public health system. And they have public nurses who follow them and their parents for a number of weeks. But after that, the services are gone.

Well, what about those families who could use a little extra assistance? Do we wait for them to present risk to their children? Well, happily, we don't in Nova Scotia anymore. We have an enhanced home visiting program that can follow families for a while.

So I think that service delivery and service provision and creating services that reduce the barriers to people who present risk and to the people who are around those folk to access services for themselves, or for the people who present

these risks is a way to address these questions. So, for example, you know, there are some barriers to seeking mental health services. There are barriers for certain communities who might feel that there is a member of their family or someone in their community who might present a risk. If the only number to call is 9-1-1, there are certain people in certain communities who are not going to call that number to find help for their family or for their loved one, who might present a risk.

So we've tried to introduce things like a mobile mental health crisis team, which has its own challenges and barriers because of the model that we have developed here. But again, I would just say that the approach of identifying communities that may be at risk and mobilizing, developing and deploying services to reduce those risks is a way and approach.

DR. EMMA CUNLIFFE: Thank you so much, Robert. And we will indeed loop back to some of those strategies as the conversation progresses.

George, in your work, you've considered the difference between numbers and values and how both are in play when we talk about risk. Can you explain what you mean, the distinction you see?

MR. GEORGE SZMUKLER: Yes, thank you. Numbers refers to the figures that one derives from risk assessment instruments, so these are instruments that have been developed to predict the likelihood in our context of somebody committing a serious, violent act, so that we might intervene before the act to prevent it. So these risk instruments take established associations with violence, that is risk factors, usually giving them a numerical value, and there are a considerable number of these that are associated, statistically at least, with violence. And the risk assessment instrument combines these in such ways to optimize their ability to separate those who will be violent against those who will not be violent. And these risk factors cover, for example, childhood and family disruption, past antisocial and criminal behaviour, details of offences in the past, particular personality traits, abusive drugs or alcohol and so on.

Now one of the problems -- now I don't know how much you want

me to go into it at this point, is that the current risk assessment instruments are not very good at predicting whether an individual will be violent. They are good and statistically significant in separating a group of people who will be violent against those who will not be violent.

DR. EMMA CUNLIFFE: George, if I can ---

MR. GEORGE SZMUKLER: But that is ---

DR. EMMA CUNLIFFE: --- if I can jump in, we will jump into those technicalities in a little while. At this stage, I'm really interested in that distinction between numbers and values. And we'll turn to your PowerPoint cites just in a few minutes.

MR. GEORGE SZMUKLER: Shall I address the values issue then?

DR. EMMA CUNLIFFE: Yes, please, yeah.

MR. GEORGE SZMUKLER: Yes. So the values are what should be done about somebody who appears to present a risk, what are the costs of doing a risk assessment. So in the mental health system in England, every patient who presents to mental health services should have a risk assessment for violence as well as self harm, and that has a number of costs. One is obviously in the time that's devoted to doing the risk assessment, which means less time to develop relationships with patients. There's the issue of trust, so that patients have trust in doctors if they feel that the doctor knows what they're doing, and that also that the doctor's agenda is the same as the patient's agenda. The patient's agenda is this doctor I hope will help me or this mental health professional will help me.

If there is some problem in the patient's mind about, well, you know, I'm being asked these questions about things that I've done in the past, is this person more intent on determining whether I'm a risky or dangerous person or are they more interested in helping me. And that problem of trust actually diffuses through the whole system because the chief executive needs to know from the more local manager that

these risk assessments are being done, which means that people at a lower level or the managerial level has to -- have to check that those at the core face, those mental health professionals, are they actually doing the risk assessment? Are they doing the risk assessment satisfactorily? People at the core face did not go into mental health care to do risk assessments, on the whole. They are there to try to and help people who are distressed or having difficulties. And so, in a way, there is a kind of process of disinformation that spreads through the system.

And there's another cost and that is the one of discrimination. So why should people with mental illness be subject to such a screening whereas there are -- they account for only a very, very small proportion of serious violence in the community. Why are they selected for having this screening and people who are clearly, who have been involved in various violent episodes are not necessarily. People who arrive in accident emergency departments, clearly been in some sort of violent, there's no need, there's no obligation on those people in accident emergency departments to do a risk assessment. And so it stigmatises people with mental illness more than they already are. They're already a very marginalized group.

So there's some of the costs and some of the values that we tend -- society tends to discard people with mental health problems when it comes to what obligations it has to protect those people and also to protect themselves from the perceived risk that such people pose, a totally -- a risk which is wrongly misperceived.

DR. EMMA CUNLIFFE: Thank you so much, George.

Benjamin, the Canadian legal system incorporates a set of principles about rights and freedoms. How are rights and freedoms important when we're thinking about how best to manage, for example, the risks presented by someone who's seeking mental health care services, been diagnosed with a mental illness? Can you see an evolution within the Supreme Court of Canada's thinking about how to ensure that these rights are protected while society is also kept safe?

MR. BENJAMIN BERGER: Certainly. And I suppose there's two

layers of response to that question. One is at the general and one a bit more historical in the Canadian legal system and so let me begin with the general.

I think in a sense, I'm capturing in this comment, or recapturing, something that Robert said and an element of George's values discussion, which is the idea that posing the question of managing risk is always and immediately, in a sense, ambivalent. And what I mean by that is suddenly, simply by dint of asking the question what are the risks and how we go about managing them, one has the hazards that one was worried about to begin with. But there's also the set of worries or hazards or potential consequences of whatever regime one is imagining putting in place to attempt to address, manage, alleviate that risk. And so now, I think, we're in a question by dint of asking the question, how do we manage the risk, of posing a further question to ourselves is who will bear the effects of managing or seeking this risk.

And so I think, you know, anyone thinking through possible risks and approaches to risk management has a question they must post for themselves, which is what are the costs or what are the hazards of seeking to extinguish this risk, if it is extinguishable or manageable at all.

Now one way of thinking about that is risk and right as one legal way of rendering, are there other questions. There are questions of systemic injustice. There are questions of the way that risk tends to land in its management on vulnerable populations. But another way of thinking of it is in that dialogue between public concern about hazards, public safety is sometimes how that's framed in a legal setting, versus rights. And, of course, this will re-emerge later when we speak about population level prediction versus individual level is the focus at which our legal system tends to think about rights. Population level is often the level at which we worry about certain sorts of broader kinds of prediction, and we can be more certain about those kinds of prediction. So we'll get to that.

But the historical answer to the question -- so that's a very broad answer, Emma, which is, you know, rights and the legal system tend to frame the

question of addressing risk as a relationship between public good and individual right.

One place that that that has landed is in the context of the management of felt risks around crime or violence by those who have mental health illnesses, and that's something that we'll talk more in detail about, the weak correlation between -- that we know in the data between serious mental health issues and serious crime. Very weak link. But that's something others can speak to in more refined detail.

What I can note is that there's been actually quite a profound evolution over the last many years in the way in which our Supreme Court has thought through mental health and the question of rights and criminal law.

We -- in 1991, the Supreme Court of Canada, in a case called *Swain*, ruled on constitutional, our old scheme, in managing one element of the way that criminal law interacts with mental disorder, our, what used to be called not guilty by reason of insanity defence, which was an old defensive at common law that came in through statute in Canada.

And it struck down that scheme, which resulted, when someone was not guilty by reason of insanity in the language of the time, at detention at the pleasure of the Lieutenant Governor in Council. So governmental detention, indefinite, and discretionarily so.

And in striking it down, the Court noted that a concern with that was the way in which mental health was being criminalized. Mental health issues were being criminalized. Concern that the whole scheme was predicated on stigmatization of mental health, on misunderstandings of the character of mental illness, and on category confusion, you might call it, between what criminal law had a warrant to do and what other social institutions, like healthcare institutions and social services, ought to be in charge of.

And what was instituted in its place, in the place of this old scheme, was a new scheme called "not guilty by -- not criminally responsible by reason of mental disorder," NCRMD.

And the Supreme Court considered that in a case called *Winko* in 1999, eight years later. And the essence of the Court's reasoning about, yeah, the risk hat is presented by someone with a mental health illness, a disease of the mind in the language of the law, and we can speak later about the particular ways the law understands and misunderstands psychiatric illness.

But a relationship between risks presented in terms of public safety by mental health and the treatment of the mentally ill, so public safety versus proper non-discriminatory effective treatment of the mentally ill.

And the Court set up that as a way of balancing the rights of the individual to not have their liberty interfered with, unless there was very good reason to do so at an individual level, versus broader public safety concerns.

And so I think, and an overall picture of that evolution, was an anxiety in the law. And in fact, at the end of the day, a constitutional concern with transforming worry and misunderstanding about mental health into a regime that didn't do enough thinking on the side of who bears the burden of trying to extinguish risk, what rights are effaced by trying to extinguish risk?

So there's been a major evolution over the last 30 years or so in the way that that is done. I wouldn't say that that legal evolution is necessarily reflected in the way those institutions always operate. It's not as though the law has extinguished the sense of criminalization of mental illness, and we can talk more about that.

But that's the broad contour of this relationship between right and risk.

DR. EMMA CUNLIFFE: Thank you, Benjamin.

So having had a bit of a general conversation about the idea of risk, how we seek to manage risk, and what the implications are of the choices we make in this regard, I'm not going to return to the specific, somewhat statistical challenges of thinking about using risk or risk assessment to predict and manage rare events such as serious violence.

So, George, you've kindly prepared a PowerPoint presentation, and if I could ask that that be brought up, please, that explains the statistical challenge of using risk assessment tools to predict violence, and particularly rare kinds of violence.

I'm going to ask you to take us through these slides in a moment, but I'm going to begin with a more general introduction to the problem that you're addressing here.

You've already provided us with something of a description of how psychiatrists might use or indeed be compelled to use risk assessment in the course of their clinical practice.

Can you, before we delve into the detail of your slides, explain in general terms why it's so hard to design a test or a tool that identifies or predicts who will commit the most serious crimes? What's the nut of the problem?

MR. GEORGE SZMUKLER: The problem is that those outcomes, those hazards, those acts that we are most interested in preventing, the most serious, serious violence, homicide, suicide, they are rare events, and no matter how good the risk assessment instrument that's been developed to date, and there's been a lot of work on this, and I have my doubts that there can be an improvement. So even with the best instruments available to date, and let's assume that they are culture free, just for the moment, and there are problems with this, that they're as objective as can be, that they're superior to clinical judgement, but you know, that they're based on epidemiological evidence of risk factors. They are virtually of no value when the event is rare. So a homicide, for example, or a suicide.

And I will later perhaps be able to show some figures about why this is the case, but they are of extremely limited value in predicting those acts that we are most, most intent on predicting and avoiding.

DR. EMMA CUNLIFFE: Thank you so much, George. And so I will indeed take you through your slides and diagrams one by one. If we could please turn to the second slide?

What does this two-by-two diagram predict and what's the significance of the positive predictor value to understanding the usefulness of a risk assessment?

MR. GEORGE SZMUKLER: Right. So when we're thinking about a predictive test for anything, but in this case about predicting whether somebody is going to commit a violent act, there are -- it really is encapsulated in the two-by-two table. So you can see on the left side, the test predicts what will be violent, who -- the person will be violent, yes or no, and then the outcome, whether the person actually commits an act of violence. And you can see that there are, if you look at the test prediction, you can see that there are some cases, the true positives, where the person -- the test predicts that they will -- I'm sorry about that noise in the background. The test predicts that the person will be violent. But then there are some that the test predicts will be violent and they're not violent.

Then there are those that the tests predict will not be violent, some of which actually do turn out to be violent, false negatives.

But the real bug there are those where the test predicts that they will be violent, but they are not violent. And that's that purple group. And I will go to those in more detail.

And the positive predicted value is that, okay, the test says that this person will be violent. What proportion of those cases where the test says this person will be violent actually turns out to be violent? That's the positive predicted value. It's the proportion where the test says, yes, this person would be violent, and that person actually turns out to be violent.

DR. EMMA CUNLIFFE: Thank you so much for talking us through that, George.

If we could turn, please, to the next slide?

Here you're setting out how to determine the positive predictive value of a risk assessment, and I'm hoping that you can talk us through the logic of this

slide, but I think it might be useful to begin with the basic concepts of sensitivity and specificity, and then I'll ask you another question once you've had a chance to define those terms.

MR. GEORGE SZMUKLER: Right. So there are three numbers that one needs to assess the efficacy, the accuracy or precision of a risk assessment, and once you have those three numbers you can do the calculation on the back of an envelope. And those three are sensitivity, specificity, and the base rate. So I'm going to include that, Emma, in this.

So the sensitivity is that, look at all the people who did turn out to be violent; that's just above the top line. And you can see that the sensitivity is the proportion of those people who do turn out to be violent that are predicted by the tests to be violent. And in this case, it's 81 percent, but that means that 20 percent were not predicted by the test to be violent, so they're false negatives. The A group is the true positives.

The problem then arises mainly in the specificity. So the specificity is the part of the risk assessment that predicts that the person will not be violent; that is, that they score negatively on the test. And you can see that in 63 percent of the cases of people who turn out not to be violent, the test is accurate. It says that they won't be violent, and they're not violent.

The big problem is the bottom, the B category. And these are predicted by the test to be violent but are not violent; false positives.

The base rate is important because of the lower the base rate, the lower the frequency of expected violence in this population that's been screened by the test, the bigger the effect of the poll specificity is, and that the false positives just absolutely overwhelm the true positives. So B just becomes so huge that A over A+B becomes extremely small.

DR. EMMA CUNLIFFE: Thank you so much, George. And it was indeed to base rates that I was going to take you next.

So I wonder if you could please explain, when you talk about the base rate of violence, what does that mean?

MR. GEORGE SZMUKLER: That means what is the expected rate of what you're trying to predict, acts of violence, the expected rate in this particular population that you're interested in. So what is the expected rate, for example, in prisoners who have been discharged from -- released from prison? What is the rate of reconviction for a violent offence, say, at one year or two years? That's the base rate. And the importance of the base rate is that the lower the base rate is, the poorer the precision of the risk assessment instrument.

DR. EMMA CUNLIFFE: So ---

MR. GEORGE SZMUKLER: It's critical.

DR. EMMA CUNLIFFE: Thank you. So just to make sure that we all understand, myself included; if, for example, we would expect 7 percent of offenders upon release to reoffend in a violent way in the two years after release, the base rate would be 7 percent; is that correct?

MR. GEORGE SZMUKLER: That's -- yes, that's a study that involved mentally disordered offenders released from secure units in England in over a two-year period they reoffended with a violence offence in 7 percent of cases, yes.

DR. EMMA CUNLIFFE: Thank you. And, actually, before we turn to the next slide, I'll pick up on the point you just made, George. A few minutes ago Benjamin mentioned that there's a very weak association between the commission of violent offences and mentally ill offenders. And you've just given us a statistic about the proportion of those who were released from secure units who offend violently, but I'm going to ask you about another statistic you share in another paper, which is the proportion of homicides that are committed by those who have a diagnosable mental illness, a serious diagnosable mental illness. What proportion of homicides are committed by those who are mentally ill?

MR. GEORGE SZMUKLER: Well, the proportion committed, a lot

depends on what one means by mental illness. And many of the statistics; for example, those that have been used in England, count somebody as having had a mental illness if they have been seen in a mental health service in the previous 12 months. And that includes probably people perhaps that were said -- not merit a diagnosis of mental illness. It includes people with drug and alcohol problems that, you know, would not really satisfy the general view that this is a serious mental illness. It includes people with antisocial personality disorder, which, again, might not be considered to be a serious mental illness.

So when it comes to serious mental illness, it's somewhere between -- around 5 percent. So 5 percent of homicides would be the result of an act by a person with a diagnosis of a serious mental illness, that's schizophrenia or delusional disorder or bipolar illness or manic-depressive illness.

But I must say that of those, about 80 percent also have a drug and/or alcohol problem. Drugs and alcohol are terribly important in generating violent acts.

DR. EMMA CUNLIFFE: Thank you. And given the sensitivity of the question I've just asked, I think it's important to ask a follow-up, George, which is that 5 percent that you've just alluded to, is that because those who suffer from psychosis disorders such as schizophrenia are particularly violent and dangerous? Does that represent a significant proportion of that population, or is there something else going on there?

MR. GEORGE SZMUKLER: No, it's a tiny proportion. So in England, there are, at any one time, around 250,000 people with a psychotic illness of whom 25, roughly -- between 25 and 30 will commit a homicide in a year, so that's 1 in 10,000. So 1 in 10,000 people with a psychosis will commit a homicide. This is in England in the course of a year. And they will be -- 80 percent of those people will have a drug and alcohol problem.

DR. EMMA CUNLIFFE: Thank you for clarifying that.

If we could please turn now, then, to the next slide?

This slide provides and example of the positive predictive value of a particular risk assessment tool, the VRAG. And so I'm wondering, George, if you can please begin by explaining what the VRAG is and then describing what this slide tells us about whether those who are predicted by the VRAG to commit violence do, in fact, go on to commit violence?

MR. GEORGE SZMUKLER: Yes. The VRAG risk assessment tool is used quite extensively. It's one of a number of tools, and it seems to be -- most of the tools are equally effective in predicting risk. It incorporates the items that I mentioned earlier, so it looks at childhood family disruptions, childhood conduct problems. So an aspect of personality actually includes a psychopathy checklist which has an association with violent acts; past convictions, details of those convictions; drugs and alcohol use; social -- the social context, social relationships; marital status.

So it's those risk factors that are well-established and a host of risk factors well-established as having a statistical association with violence. But -- I'll get onto the "but" when you ask me to.

DR. EMMA CUNLIFFE: In fact, you're welcome to get onto the "but" now because, really, part of my question is; what does this slide tell us about those who are predicted by the VRAG to commit violence do in fact go on to commit violence, about the positive predictive value of the VRAG.

MR. GEORGE SZMUKLER: Yes. The "but" is to do with the difference between saying, "This group of people is at high risk of committing violent acts," and an individual in front of you that you are being asked to assess the level of risk that this person poses. That's a very, very different story.

So here we can see that this group of discharged mentally disordered offenders, 7 percent of them we know that's the number that is going to reoffend with a violence offence over two years. And we can see that the sensitivity -- and this is the sensitivity that I mentioned earlier, 20 percent of those, roughly, of those

7 out of 100 will be accurately predicted by the test. That's rounding up to that six versus one who is predicted that they wouldn't be violent, but do act violently.

The specificity, and this is where you can see the play of these numbers, that at first is not very obvious, but the test has got to also exclude people who are not going to commit a serious, violent offense. And here, the specificity is 63-percent. So 59 of the 93 who were not reconvicted for a violence offence were accurately predicted, but the problem is those 37-percent who predicted by the tests that they would be violent, that they wouldn't -- but they don't turn out to have been violent, they're in the not reconvicted group. And because that group is so much bigger than the reconvicted group that 37-percent is a big number. You can see it's 34. So if you look at the positive predictive value, you add the 6 and the 34, that's 40 people predicted by the test that they're going to be violent, of whom 6, only 6 of those are violent, and so the test has a 15-percent positive predictive value. That is, that if you do a hundred tests, 85 of them will be wrong. They'll predict the person's going to be violent, but the person is not. Fifteen of the hundred it'll be accurately predicted.

And so if one is going to do something to deprive those -- that group of 40 of their liberty in some case, the cost of this, this is now one of the costs, perhaps the most important cost, the cost of this poor predictive, positive predictive value is going to fall on the majority of those people, 85-percent of whom who do not turn out to be violent.

DR. EMMA CUNLIFFE: And so again, just to make sure we understand, on this example, somewhere between 5 out of 6 and 6 out of 7 of those who were predicted to go on to commit further violence will not do so?

MR. GEORGE SZMUKLER: No, 1 of -- 1 of the 7.

DR. EMMA CUNLIFFE: One in seven. One in seven will commit violence?

MR. GEORGE SZMUKLER: Yes, and not predicted to do so. That's the 20-percent that the sensitivity test does -- does not include.

DR. EMMA CUNLIFFE: Okay, I'll ask my question a little differently, George. I'm sorry, it was possibly a little mangled. Of those 40, who are predicted to commit violence by this test, only 6 will do so?

MR. GEORGE SZMUKLER: Correct, yes. And the test will miss one where the person went on to be convicted of violence and the test said no, this person is low risk.

DR. EMMA CUNLIFFE: Okay, great. So there are errors in both directions?

MR. GEORGE SZMUKLER: Yes. Yes.

DR. EMMA CUNLIFFE: Perfect, thank you.

If we can move, then, please, to the next slide. This slide shows some data about the sensitivity and the specificity of a test, such as the VRAG. It shows that as the test becomes more sensitive, that is, it picks up more of those who will commit violence, it becomes less specific, that is, it also picks up more of those who won't commit violence and predicts that they will so the proportion of false positives within the positive group increases. Do all risk assessments work this way?

MR. GEORGE SZMUKLER: Yes. Yes. So usually there is a score or a range of scores on the VRAG, there are actually 12 scores all together. And you can see that where you set the threshold in saying, okay, somebody scores above six, the sensitivity and specificity is as stated there. But actually, if you wanted the test to be more sensitive, to get more and more of the people who do go on to commit a violent act to be recognised accurately by the test, the specificity goes down. And of course, you know, think about the specificity and think about all those false positives. The lower the specificity the poorer the positive predicted value is going to be because there are many more people in the not reconvicted group, and 37-percent of them, from memory, are going to be wrongly allocated to positive test but not violent.

And you can see that this is showing in -- in the -- in the red area that you could go up to a sensitivity of one, that means you are going to get all of those,

all of those people, the 20 or so in this study who were actually reconvicted, the positive predictive value is .09. That means you're going to be wrong 91-percent of the time. Ninety-one percent of the time, the person who's predicted to be violent will not be violent. And if you go for extremely low -- extremely high specificity, you must have low sensitivity. So if you go to a specificity of .97, the sensitivity that matches that, it's a trade-off of one against the other, is going to be .15; that is, 85-percent of those who do turn out to be violent will be missed by the test, but the positive predictive value goes up because you're reducing that error in the specificity. Only 3-percent of that huge group of people who are not reconvicted are going to be positive on the test. So the cost of a high positive predictive value in this case, it'll be correct, okay, a portion of the time, is that it's going to be wrong, it's not going to pick up the people who do actually turn out to be violent in 85-percent of the time.

DR. EMMA CUNLIFFE: Thank you, George. So what are the conclusions that we should draw about the value of risk assessments from this evaluation, this statistical conversation about how they work?

MR. GEORGE SZMUKLER: Well, the -- these risk assessment instruments, when one compares their sensitivity and specificity, is much, much lower than, for example, a test for the COVID virus where one's -- or HIV virus, or other infections, where you're you're looking at specificities and sensitivities in the high nineties. Here, we're -- we're looking at human behaviour, and we know that human behaviour encounters a myriad of unexpected events, encounters, losses, good things happening, and so we are very, very limited in the level of sensitivity and specificity. I don't think it can get better than the kind of range that we're looking at. Most of the risk assessment instruments are operating in that sort of range.

So there are going to be an overwhelming problem, especially as -- if we get down to 1-percent of base rate, an overwhelming number of false positives, and if we get down to 1-percent, then the vast majority, I mean, almost all of them, are going to be false positives. So the accuracy or the precision of the risk assessment

instrument for a behavioural outcome, rather than biological outcome, for example, is overall very limited.

DR. EMMA CUNLIFFE: Thank you very much.

Benjamin, I'm going to turn to you, and don't worry, I'm not going to ask you a statistical question. In the Supreme Court of Canada decision in *Ewert v. Canada*, the Court recognised the possibility that errors in risk assessment may not be entirely neutral as to the groups of offenders that they disproportionately impact.

Can you please describe the question that arose in that case, and how the concern about risk assessments have validated played out there?

MR. BENJAMIN BERGER: Certainly. So the *Queen* against *Ewert* was a 2018 decision of the Supreme Court of Canada, just for people to put this into -- into a historical context.

The case involved a long-term set of challenges by Mr. Ewert to a set of processes used by the Correctional Services of Canada in making decisions regarding things like security classifications and recommendations for parole, and specifically, tools, risk assessment tools used for those purposes, security classification when one enters the carceral system and parole recommendations that are made by Correctional Services officers to the Parole Board for the purpose of release under conditions during the sentence.

What the case is really about, what this case ultimately was really about was the testing of the quality of the information used by the State when it uses processes that interfere with the liberty of individuals. So the claim here was that -- was that the risk assessment tools, which included Static-99 and a set of other ones, though it's -- in a -- in a paper we have in our materials by Professor Hart, it's -- the point is made that this applies to, really, all risk assessment tools, was that it wasn't validated in respect of indigenous peoples, that the input data for these risk assessment tools was not monitored, assessed, evaluated for its cultural contextual reliability, its sensitivity and its specificity in respect of indigenous peoples, and so the question of whether or

not one might put it this way, structural bias was or was not embedded in the very neutral appearing risk assessment test was simply unknown.

Some real concern, some real evidence that it might, indeed, not be as reliable, as predictive for indigenous offenders, but this was the essence of the claim, that the quality of the information coming from neutral appearing risk assessment tools was, in fact, contextually, culturally biased or potentially biased in some fashion.

Again, the results of which are what? And this is the point about assessing risk versus costs.

The results of which could be deprivation of liberty where that's not necessary. And I think that's the vivid part you want to keep in mind.

In all those cases of low specificity are instances when the state apparatus will be used for no good reason, infringing on rights.

And so Mr. Ewert made a couple of different claims. One was a set of rights-based claims based on section 7 of our *Charter*, the suspension of liberty not in accordance with the principles of fundamental justice, and a section 15 equality breach that the use of risk assessment tools that weren't validated for their -- for their utility with indigenous offenders was discriminatory.

And because, essentially, of questions of burdens of proof, the court did not find breaches of section 7 or 15, equality or fundamental justice. And we can say a bit more about that.

I mean, one wonders, given what else they decided in the case, which I'm about to turn to, when one would ever be able to prove those sorts of breaches. But we'll put that to the side for now.

What the court did find was that the Correctional Services of Canada breached its statutory duty to ensure that the tools it uses are accurate, reliable in respect of indigenous offenders. And again, these tools had not been validated for indigenous offenders. There was a real risk of cultural bias.

Though they had committed to do so, Correctional Services of

Canada had never done the necessary research to determine whether or not there were cultural issues associated with this.

And so you know, one way of understanding the *Ewert* decision, which found that Correctional Service of Canada had breached its statutory duty, if not the rights of Mr. Ewert, was that the case was about how structural injustice can get embedded in the knowledge tools that the state uses and the effects on liberty, the effects on rights, the tangible effects on individuals within our justice system.

One other point, if I could, which is that the court, very importantly, emphasized in a different component of the decision the duty of -- set out in the *CCRA*, the principle that policies, programs and practices of the Correctional Service of Canada would have to be sensitive to gender identity and expression, to the needs of women, indigenous persons, vulnerable persons, persons in need of mental health care.

Essentially, the court was pushing for what it called substantive quality in correctional outcomes.

And the interesting thing about that was that it tied -- though it didn't fit a section 15 equality breach, it tied this idea of fundamentally fair, fundamentally equal treatment within the legal system to the quality of the information and tools that the state is using for risk assessment.

So that's a very provocative use of law to interrogate state knowledge, to interrogate tools and information that the state purports to use to manage that balance that I mentioned earlier between public safety and individual rights, fair treatment, fundamental justice.

So a hugely important piece because although it was about the Correctional Service of Canada, it really does implicate anywhere that risk or threat assessment tools where assessments take place, so here we're talking policing, education, health care, housing, anywhere that those tools are being used. The *Ewert* decision may, I think does, I think ought to, stand for a high degree of concern and scepticism on the ways in which use of these sorts of tools can, when not carefully

tested for culture, for context, for history result in those set of costs on specific communities predicable.

Here our predictive power is very, very high. It will land disproportionately on certain identifiable groups and communities, namely, those of mental health issues, racialized, indigenous. And we know that from patterns of criminalization.

So very broad implications for how we think about the way that the law might be used to force a deeper interrogation of our risk assessment, of our attempt to use the sorts of tools and state knowledge to manage worry, to manage risk, to manage the possibility of crime. How robustly it will be used in the courts is a separate question, but what it stands for as a cautionary tale about the use of these is, I think, quite significant.

DR. EMMA CUNLIFFE: Thank you so much, Ben.

And for the purposes of the record, the paper by Professor Hart that Ben referred to is tendered as Exhibit P-003483.

Myrna, if I can turn to you, please. For 10 years, you've chaired a committee advising the Minister of Public Safety on questions of culture as they apply to threat assessment, risk assessment in the specific context of counter-terrorism.

I wonder if I could start with a question of what would you add to what we've heard so far about the interplay between cultural questions bias and risk assessments tools.

DR. MYRNA LASHLEY: Thank you very much.

I was just about to send Ben a message and say, "Bravo, you got it", you know. That's exactly -- that's exactly the issue.

One of the things that we did with the federal government, first of all, we changed the way they looked at the word "radicalization". Let's start from there.

Because radicalization, in and of itself, it's not a bad thing. We bring about change through radicalization. You know, scientific pronouncements have

occurred and scientific changes occurred because somebody was radical to what someone else was thinking, to the zeitgeist of the time, so we expected that that radicalization was not a bad thing. And so because of that, the government changed it to “radicalization leading to violence”. That was a really, really important step.

Having said that, then, we then had to look at issues of culture, but rather certain communities were being targeted more than other, and who was doing the targeting.

One of the difficulties with the test is that, very often, people like law enforcement and judicial others decide that this tool, these tools are going to give them the information they need. That then gets passed down to the -- to the populace.

And so the police, the judiciary, have decided -- they are changing, as Ben has said. They are changing. I won’t go into court any more and I don’t have to argue with them any more about why I’m not using tests, that I’m using clinical insight rather than these silly tests, is that the courts then had decided and the police decided that this was the way.

It absolved them, essentially, of having to think because you had this tool which said this proportion of the population, this proportion of this specific population would behave this way. And as George has pointed out, you had a lot of faults -- you had -- and Ben has pointed out, you had people being deprived of their liberty.

For example, who would have thought that when you looked at the incident with George Floyd and policeman Chauvin that the wrong person was being assessed for risk. They assumed it was George Floyd. People just accepted, yes, this man, this big, black man, yes. Actually, Chauvin's the one who has the problem. He was the one who should have been assessed, and he may not have been, had not fallen into the range about which George has spoken, so he may not have been found anyway. And that's why we put too much emphasis and too much reliability, not in the blanket scientific sense of reliability, but we rely on them too much to give us what we

need. And by extension, the populace tends to do the same thing because they say, well, if the police are using it, and if the judge is using it, and the academics say it's okay, then it must be okay. That is not the way to go. We've got to find better ways, and I'm not going to go into that right now obviously, but we've got to find better ways to do it. This is not working.

And, you know, some of the ones that George -- as George said, that we should be able to catch, we're not catching. And some of the ones -- well, a lot of the ones who should not be caught, and we catch them, and we deprive them of their liberty. And that goes down through generations. That leaves a mark. That anger, that hurt stays there. That fear of more systems stay there, and it enters into the whole systemic issues with which we are struggling today and have been for a long time, and will continue to do.

I'm going to stop there for now until we get into other stuff, but thank you so much, Ben.

DR. EMMA CUNLIFFE: Thank you very much indeed, Myrna.

Robert, if I can turn to you, my impression, and tell me if I'm wrong, is that one of the things that prompted your turn to the impact of race and culture assessments may have been concerns about the kinds of decontextualizing moves that Ben and Myrna have pointed to in particular. First of all, am I right about that? And secondly, what does the impact of race and culture assessment process reintroduce to the conversation?

MR. ROBERT WRIGHT: M'hm. M'hm. Well, I'd say, yes, you're right, that it's the kinds of concerns that George and Ben and Myrna have spoken about that resulted in the evolution of -- and the introduction of impact of race and cultural assessments. One thing that George said though that I would just kind of -- I won't correct it. I would just change the language. He said that the tools that we currently use are each equally effective, and I think we might be able ---

MR. GEORGE SZMUKLER: Ineffective.

MR. ROBERT WRIGHT: --- to say that they are equally ineffective.

MR. GEORGE SZMUKLER: Ineffective.

MR. ROBERT WRIGHT: Yes. Yes, there you have it. So -- and so what we know is that people of African descent are over-adjudicated, so they are more likely to be charged with an offence, more likely to be convicted of an offence. If convicted of an offence, they're more likely to be assessed, as Ben described, in the classification system, within the correctional system at higher levels of security, so their risks are perceived as higher. And as a result, they tend to spend more time in jail because it takes time to come down from those higher classifications and then be low enough to be seen in the community. And yet, by Correctional Services Canada's own statistics, they are people with the lowest -- some of the lowest recidivism rates of any other population. So clearly, we're assessing them wrong.

And so impact of race and cultural assessments are designed to give courts more contextual information about the person they're about to adjudicate, and to introduce into sentencing the understanding of the effective systemic racism on the lives of people who are -- people of African descent, and to help us to reflect on how we do not double down on and perpetrate further racism against those folk at sentencing.

It's -- I'd like to say that when Ben talks about, you know, our efforts to predict risk resulting in a burden being carried by the most marginal and racialized people in our society, that's exactly what we're talking about. And there are lots of examples of that, that we could share in terms of -- perhaps not in terms of the literature per se, but in terms of the lived experience of those populations.

DR. EMMA CUNLIFFE: Thank you so much, Robert.

Nikolas, if I can turn to you, why is it that the state uses these tools? What's the motive that makes this an attractive tool to reach for, the risk assessment tool?

MR. NIKOLAS ROSE: Okay. I mean, just before answering that,

we should go over just a couple of things. I suppose one of the reasons, and this goes onto your question, one of the reasons why objective tools are reached for is because of criticism of clinical judgments, because of the belief, a well-founded belief, actually, in much work on criminology the kinds of work on the passage of people -- minority ethic groups through the criminal justice system, et cetera, that clinical judgments or expert judgments on its own has always embodied structural discrimination, has always ignored structural violence, and has served to perpetrate images of certain people, young, black men as being particularly liable to engage in violent offences. So part of this is I think a justifiable critique of clinical judgments.

And in the medical field, certainly the Cochrane hierarchy that has been introduced, certainly in the UK, rates clinical judgment amongst the lowest of the reliable ways of making decisions, based as it is on expert knowledge, on belief that the highest ranked doctor must know best, et cetera, et cetera, et cetera.

Second reason -- and this just relates to something that Myrna said earlier on, is that who are these risk assessment scales used for? We have a really skewed risk portfolio, as Mary Douglas reported. That is, those things that lead to the greatest number of deaths every year are ignored in risk assessments by and large. Now I just looked up the figures while we were talking, and the WHO recommends that six -- estimates that six million people suffer premature death every year from air pollution, six or seven million people. That ranks, or hasn't until recently, very low on people's risk portfolios. Flying in an airplane ranks very high, despite the fact that the numbers suggest they are low. So why is it that these particular violent deaths, horrible as they are, rank so high on people's risk portfolios, and that's a question to ask.

And in direct answer to your question, see, the other side of risk is blame. George mentioned that every psychiatric professional in the UK is now obliged to risk assess their patients. Why are they obliged to risk assess their patients? Because if they haven't risk assessed their patients and something goes wrong, someone commits suicide, someone commits a homicide, or some other unpleasant

event happens, then they will be held culpable for it. So to some extent, to say that you have conducted a risk assessment is actually a method of safeguarding the expert and the professional rather than a matter of safeguarding the individual who is being risk assessed. And that's how one sees it used again and again.

And in the UK, at least, the shadow of the law, the shadow of being held professionally liable for making a misjudgment falls very heavily, especially over mental health professionals. And there are many, many cases where mental health professionals using their clinical judgment have, say, allowed a person out who's in hospital, allowed a person out on weekend leave, and that person has committed a suicide, or in some cases committed a homicide. And then, the person who allowed them out, who's used their expert judgment, looks at 99 percent of cases this doesn't happen, is held culpable, held to blame because they have not committed -- they've not carried out the risk assessment. So I think this risk culture versus blame culture is really pernicious.

And I just want to give one example. So the example that I give of a different way of thinking is what happens if there are a whole series of untoward deaths in a hospital. Up until quite recently in the UK, there will be an investigation of that, and the intent will be to find who was to blame for all these untoward deaths. And those inquiries ran into all sorts of difficulties. People didn't want to give evidence to any of them, people were very reluctant to speak to them, people are busy covering their backsides, et cetera. "It wasn't my fault. It's someone else's fault."

In the British system, over the last 10 years or so, inquiries have gone on a non-fault basis. Let's not see who is at fault for this. What's gone wrong is probably a consequence of a contingency of a whole series of multitudinous factors that were really quick difficult to predict. Let's get everybody around the table, try and find out what these multitudinous factors were, try and find out what everybody thinks might have been done better. Let's not allocate blame for them. Let's just try and work out a no-fault way of finding a better system.

And I think those no-fault, no-blame kinds of inquiries are probably much better than ones that try and identify who, in this particular circumstance, is culpable for not having done a risk assessment, and therefore is to blame?

We want to find people to blame and I understand that. Of course if you've suffered some horrible event, you want to find someone to blame for it. But that doesn't mean that the whole system has to be organized around the search for someone who is culpable, someone who is going to be made the responsible person to carry the candle for something that went wrong. These things are structural, rather than individual, I think, in most cases.

DR. EMMA CUNLIFFE: Nikolas, thank you very much indeed.

I'm going to suggest, Commissioners, that this may be a good moment to take a break.

COMMISSIONER MacDONALD: Yes, indeed. Thank you. We'll take 15 minutes.

--- Upon breaking at 11:00 a.m.

--- Upon resuming at 11:20 a.m.

COMMISSIONER MacDONALD: Dr. Cunliffe?

DR. EMMA CUNLIFFE: Thank you, Commissioner MacDonald.

Before the break, we were discussing some of the shortcomings of risk assessment tools and the challenges of using those tools as a predominant means of predicting who will commit violence.

I'd now like to turn to questions of alternative ways to intervene in difficult social problems, such as preventing violence.

And so Robert, if I could start this round with you?

One of the problems that we've identified with the heavy reliance on risk assessments is the question of when are they used? Often after violence has already been committed, and so after harm has already occurred.

In your work, I know that you've grappled with the structure of

funding and programming that is available, and the fact that it's easiest to access services and supports when harm has already taken place.

Can you talk about why that structure is problematic and how you've tried to counter it in your work?

MR. ROBERT WRIGHT: Well I've talked about this a little earlier when I was talking about the need to identify the services that would help us to evaluate or to reduce risk of certain things. And it's interesting, I said I had a background in the management and care and treatment of sex offenders, for example. And so our mental health clinic, it's kind of a not popularized, or publicized, but we are two forensic mental health clinicians that lead that clinic, and so we work with people who are perpetrators of violence, and victims of violence of various sorts.

And so individuals who have not been adjudicated sometimes come to us looking for help for the kinds of things that they -- that might be adjudicated. And people with sexual behavioural problems, for example, or people who are risk of using violence, will come to us. But I think that we're a very rare location in that regard.

So for example, because of this speciality of working with people with violence, sometimes we'll be contacted by folk once they're involved in the criminal justice system. And sometimes when we're talking to those folk who have known histories of having problems with sexual behaviour, sometimes because of long-term and systemic abuse that they've suffered themselves, they've adapted and had maladaptive responses and so they are individuals who have a long history of perpetrating sexual harm in their relationships or who might have a paraphilia or a sexual compulsion that if followed through, would lead them to commit sexual violence.

And often when a person comes to us, whether they've been adjudicated or not, it will be after a long history of an attempt to seek service and to be rejected from service. So you can imagine if someone says to their family doctor, "Doc, I have a real problem with child pornography." That person is likely, after that intervention with their doctor, to get a note from the doctor's office saying, "Please find

yourself another physician."

And persons who will come to us who will say, you know, "I mentioned I have this problem once to a therapist and after the session, they find that their next sessions have been cancelled.

And so people who are in those situations then ultimately are convicted of a crime and they then come to service after they have been in the adjudicative process.

But even then, the supports and the resources that we give to people who are already identified as high risk is minimal. Probation and parole officers will tell you how difficult it is to find counseling services for people that are on their case loads to manage. And so judges often have to be careful when sentencing a person if they make, for example, an attending for counseling and therapy as part of their release plan or their probation order. That person might be in breach simply because in the year and a half that they've been on probation, they have not been able to find a therapist who can serve them.

The current public mental health system does not provide services to people simply because they've been adjudicated. And there are precious few places in the community to find mental health services from people who are competent to meet your services. And how many people who are on probation or parole for a violent offence have a sophisticated medical plan as a result of their workplace that they could access my services or access the services of another competent clinician?

There's a program, for example, Circles of Support and Accountability, that is a community-based program that supports and provides services to sex offenders post-adjudication.

So once a person is completely done their custodial sentence and community supervision, they're eligible to continue to be followed through by this program.

And that funding was defunded some time ago by the federal

government.

And now recently, I think there has been some funding that has been redirected to that service, but any person who is involved in creating and sustaining community-based mental health services will tell you that once you defund something, you can't simply refund us and expect us to get back up to speed in record time.

So the interruption in funding and the volatility of funding for community-based services for people who would present risks in the absence of such services is really problematic.

The other thing that I would say about that is that this service provision versus surveillance is something we need to think about. Those people who present some risk, is it our response to incarcerate and supervise people or is it our disposition to connect those people to competent and powerful services?

I think that we have a real problem imagining that because people will say, "Well boy, why should we be caring about violent people and sex offenders, domestic violence perpetrators?" I think that we need to recognise that not providing services to those folk is actually negatively affecting their victims, their victims that currently exist and their future victims that will exist if folk aren't properly supported.

DR. EMMA CUNLIFFE: Thank you. And if I can ask a follow-up question, Robert? So far, we've talked about questions of supports to perpetrators or those who are at risk of perpetrating violence or other sorts of harms. How does adopting a punitive approach, for example pro charge policies, affect opportunities for potential victims, for those who might be worried about somebody, to seek other kinds of intervention or support?

MR. ROBERT WRIGHT: Yes. This is an interesting question because, of course, if we keep on the theme that we've already talked about in terms of the most vulnerable people carrying the burden for these approaches, if we have, as we do in this province for example, a pro arrest, pro charge, pro prosecute policy related to

domestic violence and sexual violence, that creates a barrier, then, for every person who is a victim of those crimes to seek help of a non-carceral type. And I'll speak in this regard, particularly for Aboriginal communities and Black communities that already, because of the systemic racism that they -- that they encounter within the correctional system and within policing, those folk are less likely to call 9-1-1 in seeking help because of the fear that their loved one, who is creating harm, is going to be unfairly treated by that system.

And so this community that would seek help are not going to be as -- well, I should say there are significant structural and systemic racism barriers to them seeking the help as we have currently structured the help system for that -- those kinds of issues. And so having a purely carceral or punitive approach to these kinds of crimes actually creates barriers to victims and perpetrators and would be perpetrators from seeking help.

DR. EMMA CUNLIFFE: Thank you.

Myrna, I'm going to turn to you now, and I'm going to ask you a question about your co-authored paper, which is in the record at P-003495. I don't expect you to know that number, Myrna. You've observed in that paper, and elsewhere in your work, that public health prevention strategies seek to achieve population level reductions in the characteristics or behaviours that carry small individual risk in order to achieve overall reductions in prevalence. You suggest that this is a better strategy than seeking to intervene with a few people who are identified as carrying very high risk.

Why is this a better approach?

DR. MYRNA LASHLEY: Well, because, as has been pointed out, the whole thing is multi-factorial. And I've been thinking a lot lately about Martin Brokenleg. For those of you who may not know who Martin Brokenleg is, he is a psychologist out of Vancouver, he's a member of the Sioux Nation, and he actually looks at youth at risk, and he has created something called The Circle of Courage, which actually looks at people's agency and their sense of belonging and being cared

about.

We know that a lot of the issues, as I said, that happen, they're actually -- they're what we refer to as "wicked problems", which comes out of design theory, but because they're multi-factorial you can't just address one and hope that it's going to solve it, because it will not. What you need is a public health type approach where you've got several people focussing on the same problem but from different perspectives, and then they come up with a unified plan with which the person is involved and agrees to to go forward. And it comes very much it's like a circle of courage where you've got agency, you're not just imposing something on people, but you recognise that there are economic issues, there are educational issues, there is housing issues, there are all of these things going on. And if you can -- if you can figure out a way to have several people who has a -- who have a vested interest in this individual and in this problem in this community, it works better.

As George has told us, I mean, you've got to get all those false positives. You get enough false positives people start to see this as the norm, both the people who are subjected to it, and those who are making the decisions. You know, it's the old thing about decontextualized issues with a -- where the collective starts to be seen as a trait of the collective rather than -- and if it's only an individual, people start thinking it's a personality trait, you know, both of which are untrue, it -- because it's coming out of stereotypes.

And so it's important for us to address any problem from as many perspectives as we can at the same time because you -- it's like the finger in the dyke, you know, if we don't do that, you stick your finger in the dyke here, but it pops open somewhere else because the pressure is so great. So I firmly believe that that makes more sense than the piecemeal things we've been doing, which has been shown, and we're not getting great results out of it. You know, we keep doing the same thing and we're getting the same results and wonder well, maybe, you know, if we get somebody else doing this -- hire somebody else to do the same thing. We've got to look at what

we're doing.

DR. EMMA CUNLIFFE: Thank you, Myrna. So you used the phrase "wicked problems" a moment ago, and I've got a couple of questions for you about that. The first is, can you explain what is a wicked problem?

DR. MYRNA LASHLEY: A wicked problem is a problem for which there is no obvious single answer, and if they're multi-factorial. The definition changes, dependent upon the context, so what could be seen as untoward today may not be seen as untoward tomorrow, or even if we go from one stage to another, from one district to another things change all the time. So it's not stable. And that's another reason we need that kind of approach. So they're not stable problems, they're multi-factorial, they're not solvable by a singular approach, in other words, it's wicked. And when you solve one issue of it, if you don't look at the others, you -- that movement goes into another area and it expands. So in order to have that kind of control and to help that individual, we have to all come it at the same time with the input of the individual.

So you look at sentencing, one of the things that I do when I go to court, I am not trying to get the judge not to sentence someone. You might -- if you look at my paper on forensics, I'm not trying to get the judge not to sentence anybody or to say, you know, culture is a reason not to sentence someone. No. Even though Brokenleg said, "Look at what's happened to people as opposed to just saying what's wrong with them." But I do ask the judge to "Let's look at this within this context of what's happened? If we can do that, is your sentencing likely to help this person to do better?"

So it can't just be carceral. It can't just be that. It's got -- "They can't read, do you have education? Can we put them in a situation where they learn to read and write?" Because we know that when people can't read and write this has dire consequences for them, not only structural problems, but it affects their self-esteem.

So how do we sentence so that, hopefully, what comes out at the

other end is better than what we put in?

And so it's a wicked problem and all those things need to be taken into consideration.

DR. EMMA CUNLIFFE: Thank you so much, Myrna.

One more question, is the perpetration of mass violence a wicked problem?

DR. MYRNA LASHLEY: Absolutely, because we don't know -- we don't have a definitive argument or -- to say what causes it. We have no idea.

And also, we have to come back to the first question we had at the beginning, what are our definitions of "risk"? What do you mean by it and who is seen as someone who is likely to be involved in risk-taking, in riskful [sic] behaviour? What has been done to them, how has it been addressed?

This is -- and also, you know, someone said earlier, I think it might have been Nikolas, about the stigmatization of mental health, about mental illnesses. We don't stigmatize mental health. We stigmatize mental illness.

And what has happened is that when certain people engage in untoward behaviour, we say, "Oh, they must be having mental health problems" and that becomes an excuse, but it also stigmatizes those who have genuine mental health problems because it becomes the bugbear of mental health.

Conversely, if the persons who are engaging in untoward behaviour are not traditionally seen as people who engage in risk -- in risk-taking behaviour, then we say, well, it's a personality trait. It's a collective personality trait, so Muslims are prone to terrorism. They're no more prone to terrorism than anyone else. They're prone to terrorism.

Black kids are prone to violence and drugs and -- I mean, it's so -- and again, who defines and what is the definition.

All that comes into play, so yes, it's a wicked problem because there are all these variables that are playing into things over which we have no control.

A lot of things are calling for societal changes and a lot of us are not prepared to make those changes because they frighten us. And as George said earlier -- no, Nikolas said earlier, one of the things is that people don't want to get blamed. And we have set ourselves up or society have set us up to send a message that we somehow have answers that we don't have. And we have to be careful as a so-called expert not to become victims of our rhetoric.

DR. EMMA CUNLIFFE: Thank you so much.

And Nikolas, on that note, I am actually going to turn back to you.

And one of the moves that you've identified in your work, including in your paper, "Screen and Intervene" -- and Commissioners, this has not yet been tendered, but will be next week. And for the benefit of Participants, this paper is available in Relativity at COMM0059756 until it is tendered.

You've identified that states and other government regimes such as psychiatry frequently move to act on individuals rather than on society level factors or questions, even, of the means of committing violence, for example, such as the influence of alcohol on violence or the role of firearms.

Why does the state tend to turn to governing risky individuals and what might an alternative way of understanding these problems looks like?

MR. NIKOLAS ROSE: I think that's the number of the question, isn't it, because we've discussed at some length the difficulty of identifying risky individuals or even identifying those amongst who we might think of as risky, people who drink too much, people who've been engaged in domestic violence, et cetera, as people liable to commit an extremely rare act like a mass casualty event. So the identification action on individuals, although it seems in some way to answer that question of finding the person to blame, making them culpable and making them the bear of the weight of that, is actually not only extremely difficult to do before the event, but it is -- it is aiming at the wrong target.

So if we go back to what George has said about people with a

psychiatric diagnosis who commit violent acts, the vast majority of those with a psychiatric diagnosis who commit violent acts, and that's a small proportion of people with a psychiatric diagnosis, the vast majority of those people have problems with drugs and alcohol.

Now, I know in many jurisdictions drug and alcohol treatment services are part of a link to mental health services. I think many of us would say that they are different kinds of questions.

So one question is, how do you lower the level of excessive use of drugs and alcohol? What kinds of strategies do you use at a population level or at a community level to lower the use of drugs and alcohol, which we know is very, very prevalent in extremely disadvantage communities? Very prevalent in extremely -- if you take somewhere like Glasgow, for instance, in Scotland, very, very, very high levels of drug use and of drug death as well. So what do you do in relation to those?

The second thing that might, in my view, lower the possibility of a -- of an untoward event turning into a mass casualty event is to restrict the availability of those things that make it a mass casualty event.

I speak from an English perspective and I can see absolutely no justification whatsoever for automatic machine guns or AR-15s to be available to people who are not in the military. I don't think the answer to this is the individual answer, screening people to see whether or not they've got a mental health problem, which is the prevailing answer. We've already seen the difficulty with that.

So I think one thing to do is to lower those things which we know are associated with these kinds of events.

Another thing, and this links to what Myrna says, these are wicked and highly complex problems and there are probably no single causal chain in all mass casualty events. And although I think prediction, foresight is difficult, I think back-sighting is actually quite useful and I think if you looked at each mass casualty event and you back-sighted it and you looked at all the points where decisions had to be

made by individuals, by authorities and others and what might have happened differently at all those events without apportioning blame, a non-blame way of back-sighting, you might begin to find some common features within which you could intervene and common ways in which people who are involved either in the psychiatric services or in the police forces or elsewhere might be able to intervene.

Despite the prevalence of mass casualty events in recent years, or at least the fact that they've come to prominence, we don't really have that case of back-sighting because the culpability always falls on the culpable individual or that they are part of a group that's easily radicalized, engaged in terrorist action and so on.

Even those people are engaged in radical action which leads to terrorism, if you back-sighted that, you would probably find some common features with people who engage in other kinds of mass casualty events.

So I don't -- you know, if I talked to my students, they say, well, the way to deal with these things is to, you know, smash capitalism and replace it with something nice, create a more equal society, do away with structural violence, et cetera, et cetera, all of which at one level I agree with, but we need to find tractable ways of intervening in the here and now in order to reduce the likelihood of those things happening. And I suppose the burden that's coming out of all our discussion today is that those don't really rest on attempts to identify specific risky individuals because those are not going to be effective even if we thought they were the right way to go.

DR. EMMA CUNLIFFE: Thank you, Nikolas.

Benjamin, I was going to ask you a question about the Nova Scotia Court of Appeal decision in *Anderson* here, and I'll still ask you a question, but slightly differently than I had planned.

What do you think the space is that's opened up by decisions such as *R. v. Anderson* 2021 Nova Scotia Court of Appeal 62 or *Gladue* to allow the courts to think about these problems differently? And so I'm really asking about the structural possibilities that are opened up by these cases.

MR. BENJAMIN BERGER: So *Anderson* follows on cases -- *Anderson* is a case that follows on *Gladue* and *Ipeelee* at the Supreme Court of Canada, which interprets a provision in our sentencing regime, section 719.2, paragraph (e), that direct courts in the sentencing function to consider least restrictive means, imprisonment as a last resort, and alternative measures, particularly in respect of indigenous offenders. And *Gladue* and *Ipeelee* developed a jurisprudence on how to embed the contextual individualized thinking about indigenous offenders, their history, their cultural context into sentencing, and that was a direct result of what the court has called a crisis of overincarceration in Canada. And *Anderson* is a follow on that, developing the jurisprudence in the context of African Nova Scotians in *Anderson*, and a slightly more recent case, *Morris* in Ontario, applying to black Ontarians. So this is what Robert's impact of culture and race assessment was so pivotal to.

And this is meaningful in the sense that these developments, *Gladue*, *Anderson* recognize a couple of things. Number one, that at the sentencing phase, we do best in coming to a just and appropriate sentence when we think not only about responsibility in a narrowly *mens rea*, *actus reus*, did you commit the offence with the right guilty mind, and therefore, what is your responsibility, but in the sense that looks at history, context, at the societal structures and histories that surround individuals, and think about what the most appropriate balancing of the various things that we call on a criminal legal system to achieve. Maybe denunciation, deterrence is often put out there, though the evidence supporting deterrence has not come as so weak, rehabilitation often spoken about, less actively pursued. How do we consider these elements of individual, contextual, structural oppression in the context of sentencing?

And so in one sense, these are very powerful decisions that draw in much more individualized culture, race, indigeneity-based thinking into Canada's sentencing process. And so this produces actually quite an unusual emphasis on individualization in the Canadian sentencing regime as compared to the UK, United

States, European sentencing approach. So it's a very distinctive Canadian approach. I've written a little bit about how shaped it is by Canada attempting to deal with the crisis of overrepresentation of indigenous and black Canadians.

And so those cases are important because they recognize that in the words of the court in Justice Derek for unanimous panel of five, in the *Anderson* decision in Nova Scotia, that the history matters. And the history of slavery, of oppression, of direct and systemic racism in Nova Scotia, for example, as the Court spoke about in there, matters deeply, but also, that it was, in the language of the court, braced by law and legal practices. So the law and legal practices shore up and perpetuate those sorts of approaches.

So these are all wonderful reflections of the ways in which we might put contextualization, close thinking about communities, about the needs of communities, about the history and about the ways in which law in its use can do as much harm as good. We can put that into a sensible place in the sentencing regime. These are powerful. They're important signals.

That said, and this is a big that said, they signal something about an approach, a sort of self-critical way of thinking about what traditional approaches to incarceration might produce. But they also come at the tail end of a criminal legal process, which has already, once we're at that point, radically narrowed the kinds of tools that can be used to assess all of these things that the courts are speaking quite extensively about. And so there's a kind of ambivalence in these decisions, which is evidenced in the fact that despite *Gladue* in the '90s and *Ipeelee* following some years later, rates of Indigenous overincarceration did not abate. They continued to worsen. And so the practical window of consequence, though I think these are wonderful statements and important in terms of the daily practices of courts, I think we have to be relatively skeptical about how much change within the model of the use of a criminal legal system, what that window of opening, as you put it, is -- really is. I think the utility of those cases is to tie together the strong statements about the importance of those

considerations, of the individualized, contextualized reasoning about what will serve safety, security, justice more broadly. Tying those statements to the kinds of social and political institutions that have much more reach, much more power than the criminal law. The criminal law is an incredibly forceful, but also, incredibly narrow, blunt kind of instrument to use in reacting to the sorts of factors that cases like *Anderson*, *Ipeelee*, and *Gladue* are speaking about.

So I guess I end with a sort of ambivalent answer, which is they're really important, arguably not as important in the context of the ongoing day-to-day working of a sentencing system as they could be for directing a broader sense of policy reaction in the register that Myrna and Robert and the others have been speaking about. So I hope that's helpful on that point.

DR. EMMA CUNLIFFE: Thank you very much, Ben.

Robert, I'm going to invite you to reflect on what Ben's just said, as the person who pioneered the IRCA.

MR. ROBERT WRIGHT: Well, I would say that it's satisfying to see the work that I've pioneered and have been advancing for the last decade or so come up at a place like this.

What we're talking really about is putting these things in a social context. We know about the social determinants of health. We know that the majority of the factors that contribute to a person being healthy are not their personal, individual health practices. It's about the social structures. And we know something about the social etiology of crime. It is not the individual factors that exist within a person. It's the social context of the crime. And when we're talking about indigeneity and race and in particular blackness being a factor that results in people being dramatically overrepresented, we need to remember that that is about the social etiology; right? And in particular, we need to say it very clearly, it's about the fact that racism is an extremely powerful force in North American society that shapes our access and the utility of health and other services on people who access them, who are racialized and indigenous.

I think that as we think broadly out from that idea, we need to note that when these horrendous acts are perpetrated and implicated in a -- with a gender-based analysis, we need to recognize that they happen within the social and historical context of the marginalization of women.

So I think that this idea of this social etiology, it sometimes frightens people because it says, you know, well, we can't really do that. But it's fearful that the interventions that seem to follow from this kind of thinking are so broad that they are -- render us kind of -- send a sense of paralysis around that. Can we really do anything?

But I -- we should remember that we have done some things. We know that smoking causes death, and we finally arrived at a place where we have de-incentivised the corporate involvement in the production of tobacco.

We haven't done that for alcohol, even though you've heard several times in this panel that alcohol is almost always present in these sorts of things. In fact, not only have we not done that, we, in Nova Scotia, have a Nova Scotia Liquor Commission. So at the same time that this Commission is meeting, there are individuals who have government jobs, whose job it is to figure out how to increase liquor sales next year in this province. Right?

So think about that, that even though alcohol is something that is implicated in many of these things, we have not only -- you know, and so the tagline, "Please drink responsibly" after every ad doesn't change the fact that we are a culture that consumes and promotes alcohol.

A number of years ago, just as an example, I was on a committee whose job it was to promote the next year's national convention that would be held in Nova Scotia. And so we thought we were brilliant, we were going to have a table at this year's conference and promote Nova Scotia. So we called Nova Scotia Tourism and said, "Send us some stuff that we can take to Ontario and we can promote Nova Scotia." Almost all of the images that we were given, I would say 80 to 85 percent of the images, there was alcohol on the table in the images. The only places where there

weren't images of alcohol were people canoeing. You know? Or kayaking. Right?

So we really have to think about this. Do we want a safe community? Do we want people -- how do we organize as a society, recognizing that the social conditions that we create will shape the kind of health we have and the kind of violence we have?

DR. EMMA CUNLIFFE: Thank you, Robert.

I'm going to shift gears a little bit and turn to something that I think has really percolated our conversation today, but I'm going to service it and put it at the centre. And that is some of the deeper questions about what drives our societal impulses to seek someone to blame and to turn to systems to help keep us safe in the wake or the face of a horrifying event such as a mass casualty.

Benjamin, if I can start this discussion with you? In moments when something horrifying such as a mass casualty happens, we tend to reach for explanations that may have to do with evil, they may have to do with madness, they may have to do with both, and we tend to seek to place blame not only on the person who perpetrates these acts, but also on the people, the systems, and the communities around them.

Why is it that we respond in these ways and why do we especially look to law and legal solutions in these moments?

MR. BENJAMIN BERGER: Well I think it's a very deep question that engages a different part of my sort of research and expertise, which is more in the legal theory and history of ideas aside.

There is a set of questions there that we could talk about why, in law, we tend to seek to blame individuals so heavily. And we could talk about that, but that's not, I think, the focus of your question. You're interested in why blame and legal institutions in general are turned to.

Although I will say this about the individual blame point, because it's actually quite relevant to mental disorder, and we could circle back to that if it's of

interest.

But I've come to understand the entire structure of legal criminal procedures, which is focused on a binary of guilty/not guilty, as essentially a mechanism for the laundering of social blame. And what I mean by that is that it is much more comfortable to look to very complex, as Myrna puts it, wicked problems, and to locate those within the heart and mind of an individual, which we then can call guilty, even and often when they are, but then in a sense, wash our hands of these broader societal explanations for what Nik was referring to as the, you know, social determinants, or as Robert was referring to as the social determinants of a crime.

And I think part of that is because we can't handle, often, the structural responses that would be required if we were to think more deeply about the way that blame is located in a societal collective way. The policy responses that would be required are multifactorial, complex, maybe fundamental, maybe disruptive and uncomfortable in some ways.

The question about why we tend to blame on individuals -- place blame in the individual, and there might be more to be said about that, why our desire to blame, why our desire to reach for institutions, I think, is a very different, but equally deep question. And I think it's because the undeniable suffering that comes about with violent crime is a sort of rupture to our morale order. Suffering in those instances, perhaps especially in arrestingly unusual events, is -- seems senseless. It seems inexplicable. And our ability to tolerate ruptures to the morale order, ruptures to the way we ought -- we think things ought to happen in a way that appears senseless, or unpredictable, or inexplicable, that challenges our comfort in the world, challenges, at a very deep level, I think, our psychological sense that suffering should be explicable, that dessert and wrong should be linked in some fashion. And this is very disquieting, very disturbing, and so we seek explanation. Why has this occurred?

These are questions, actually, that at one time, were asked in a theological register. Right? These were the kinds of questions that were asked in sort

of the history of ideas, even at a societal level, much more in a theological register. They were in the character of theodicy and why horrible things happen in the context of a world that is supposed to be good, at least in the Christian tradition.

Now, in what someone's studying, the sort of genealogy and history of ideas in religion and law and the development, we might describe in some way as more secularized society, and that's a complicated term as well.

I think we often ask those questions, why, which are existential questions about the unpredictability and unmanageability, the messy unruliness of experience. We ask those questions of expertise, sociology, psychology, and we ask those questions of law, to try and address them. And so legal institutions are asked, social institutions are asked, science and scientific institutions. And in many ways, that's a great advance.

But what's happening, I think, at a kind of theoretical level, at a conceptual level, is the attempt to blame, the attempt to explain, is an attempt to sort of tame, or at least come to terms with something that is disturbingly, distressingly, world shakingly, awful.

And when I say that, what I guess I'm saying is that there's a long history of our attempt to try and come to better and better explanations, and hopefully our explanations do become better and better, about the sources, the grounds of these sorts of events. I think blame at the individual level within a criminal legal system is the lease satisfying way of getting those kinds of answers. I think the societal level, what Nik referred to as, you know, backward looking or back-sighting, I think are more helpful.

But I also think there is a level at which blame is operating as a sort of morale response to disorientation, to understandable awful disorientation caused by trauma.

And so why do we say that? Why is that important? Because to my mind, it's also important to hold the space, that it might be that we can identify, with

backsight, reasons. But I think we also have to hold the space that we just might not be able to identify clear explanations, clear reasons, or clear responses. And we are, in a sense, as a society, constitutionally adverse to saying we don't really understand and the simplification of legal institutions, and in answer to your question, "Why law?" law is, amongst other things, essentially a device of simplification. It takes an extraordinary complex world and in service of making judgments about it for certain ends, pares it down to an explicable sort of rendering of the facts. And I think that there is both a social utility to that; it means law can help us do certain things, but I think I's really important to remember that it trims so much of importance from the narrative, and that when we reconstruct that narrative, it still might be that there is just the inexplicable as well left behind.

So I guess one way of putting it, Emma, is that I think that law, in service of all it does, is also a device of comfort, in many respects. And I think resisting that a little bit and resisting the idea that we might be able to prescribe or explain is an important aspect of humility in the face of great suffering.

DR. EMMA CUNLIFFE: Thank you.

Nikolas, I'm going to turn to you because you too have written and thought about the symbolic dimensions of, for example, the drive to risk assessment to manage dangerousness, to manage risks. And you've suggested that the demand for risk of assessment answers not to the reality of dangers but to the politics of insecurity; that the fear of violence and the belief of those who are violent can be distinguished from a public that is putatively committed to norms of civility and freedom.

And all of this, Commissioners, comes from the screen, an intervene article that I mentioned earlier.

What produces this dynamic, and why is it important for us to recognize these drivers?

MR. NIKOLAS ROSE: Yeah, I'm not sure that I have very clear answers, certainly not as well explained as we just heard from Benjamin, about these

issues. So maybe I'll just venture a couple of thoughts about this, quite simple.

I think we are in a world where experts claim to be able to tame uncertainty; to discipline chance, to render it operable, to render it open to our manipulation. And we see that in the history of statistics, that the brilliant Canadian historian of statistics, Ian Hacking has done some fantastic work on the origin of statistics and the taming of chance.

And one of the things that these events demonstrate to us is either, on the one hand, the failure of our experts or, on the other hand, the impossibility of taming chance. And I think that is really disturbing to us. And we see this is in micro, we see this in macro senses as well, in arguments, say, about climate change, about global heating; whether or not these events are going to be changed, manageable through the application of expert knowledge, or whether they go beyond our human capacities to discipline. So I think that's part of -- that's part of the answer.

There's another question which -- another issue which may be where I differ slightly from Benjamin. I think there are kind of three levels of which we need to think about these things. There's certainly the social determinants of violent acts. As I mentioned in the introduction, the department I ran on global health and social medicine was committed to the idea of social determinants of ill health, and that you don't blame the ill health -- the person with ill health, you seek to go backstream, downstream and identify the drivers of that ill health. And I think the same is true about crime, the social determinants of crime.

On the other hand, I think there is a certain sense of culpability. The person who commits the act, it does seem to me, needs to be held culpable for that act. I think we live in a world where the idea that the person who commits the act can simply say, "Well, it was a consequence of the social conditions that led me there, is an insufficient kind of response.

Then the third question is; what happens to that person after they have admitted or been found culpable? And there I very much agree with some of the

tone of this discussion, that what we need is a forward-looking judicial process which seeks to understand what we can do in order to prevent that act happening again. And we know there are all sorts of difficulties with those forward-looking processes because they may lead to two people who committed what seemed like identical acts being given quite different dispositions, and that is very troubling for our sense of equality and justice. But I think that is also necessary.

So I would say one needs to, in certain limited ways, retain the idea of individual culpability whilst recognize -- whilst recognizing that all the circumstances that led up to that are probably outside the individual's control. I think that is rather central to our moral order, and I think if we abandon that idea of individual culpability, much as I think there are problems in all the responsiblizing ways in which we say, "It's your fault if you drink too much; it's your fault if you smoke too much; it's your fault if you eat too much saturated fat," I think there are really problems with that. But I think a limited notion of culpability for certain kinds of events is really rather crucial for restoring the moral order.

We may say it's merely symbolic, but I'd want to cross out the idea of "merely". Restoring moral order is rather important, I think, to the way in which we can continue as a relatively civilized society. And restoring the idea that actions do have consequences and that therefore people need to realize that actions have consequences, even if those actions are determined by all sorts of other things.

DR. EMMA CUNLIFFE: Thank you, Nikolas.

MR. NIKOLAS ROSE: That's not answer to your question, for which I apologize.

DR. EMMA CUNLIFFE: No, no, it's very helpful. Thank you.

Myrna, I'm going to turn to you now, because I think, particularly in your work in counterterrorism, you've watched the turn to blame, and you've watched how it can play out and I believe that you've sought alternative approaches. So I wonder; what lessons would you share with us from that vantage?

DR. MYRNA LASHLEY: Well, I want to tell you about a program that's going on here in Montreal in the hospital (indiscernible), and it's called the Polarization Team, and it's led by Dr. Cécile Rousseau.

And our perspective is precisely what we're talking about; going to the blame game immediately doesn't help, but that people do have to take responsibility for their actions. But very often those actions have to be contextualized, for example, what I was saying that Brokenleg is looking at. So we try to bring those two things together. We do not start all from the perspective that everyone who's in -- who has been radicalized to violence is someone with mental health difficulties, but we do take into consideration that this could be a possibility. And they were -- that team works with the RCMP, for example, because it's mostly who it goes to -- there are some things with the municipal police also. But they come -- and it's usually youth between 18 and 30; we know that's the age range we're looking at. And they come and they are given -- they are given they need, the help they require. They're given mental health assistance.

The test that we use with them are not the VRAD or the VRAG or any of those things. We know what the issues are, as has been pointed out by George. But believe it or not, you can use something like the TAT, which allows that person to talk about their inner self, which allows them to talk about how they see the world, what's going on inside of them, how do they project their future, how do they look at their past, what's happening in their present, and how that all comes together to look forward, and what help they need. I think that's a more productive way than merely looking at -- I don't know how much you know about the infringement of those who've been radicalized in Canada, and I won't go into it, but it's not pretty. They don't get a lot of services.

And so I think that's a much better way to proceed because at the end of the day, this is still a human being and essentially if you're looking at the human and justice system that began and which is very, very strong in Quebec, it's that

someone's coming out at the end of this incarceration and you're going to get out what you put in, not only physically put in at the beginning, but what you put into that person while they're incarcerated. That's what's going to come out. So what kind of interventions are you putting in place while they're being incarcerated? Are you just putting them in there and say do your time and then come out? Because as sure as God made little green apples, if you've got a 15 or 16-year-old kid going in there, even an 18-year-old can go to adult prison and they don't know anything about the prison system. Believe me, somebody's going to take them under their wings. And you're not going to like, for the most part, who's going to take that person under their wings. So the thing is, what's coming in -- I should probably say what's coming in and then what are we putting in is going to determine, to a great extent, what comes out. And so I think that we have to change our way of looking at things.

Now I'm very cognizant of the fact that if my family, you know, has been subjected to violence, if someone hurts my daughter, I don't know, I would like to think that I would continue being this cogent, but I'm very aware of the fact that if you have been a victim of a crime, or some family member, that this kind of reasoning is not -- it's not what you want to hear, which comes back to what Nikolas just talked about, about blame, and that we need someone to take blame. It makes us feel better that we can blame somebody, and we can blame the experts, and say the mental health agency, why didn't you see this happening. You know, you can't be very good at your job if you didn't see them. Well, the reasons we do this, George pointed out, is to cover ourselves also. But that being said, that being said, we still have to look at the long-term goals. What are we -- what's going to come out of that system? Because what comes out of that system is what's going to affect us on a daily basis. If that person has been destroyed, if that person feels they have no agency, if there's -- they see no path forward, they haven't built up any resilience, and if we determine that resilience is just how much can we heap on you and you're going to be able to take it as we've done with a lot of ethnocultural communities and indigenous communities, we're going to get out

what we put in. So we've got to start acting in our own best interests, and acting in our own best interests talks about what we're leaving for ourselves and for descendants. We've got to change. We've got to change the way we're seeing things.

DR. EMMA CUNLIFFE: Myrna, thank you very much.

George, if I can turn to you, one of the things that we've alluded to a couple of times in the conversation so far is the stigmatization and the blame associated with when a -- particularly when a mentally ill person commits a violent act, but in general the stigmatization of mental illness. You've identified in your work that when a mentally ill person commits a violent act, the outrage and the focus on the question of which system's failed is arguably disproportionate to the reality of how rare those events are. What do you think produces that dynamic?

MR. GEORGE SZMUKLER: Yeah. No, I'm muted, I think. That's a fairly difficult question for me to answer. I was the medical director at the Bethlehem and Maudsley Hospital for a number of years, and so the homicides that occurred that were caused by a patient of the Mental Health Trust was subject to an independent inquiry. And what struck me was the moral outrage, that there was an extraordinary impetus to find that somebody had not really done what they should have done. And there was a minute dissection of every element that had contributed to the event. But it was a dissection informed by hindsight. There was no attempt to put the panel, to put that panel in a position of having to make a decision further back. It was always, well, this was a bad decision, and because of this bad decision, there was another bad decision. Hindsight was just extraordinarily powerful. And I think the evidence on hindsight that comes from psychologists is that even when one is aware of the problem of hindsight, that somehow, it's extraordinarily difficult to put out of one's mind the end result, the known outcome, the known end result.

So when one couples the moral outrage that is associated with, well, somebody must have been responsible, it's because it's up to the mental health services to be able to deal with this. And after all, this person was admitted to hospital

because they did present a risk. Well, this person did present a -- was saying that they were feeling depressed and suicidal and that was the reason for that person's admission to hospital, and yet that person did eventually suicide. Somebody -- there must have been some failure in the standard. Until it's recognized that if all people admitted to hospital on a hospital order, an involuntary treatment order, of all of those people, 1 in 1200 in 2009 actually suicided during the hospital stay, including periods of leave, how could one possibly predict who was going to do this. And of the 250 or so who were admitted because of suicide risk, that was the primary reason for admission, 1 might have suicided during the course of that admission. And yet, one could have, with hindsight, have established a wonderfully, convincing, plausible account of why it was so obvious this person was going to do this act, and that would apply to all 250 people.

So the hindsight, the way in which hindsight punctuates the history, and this is where perhaps I'm not entirely in agreement with Nik on this rear sight -- I can't remember what the exact term is, because of this enormous influence when one knows the outcome and one punctuates, one sees the past in a way that is difficult to deal with. So if you couple hindsight bias with moral outrage because the services should have done better, I think this is inevitably what one gets.

And even a no-blame culture, which our Trust tried to introduce, somehow, you know, it was meant to be no blame, but there was blame and people resigned as a result of the inquiry and the pressures that inquiry put on the person, because of the reputational damage to the hospital of having such an event.

DR. EMMA CUNLIFFE: Thank you, George.

Robert, if I can turn to you, in my introductory remarks today I suggested this would be a difficult conversation at times and it has been. Why are these conversations so difficult for communities to have? Why are they so tender?

MR. ROBERT S. WRIGHT: I'm writing your question because I don't want to lose it in my response. I think that these conversations are so difficult

because of the level of energy that we bring to the conversation fuels our need for a response in a way that is sometimes counterproductive to finding real effective solutions. And this is not an opportunity -- I'm glad we're coming to the end of our time because I don't -- we should not get into the realm of the dueling experts, but something that Nikolas said that challenged me when he voices the idea of moral order, that is a phrase that kind of excites. Moral order, I think of moral outrage, and then I think of this phenomenon social scientists talk about in terms of moral panic. And if we are approaching solutions to our problems from a location of moral panic, I will guarantee you that we will implement very powerful and incorrect solutions. It was moral panic in the early -- late '80s or early '90s related to the human trafficking of a particular person that came to light that resulted in a systematic approach to a dealing with human trafficking and prostitution, a program that resulted almost exclusively in the rescuing of white girls and the incarcerating of black men. In a port city, where prostitution has always existed, where the bars, the clubs and the hotels where these activities play out are not owned by black people, and where the people who are most often engaged in prostitution or sex trade, if we can -- are poor individuals who are racialized and Indigenous.

So our moral panic resulted in a wrong approach to solving that problem. And I think in the community, where real people have suffered real trauma, if our approach to resolving that trauma is to respond to it with a powerful solution fuelled by moral panic, we will arrive at the wrong decisions, and yet, we have to be able to hold and we have to be able to respect, and we have to be able to hear and respond to the real harms.

The challenge for us is that we have yet, using our current models and systems, to be able to find a well-supported, dignified, and effective path for people who are experienced trauma to find their way to wellness. And we have not found a dignified and well-supported approach to meeting people in our society, who might present a risk or who are at risk of being victimised, we have yet to find a well-supported

and dignified approach to their wellness. And in fact, these two ideas, supporting victims in their need for wellness out of trauma and the need to support would be perpetrators and perpetrators in their bid to wellness, seem to us, if viewed from the idea or the lens of moral panic, these paths seem to be diametrically opposed to each other.

I believe that a solution to these problems will be complex, it will be nuanced, it will result in us thinking about how we better serve those who are most vulnerable, both those people who are most vulnerable and likely to be victims of these acts and those individuals who are most vulnerable to the perpetrators of such acts.

I would go on to say, just in terms of why these things are so complex and difficult, is because we are having them in the context of the social ills that pervade all of these discussions, and I will say here, namely, and though not exclusively, racism and sexism.

And so if we think about that, and I should not -- I do not want us to -- want anybody to think that I am not looking favourably on the work of this Commission, I think I have been professionally and personally a friend of this Commission and the work that it intends to do because I'm a Nova Scotian, and I believe that this work is essential for us to move towards a healthier Nova Scotia and to honour those people who were victims and those who are the loved ones and the secondary victims of these crimes. But we have to ask ourselves, our moral outrage and our need to find answers and our impulse to blame, are we spending as much energy and focus on that as we have on in our attempts to solve other problems?

This Commission will dwarf, for example, if we think about racism, the effort in energy that we poured into addressing the Nova Scotia Home for Coloured Children problem. And if we think about sexism, this Commission will dwarf the response to a terrible tragedy that resulted Nova Scotia enacting a Nova Scotia Sexual Violence Strategy, that after the energy was passed we defunded much of what we created under that strategy.

So I think we have to be careful to not solely be motivated by our moral panic and outrage, and we have to be deliberative and we have to be thoughtful and we have to recognise that if we move to implement powerful carceral kinds of responses to this so never again, that it is likely the people who are most vulnerable who will bear the burden of that.

I will say something that perhaps might be too light in this moment, but people will remember that in this province we had a terrible mine tragedy, the Westray, a number of years ago, that resulted in occupational health and safety revolution in Nova Scotia. And for a long time after that, most of us who had to change the toner cartridges in our photocopiers at work had to wear goggles, gloves and aprons.

We need to make sure that our response is really targeting where the problem is, and we need to remember that an exaggerated response that affects the most vulnerable of us is exactly what we must work to avoid.

DR. EMMA CUNLIFFE: Robert, thank you. If the call is for a deliberative, careful, thoughtful panel that avoids the easy solutions I think that's what we've had with today's roundtable members.

Commissioners, are there any questions from you?

COMMISSIONER MacDONALD: Commissioner Fitch?

COMMISSIONER FITCH: I don't have any questions for our panel today. The discussion has been enlightening and very powerful, and I appreciate all that you've brought to -- brought to us. Thank you.

COMMISSIONER MacDONALD: Commissioner Stanton?

COMMISSIONER STANTON: Thank you.

I think I would just say that I think it would be the case that many people, in observing a public inquiry, would be challenged by a discussion like this, but we have been tasked with making recommendations that would, well, first of all, we've been tasked with identifying lessons to be learned from what has happened here and to

make recommendations to help make our communities safer in the future. And the purpose of conversations like this is to assist us in framing recommendations that do not inadvertently deepen the structural inequalities that we have heard from other panels tell us produce this kind of violence in the first place. So while it may be obscure for some folks observing these discussions, that's the intention with which we are trying to do this work.

So it's not a question, it's a comment, but it's also true that we're going to need to make recommendations that balance how we make communities safe or help to make them safer with the rights of people in communities who may be disproportionately affected by the course that's taken.

And so having these kinds of conversations with people who have spent their professional careers trying to determine how to identify factors that create this type of violence and other types of violence in society is a necessary step for us.

So I just wanted to express my appreciation for the conversation today. Thank you.

COMMISSIONER MacDONALD: Thank you.

And thank you, Emma, as always for putting together, you and your team as you've referred to earlier, an absolutely excellent panel and very helpful to our mandate and, of course, your facilitation.

If I could be so bold as to, in thanking you, refer to you by your first names, Myrna and George and Benjamin and Nikolas and Robert, thank you for your what I will call an insightful reality check that has been very -- the product of a lot of thought, pragmatism and candour. And for that, we greatly appreciate it.

We thank you as well for your day jobs, for the work you're doing in your respective communities, the important work you're doing, but more importantly, we thank you for helping us. And I've said this on many occasions, that one of the most gratifying aspects of our difficulty work is that when we've asked people to help us, people have stepped up. And all of you have stepped up today and helped us with

some very difficult conversations.

You know, it's becoming pretty clear to all of us that public safety, of course specifically policing, is a complicated and very expensive both monetarily and human resource and effort-wise, and throwing more money at problems is not always the -- can be an over-simplification when it comes to recommendations. So it's insightful to hear from you that we may very well be missing the mark on many of our expenditures and the information you've provided us represents an opportunity to recommend some reprioritization, perhaps.

Robert, your reference to service versus surveillance and perhaps relying upon unreliable processes may represent an opportunity to recommend a reprioritization. And all that's very helpful and practical for our work.

So I really want to thank you all so much for, as I said, what you do day to day, but for the thought -- it's clear to me that you've all put a tremendous amount of thought into your words today and for coming here and joining us and assisting us with our important and difficult work.

So thank you so much, and we will break until 1:45. Thank you.

--- Upon breaking at 12:42 p.m.

--- Upon resuming at 1:49 p.m.

COMMISSIONER MacDONALD: Ready for our second roundtable of the day, Krista?

--- ROUNDTABLE: DEFINITIONS AND PSYCHOOLOGY/SOCIOLOGY OF PERPETRATORS OF MASS CASUALTY EVENTS

MS. KRISTA SMITH: Thank you, Commissioner MacDonald.

My name is Krista Smith, and I'm a research and policy lawyer with our Research and Policy Team. And this afternoon, we will be building on this morning's discussion about whether mass casualties can be predicted.

So this afternoon, we'll be looking at definitions of "mass casualties", debates regarding its definition and how and why how we define "mass

casualties" matters.

So given that there are predictive and definitional ambiguities in the definition, we will go on to consider what patterns might be identifiable from data collected about mass casualties, whether there are common characteristics of perpetrators of mass casualties and what role gender and early childhood trauma might play.

Given patterns observed in the data, we will finish by considering actions that individuals and institutions might take to interrupt those patterns in the hopes of preventing future mass casualties.

As with every roundtable discussion, the intention is to provide the Commissioners and the public with a deeper understanding of the core themes so that everyone is well positioned to engage in conversations about Phase 3, Lessons Learned and Potential Recommendations.

So as facilitator of this roundtable, I will be directing the questions, asking follow-ups and moderating the dialogue. The Commissioners may choose to pose questions at any point, and roundtable discussions form part of the Commission record. They've being live streamed now and will be publicly available on the Commission's website.

I would ask those of you who are participating to speak slowly for the benefit of our accessibility partners.

Before we proceed, I would like to pause and acknowledge that much of the work underlying today's roundtable discussion was led by my colleague, Serwaah Frimpong.

We are very fortunate to be joined today by several experts who have dedicated their working lives to either trying to make sense of what can be understood about mass casualties or looking at the impacts of early potentially formative events in children's lives.

So to get us started, I'd like to just invite each of you to introduce

yourselves and speak a little bit about your work in this area.

David, can we begin with you?

DR. DAVID HOFMANN: Hello. I'm Dr. David Hofmann. I'm Associate Professor of Sociology at the University of New Brunswick. I am a scholar of far-right extremism, terrorism, charismatic leadership and criminal networks.

DR. TRISTAN BRIDGES: Hi, everyone. I'm Dr. Tristan Bridges. I'm an Associate Professor of Sociology at the University of California, Santa Barbara. I study a bunch of different things related to masculinities and gender and sexual identity and inequality, and as a part of that I have a project with Dr. Tober, who's doing this today as well, seeking to produce a better database of mass shooting events in the United States.

MS. KRISTA SMITH: Thank you, Tristan.

Tara?

DR. TARA TOBER: Hi. My name is Dr. Tara Tober, and I'm a lecturer in the Sociology Department at the University of California, Santa Barbara.

I study culture, memory and difficult pasts, and I collaborate with Dr. Bridges on creating this mass shootings data set.

MS. KRISTA SMITH: Thanks.

Angelique?

DR. ANGELIQUE JENNEY: Hi, everyone. I'm Dr. Angelique Jenney. I'm with -- I'm an Associate Professor in the Faculty of Social Work at the University of Calgary, and I hold the Wood's Homes Chair in Children's Mental Health Research and I'm a scholar of child mental health specific to experiences of -- and the impact of trauma on children and families.

MS. KRISTA SMITH: Thank you very much.

So I'd like to start off our conversation today with a conversation about definitions. So each -- Tara, Tristan and David, you've helped to prepare Commissioned Reports for our benefit and I think each of those reports engages with

this question around definitions.

I'd like to start with David. Your work has been focused on -- for this report, you looked at 95 English language academic and scholarly articles analyzing mass casualties in North America, Europe, Australia and New Zealand. This is Exhibit P-003359.

I'm just wondering, you know, from that very broad scan what were some of your key observations?

DR. DAVID HOFMANN: Whenever scholars are presented with any sort of definitional debate, one of the first things that, or any sort of new concept that we want to explore, one of the things we want to get nailed down early on is definition of clarity. It's one of the driving forces behind science in general, let alone social science. How can you study something if there isn't consensus over what that thing is, whether it's a proton, a neutron, or behavioural characteristics of individuals, and so on?

One of the first things to emerge from this report was that there is no definitional clarity, there is not consensus amongst the literature. We started with a list of even broader, with roughly 10,500 hits when we went through our various databases, which we narrowed down to those 95 sources based upon their clarity, their focus, their nature. So we focussed more on scholarly, legal and other rigorous social-scientific documents that narrowed us down to those 95. From those 95 sources, we found 64 different definitions for what we use as an umbrella term, a "mass casualty incident". And -- I mean, that's a shocking number. How can social scientists of any shape, way, or form study something when -- when there's 64 different ways of conceiving it?

The other problem is a lot of these definitions are -- were crafted in isolation from one another, meaning that they weren't interchangeable with one another. Some -- one scholar, who might be publishing something on mass murderers, will be -- might conceive of what a mass murderer is completely differently from someone who is

looking at a family shooting, which is another term that we saw. It's essentially comparing apples and oranges, which is, again, problematic.

And I -- I'll end it there.

MS. KRISTA SMITH: Thank you, David.

Last Monday, Tristan and Tara testified, and I wanted to pick up on some of your comments during your testimony about definitions and how we approach definitions. In your commissioned report, which is marked as Exhibit P-001103, Tara, you observed that doing this work you can't agree on terms, and even incidents that would seem to me obvious, like Columbine or Sandy Hook, aren't -- are not falling into some of the definitions that have been crafted. So I wanted to go through a few of the elements of -- that you'll commonly see in definitions and understand why they might be the way they are, because it's -- it doesn't seem obvious to somebody like me, who doesn't know about this stuff.

So the first element I'm interested in is why would you -- why would you narrow it to have only one perpetrator and not consider multi perpetrator events?

DR. TARA TOBER: So part of the reason why that is, is I think it was sort of an attempt to focus on this one particular type of crime, which we sort of colloquially refer to as a "mass shooting" in the United States, and to sort of separate that out from other types of gun violence in the United States. So to distinguish that between -- you know, from gang violence, in particular, or other types of violence where you may have multiple shooters.

So the FBI began, you know, sort of defining these mass shootings or mass killings as a single event, right, with one shooter, that happens in one place, and they have a fatality threshold where at least four people -- in order for it to be count or to be considered, I should say, a mass killing, at least four people, not including the perpetrator, need -- there needs to be four fatalities.

MS. KRISTA SMITH: So I want to unpack that a little bit. It sounds like you're referring to the FBI definition that has there various requirements. So ---

DR. TARA TOBER: Yes.

MS. KRISTA SMITH: --- why only one location?

DR. TARA TOBER: Because that -- so that's a way of distinguishing mass killings from spree killings and serial killings.

MS. KRISTA SMITH: Okay. So it's kind of a time element.

DR. TARA TOBER: Yes, time and location, whether or not there's a cooling off period. But you know, we totally -- Tristan and I agree with David, once you start using -- trying to apply these sorts of criteria, boundaries get blurred and it becomes very challenging to distinguish public versus private; you know, if you start inside and move inside is that more than one location; how much times needs to elapse in -- you know, all of these things become very challenging then.

MS. KRISTA SMITH: And I think that the detail of that appears in both your report, David, as well as your report, Tara and Tristan. I'm going to spare us that pain a little bit of the nuances of all the -- all the debates that go on within the definition and try to just step us out and understand, like why this might be happening.

Tara, are you able to give us a little context for why scholars, who -- ostensibly whose job it is to come up with definitions like this, why are they having such a hard time?

DR. TARA TOBER: Yeah, that -- that's a -- that's a good question. I think some of it is in terms of, you know, sort of relying on this FBI, this somewhat official, you know, source for defining this, and then, you know, we also talked about sort of not including gang violence and domestic violence incidents. And you know, sort of -- we point to in our report this report released by the New York City Police Department that sort of advocates for not including domestic cases. And so that's often just a justification used, and it just seems like sort of those things that, "this is the way we've kind of talked about it", and so lots of people continue to talk about it that way. But then there's other scholars, like Tristan and I, like David, who are saying, no, you know, this needs to be more systematic.

The other issue is that in the United States there is a lack of gun research because of what's called the -- what's referred to as the Dickey Amendment, which sort of prohibited any federally-funded research from coming to the -- coming to any sort of conclusion related to gun control. So there was a -- there was a report where the researcher found, not surprisingly, that having a gun in the home made -- you know, was correlated with increased likelihood of gun violence, and in response to that report, you know, there was the -- passed the Dickey Amendment, which was supported by the NRA, which said the federal government cannot support research that comes to a conclusion that might support gun control.

Now, Obama, President Obama tried undoing that, and supported and allotted funds for gun research, but there has sort of been -- it's slow to catch up; right? Because it was -- it was years where it almost basically wasn't allowed, and so now there's starting to be funding, but the process is slow. So I think that's also part of the reason why there hasn't been more -- a more clear agreement and a more clear definition.

MS. KRISTA SMITH: How long were -- was -- were the Dickey amendments in place?

DR. TARA TOBER: Oh, gosh, a long time. I think I have the date. I don't have the date off the top of my head, but ---

MS. KRISTA SMITH: That's no problem.

DR. TARA TOBER: But a -- a fair amount. So the -- because the Thompson Report came in the wake of the, we had very high gun violence in the eighties and nineties, and so that -- the Thompson Report I believe was in the nineties and the Dickey Amendment shortly after that. So it was a very long time where we had, you know, sort of this gag or, you know, where weren't allowed to -- the federal government -- it was both the NIH and the -- or National Institute of Health and the Centre for Disease Control, which are two governmental organizations that study any threats to public health or safety, not only diseases.

MS. KRISTA SMITH: Okay. That's helpful context. And I think to pick up on what you said earlier, you -- I remember you saying either in prep or during your testimony, that it seems like people then just resort to, like you said, the existing -- the FBI definition or the, you know, the New York Times, how they've approached it. And then you'll see people creating databases that will allow for exceptions.

DR. TARA TOBER: Yeah. So -- right. So in the case where there has to be only one shooter, but of course when Columbine is sort of one of the more recent mass shootings in the United States, where, you know, as we start to see an increase in these sorts of things, Columbine is sort of the beginning of that.

And so there's a database, the Mother Jones Database says, "Will we make an exception for Columbine because we consider that to be a mass shooting, even though there were more than two -- more than one shooter?"

And the Dickey Amendment was 1996.

MS. KRISTA SMITH: Thank you.

So before we get into having a conversation about what might work better, I'd like to get your comments on what's the consequence of this? Why does it matter that there's not a good definition for mass casualty events or, you know, I could come up with a few other terms, but?

David?

DR. DAVID HOFMANN: I think I touched on it a little bit with my previous answer. What happens in any sort of social scientific scholarship when there's a lack of common definition, you get research that talks past one another. You can have literally hundreds of different studies all trying to look at the same thing, but without that common definitional consensus, or least having a ball park and narrowing it to two or three commonly accepted definitions, what you essentially have is a bunch of noise. Comparing apples and oranges would be a colloquialism that is apt here. And as a result, I wouldn't go so far to say it's wasted effort, every bit of research, if it's rigorous and meets methodological and ethical and other social scientific standards has

a merit. But you cannot progress to the important stage where you can conduct something we call in the Academy metanalysis, where you gather together the body of research that is being conducted on a particular area, and essentially grind it down to its important parts, to figure out where there are points of contention and where there are points of consensus. And we just cannot do that right now with the state that the definitional debate over what a mass casualty incident is.

Another issue that myself -- and I will take an aside, actually. I should have said this earlier. I'd like to acknowledge my coauthor for this, Willa Greythorn, who did a lot of this research alongside me.

We both found that there is very little Canadian research. The vast majority of the research in this area is driven by American, researchers from the United States, and that flavours some of the definitions that come out. And I can talk a little bit about that later, as well as New Zealand, Australia, and Europe, with, I believe we found less than 10 studies in Canada, and not even, I can't remember the exact amount, but amongst those 10, not all of them met our threshold either which we included in the 95.

So that's the consequences, I think, of the state of the research right now.

MS. KRISTA SMITH: Thank you, David.

So I think -- you spoke a bit to sort of the academic consequences and how that might limit the scholarship progressing.

Tristan, I'm wondering if you can maybe talk about, what are some of the practical or policy implications of there being this continued definitional ambiguity?

DR. TRISTAN BRIDGES: There's a lot of consequences to this. I think we should always -- when we lack data on something that seems like we should have data on, that should always be a cause for concern. We collect data on so many things now that this is something that should surprise us, that we have a lack of data on.

So there's questions that I think shock people when they learn

about this topic, that we don't know the answer to. Among them are, you know, just a raw count of how many incidents like this occur in different nations. It's just a question that we can't answer. But that also means that we don't know how many victims there are of incidents like this because we don't -- we haven't agreed on how to measure them in the first place.

So that means it's really hard to design interventions and policies because we don't know exactly what policies might be best useful, because we don't have all of the information that we need. Sometimes in our report, we sort of say that a couple reasons that data that seems like we should have, but don't have, exist. Sometimes there's sort of a mismatch, and this is the case, as Tara said, in the United States between sort of incentives and resources. So those who have the resources might lack the incentive to collect certain kinds of data, and those who have a lot of incentive simply lack the resources.

Other times, the types of information we're interested in collecting sort of lack an easy way to objectively define, and if we can't objectively define something, it becomes hard to say, "Well how many of them are there?" And I think all of these factors sort of play a role in what we're able to know.

But as David said earlier, it's extremely important to agree upon some kind of a definition so that we can -- so that we're able to know more about what patterns do exist. So all the knowledge that we have is partial.

MS. KRISTA SMITH: So David started us off by saying definitional clarity is step one. So I think with that in mind, I'd like to talk about if it's possible to come up with a definition that could work.

David, you addressed this matter in your Commissioned Report. At page 12, you propose a definition for Canadian mass casualty incidents.

And if possible, I'd like to project that definition. Oh, thank you.

So I'm going to read it now, and then, David, I'm going to ask you to comment on each element of this proposed definition. So:

"A mass casualty incident is a premediated and successfully executed act of violence during which one or more perpetrators influenced by personal grievances, beliefs, and/or outside ideological sources physically injures and/or kills four or more victims during a discrete period of time." (As read)

So we'll just start off with premediated.

DR. DAVID HOFMANN: If I may, I might even want to point out that there are two areas here that even myself and my colleagues disagree on, and that's one more perpetrators, as well as the discrete period of time. So there is even a little bit of that definitional ambiguity. And I highly respect my colleague's opinion and it might be worthwhile exploring and discussing amongst us.

But back to your question, and I apologize for the tangent.

Premediated. Tara mentioned something earlier where with this definitional clarity, or narrowing in on certain definitions, we want to avoid including certain types of violence that shouldn't or doesn't fall under the aegis of what we're interested in.

So premediated, it's in there to specifically exclude types of violence, such as heat of the moment or crimes of passion where the act is not necessarily or cannot be or should not be included within the aegis that I mentioned.

The idea here is also to avoid what's called -- and this is going to be the answer for several of the criteria, is avoid what's called the net widening effect, meaning when we create a definition, or anyone creates a definition, we want to have it capture what we want it to capture, and we want to avoid noise or different points of data that aren't important. So that's why premediated is in there. It's to narrow it down to something useful, and in this case, premeditated acts.

MS. KRISTA SMITH: Okay. And the next element would be successfully executed.

DR. DAVID HOFMANN: Same answer. It's not that acts of mass casualty incidents where -- that are planned, but either due to circumstance or police intervention aren't successfully executed, doesn't mean they aren't threats to the public safety, doesn't mean they aren't meaningful, but if we're to understand the behavioural, the social, the economic and all the other social consequences associated with mass casualty incidents it's important to narrow it down to the acts that have been successfully executed.

MS. KRISTA SMITH: Okay. And I think there may be nothing to add to active violence. Let that stand.

So here we have one or more perpetrators.

DR. DAVID HOFMANN: And I invite my colleagues to speak up here. Myself and Willa, we -- and the people we consulted with and the research we consulted with, we thought about this for a while, and we essentially thought it worthwhile to add the one or more because it doesn't change the nature of the act when there are two or more perpetrators, in our opinion. If you have -- if it's gang violence where there's maybe, you know, three, four, five, six, seven, there might -- the researchers or the individuals who are interested in using this definition might want to add a boundary, but there were several -- we identified, and this might come up later, 44 acts of mass casualty incidents from 1970 to 2021 in Canada. And several of those acts, we -- those incidents had two, and I think in several occasions had three perpetrators, where we couldn't in good conscience not include them. So again, this goes back to the net-widening effect. We wanted to include meaningful datapoints that can help us understand this phenomenon; therefore, we broadened it to one or more perpetrators.

MS. KRISTA SMITH: The next element is influenced by personal grievances, beliefs and are outside ideological sources.

DR. DAVID HOFMANN: The thought behind this was to distinguish mass casualty incidents from more commonplace forms of violence, which,

again, are forms of social harm and harm the community and harm Canadian society beyond the immediate victims. The idea here was to essentially exclude certain acts, like, criminal negligence or violence from police intervention, or violence that might occur due to the pursuit of criminal activity. So this was a refinement. It -- we made sure to add both personal and ideological because they're -- what we know from the research, the social scientific research as to why individuals might escalate towards a violent act, there are usually some sort of combination of personal and ideological grievances, and we wanted to make that stark differentiation. And, again, it's not either or. It's usually a combination of both.

MS. KRISTA SMITH: I'm especially interested in this issue because it's not always apparent what the motivation is. Did you consider instead doing sort of a reductive way of putting it by saying except for acts in pursuit of crime?

DR. DAVID HOFMANN: That is a very good point. It -- but using wording like that though, I think it narrows it too much. There are -- I mean, the acts of violence that we're looking at are criminal acts. So by adding that in and of itself, you are, by definition, excluding the act itself, which is a tautology. So it's a good point, and there's different ways to word it. However, we opted with this choice.

MS. KRISTA SMITH: And the other piece that I think is worth noting is that you purposely, in your report you state that you purposely avoided language like shooter, mass shooting. Can you explain why?

DR. DAVID HOFMANN: And we agonized over this. From the 64 definitions that we identified, roughly 41 percent used the term shooter or shooting, which is an enormous amount. And that, again, is because the vast majority of the research comes from the American context where gun violence and the use of a firearm is a prevalent issue in these types of violent activities.

While we also found in our 44 mass casualty incidents that we identified, I can't remember the exact percentage, but, however, a very -- I would say the majority of them also involved the use of a firearm. However, in -- when we were

looking at the list of mass casualty incidents, there were -- the -- we felt it was myopic, particularly from the Canadian context, to exclude other forms of -- or exclude isn't the right word, to focus too heavily on firearms just because compared to the American context, we have stronger gun control laws here, the types of weapons that we have here available to the public are not the same in the United States, and we took a conscious decision to try and move away from that shooter terminology because, again, it -- we felt it was myopic, too narrow.

MS. KRISTA SMITH: Thank you.

Tristan, I'd like to bring it over to you and just get your thoughts on this definition and whether anything would need to be changed or modified or considered if you were to bring it outside of the Canadian context.

DR. TRISTAN BRIDGES: Sure. So Tara and I, I think our work agrees with the definition broadly. In the -- and actually, I think it would be a really wonderful thing for someone, perhaps it will be Canada, to set an international standard in terms of defining crimes like these. In the U.S., broadening it to all weapons would be really, really challenging, especially when we're considering the types of information that we'd like to collect about incidents. So Tara and I, for instance, in our definition where we just look at mass shootings, shares a lot in common with this definition. The two things that are different about our research is we don't consider motive for inclusion and then we only look at incidents involving firearms. So they can involve other weapons, but they must involve firearms. And as David said, the U.S. context might be a little bit different. In our report, we report on a discrepancy between homicides in the United States and Canada that involve firearms, and it's, like, a third of homicides in Canada in comparison with a much larger proportion in the United States. So I think there's a feasibility issue when it comes to defining this, depending on how much data you want to collect.

For instance, Tara and I in our sample, we're sort of building a database from five of the most commonly used databases in the United States, and one

of the variables in our database that we've sought to collect is a variable on motive to see if we actually can systematically collect data on that. And there's just a huge proportion of incidents where that information is just not available. If the perpetrator ends his own life as a part of the incident, for instance, figuring out motive, unless they left something behind, can be really challenging. Not all of the crimes are solved, so we have lots of incidents where we don't have a lot of information about the perpetrator, because we don't know who they are.

So I guess the two things that I think would be really important to consider is whether or not -- like, if we included by sort of any weapon, the number of incidents, at least in the United States, would be so large that depending on how much information we wanted to collect about each one, it might become unfeasible pretty quickly, and maybe that's different from the Canadian context. And then in terms of motive, that makes me a little bit nervous, only because there may be incidents that you'd miss that share those motives, but we don't have an objective way of knowing that the perpetrator had those motives. So just from our perspective, and maybe Tara will have something to add to this, but I think -- and it's not necessarily to disagree with the report as much as just to sort of ask, like, would we be able to systematically and meaningfully collect those data.

DR. DAVID HOFMANN: Those are very valid and interesting points, and I'd just like to address the motive issue.

The addition of personal grievances, beliefs, and/or outside ideological sources, the idea behind that comes from -- if I'm going to be frank, I guess, from my own disciplinary background, and particularly with my background on how and why people can escalate towards acts of politically motivated or ideologically motivated acts of violence.

And to boil it down, what the social science says is that people don't -- with some rare exceptions where mental health plays a role, people don't engage in acts of violence like this without reason. Those reasons can be personal;

they can be twisted; they can be driven by their own biases, world views, so on and so forth, but people don't wake up one morning and decide to commit an act of violence without some form of personal justification or in the name of some sort of ideology.

So obviously there will be exceptions to the rule, and I do acknowledge that, especially in cases where the perpetrator may have taken their own life or don't leave behind anything concrete, defining the motives will be difficult. But, again, the -- I would argue that the addition of this criteria, or criterium, is to exclude those acts where -- of senseless -- I guess all violence is senseless, so I should reword it, but of -- to exclude acts of violence that have no driving factor behind it.

So, again, this is more of a narrowing exercise than to focus on identifying the actual beliefs.

MS. KRISTA SMITH: Tara, did you want to weigh in?

DR. TARA TOBER: So I guess my question, then, is if people typically don't do this without having some sort of grievance, I'm not sure what it's -- I -- so what's an example of sort of a mass casualty event where adding personal grievances would exclude? Like, how would it narrow?

DR. DAVID HOFMANN: I'm trying to pick my wording here to be sensitive to everyone involved, so forgive me if I'm fumfering a little bit.

Those types of acts where there is obvious, extreme mental illness where -- and, again, I use the word, "senseless" and it's the wrong term and I apologize for using that term; all violence is senseless in a certain way. But where the mental health of the assailant or the perpetrator is so severe that the only motive can be the fact that they are disconnected from reality, which then created this act of violence, because there is no purpose behind it.

The violence of any kind or mass casualty of any kind is abhorrent, horrid, and causes great social harm, but even in the mind of the perpetrator there is a reason to it. It could be personal grievances, revenge, and so on and so forth, or it could be in the name of a greater ideology. There's something driving it. These -- and I

will admit these cases are few and few between, but where there is no driving force, I do not think should be included.

And this is a nuance, and a very small nuance that -- but I still think it's a valid nuance.

MS. KRISTA SMITH: It's an interesting conversation.

I'm tempted to move on, but, Tara, did you want to have a...?

DR. TARA TOBER: Oh, I guess I would -- yeah. I think that would be very difficult to delineate, right, to draw a line between someone who's -- like, I'm trying to think in our -- like, if we have any cases where I can think of where someone -- you know, because typically mental illness isn't -- you know, that's a difficult issue, right? Like, people who suffer from mental illness are far more likely to be victims of crimes. And then we do -- you know, we do have cases where -- I'm thinking of the Las Vegas shooter in particular, which was our -- where it's completely unclear. We can assume that maybe he had some political motivation or personal grievance, but then I guess probably if we looked at anybody's lives, we would find personal grievances.

So I think, for me, that would be -- when you're compiling data that would be very, very -- I think that would be very challenging to actually sort of separate out and exclude cases based on that.

MS. KRISTA SMITH: Tristan?

DR. TRISTAN BRIDGES: I'll be brief; I know you want to move on.

I guess the other thing that we would be able to do is sort of collect data to answer that question, like, what proportion of these incidents have identifiable grievances, et cetera, that we can't ask if we exclude incidents that don't meet the criteria in the first place. So maybe it's -- maybe the Commission decides it's important sort of information to know, how may of these incidents look like that and how many don't.

DR. TARA TOBER: Yeah.

MS. KRISTA SMITH: I couldn't help but think of your testimony on

Monday when you said you put 10 academics in this area in a room and they just can't agree. I thought oh, we're modelling that right now.

I think we have time, if I can quickly -- it's really my own curiosity, but why is it that things that in the US, why it would not be feasible to have non-firearms related methods included? I'm just thinking of, like, a gas attack or knife. Like, those things are so numerous that it would sort of blow it -- blow your ability to make meaning from the data?

DR. TRISTAN BRIDGES: Yeah, at least right now. So the data that we have in the United States that looks like that is collected by the Federal Bureau of Investigation under what's called the Uniform Crime Report, where -- it sounds like when you go to the FBI website, it looks very official, has ".gov," et cetera. It sounds like these are the facts, this is how many of these crimes actually occur. But it turns out that actually the Uniform Crime Report has always been a voluntary -- data that's submitted voluntarily, that individual police departments can voluntarily submit it to states, and states might opt out of submitting it to the federal government, but they're encouraged to partake.

But even with that, so the data that we have is sort of a conservative estimate of how many casualties happen like this. I think in the FBI supplementary homicide data, they include a variable that's like what type of weapon was used, and it's just an incredible number of variables there. Most people who use those data to look at mass shootings I think pull out a subset of that data that are classified with four different firearm designations. If we put in all of the data, the number of incidents grows so big, and that doesn't mean -- maybe we want to have a really big dataset but depending on how many things we want to meaningfully learn about each one of those incidents, it just becomes hard as you add variables. It's like, well, if we also wanted know motive and if we also want to know -- et cetera, then it just becomes really, really challenging and time consuming.

MS. KRISTA SMITH: So before we sort of leave this topic of can

there be a definition, is there -- I guess, Tristan is there any kind of takeaway for us? I mean, I think maybe I'm thinking about your testimony on Monday when you were saying -- you know, it sounds to me it's almost like getting a sweet spot because you were saying on Monday you don't want it to be so narrow that -- we've seen so many of these definitions are so narrow that you can't compare them. But at the same time you have to mitigate the net-widening effect, right? So how do we do this?

DR. TRISTAN BRIDGES: I think Tara and I would say, and maybe David will disagree, but I think that we -- incidents that involve firearms often have lots more casualties. And so in the US context we're really interested in that, so firearms is one way of limiting it if that's -- if the Commission decides that's a meaningful designation. And then the other way of limiting it, I think it has to be done by some sort of threshold in terms of victims; how many qualifies as mass? The way that's been done in the literature has been four, and that's really just borrowed from the Federal Bureau of Investigation's definition of mass killings.

The more you -- the fewer victims that you have, the larger your sample will be. And so Tara and I, in ours, have borrowed the threshold of four, but we've said that this should be injuries or fatalities rather than only looking at fatalities.

There's lots of incidents in the United States that really feel like they ought to be mass shootings but aren't included in any data set because not enough people died, so we have incidents in our data set where people enter public settings with what look like personal grievances and political motives and injure large numbers of people, but if not a sufficient number of those people died as a result of the incident, then we just -- we have very little information on them, so I think that shares in common with David's definition, that the threshold should be surrounding injuries, not fatalities.

DR. DAVID HOFMANN: The word we use is "victims", although acknowledging that there is psychological consequences beyond what we're talking about, physical victims -- physical violence.

MS. KRISTA SMITH: Okay. Thank you.

To move on from sort of the definitional conversation, the next area I'd like to talk about is, you know, parsing out some of those variables that we've been talking about, some of the data points that you might want to collect.

I'd like to start with you, David, because you looked at this in Canada, so I think that's a great place for us to start. You prepared a table at page 14 of your report which you've mentioned already that you looked at 44 mass casualty incidents in Canada between 1970 and 2021.

So there's a few indicia that you looked at specifically that I'd like you to comment on, so the first was what were your findings with respect to violence type or means, so to carry on a bit with this conversation.

DR. DAVID HOFMANN: And I would like to start again by acknowledging Willa Greythorn's immense help, assistance and background research in the creation of this table. She was a massive force behind it and I don't want to steal credit or claim credit that is not due to me.

That being said, I did have a hand in this table, but the acknowledgement is important.

As I mentioned, the vast majority of the 44 Canadian incidents, the violence involved some sort of firearm, so it does touch on Tristan and Tara's points that focus on firearms might be one of these ways of delineating it, but again we were -- we were confronted with incidents where when we were figuring out inclusion and exclusion criteria that we felt, given -- given their importance, given the impact -- and I'll bring up one in particular, the Kanishka bombing, the Air India flight 182 where the largest -- one of the largest aviation disasters or acts of terrorism involving aviation in North American or even global history.

We couldn't -- that just fit the bill for a mass casualty incident and we couldn't, in good conscience, exclude it just because it involved bombs and not firearms.

So there are several other incidents like that where it felt like we

were doing a disservice by excluding them, so again, while firearms are the predominant form of -- or method used by the perpetrators of these acts of violence, there are meaningful data points or incidents where the -- that fall outside this threshold that we thought should be included.

MS. KRISTA SMITH: Okay. Thank you.

And I'd like to take you on to what you found generally with respect to location type.

DR. DAVID HOFMANN: I wish I had the chart in front of me.

The -- I don't recall off the top of my head unless I can glance at the chart, and I apologize for that. I had copious notes, but.

Yeah. Thank you very much.

Diverse, I guess, would be the word. And I figured this out with just a glance, so.

There -- we didn't find any particular trend one way or another. The types of events occurred all across spectrums such as -- well, various spectrums, workplace, intimate partner, targeting critical infrastructure, targeting politicians. So although we didn't conduct any advanced statistical analyses or anything like that, there wasn't any specific trend amongst the 44 incidents.

MS. KRISTA SMITH: Okay. And my last sort of questions on this point, and the answer may be you don't know or it's not clear -- no problem -- is are you able to comment or did you look at whether there -- the incidents in sort of rural versus urban areas?

DR. DAVID HOFMANN: That is not something we explored. It's something I've personally explored when -- in my own research on far-right violence, which if it might be interesting to the Commission, in the case of far-right violence, in Canada we tend to be -- acts of far-right violence tend to happen more in urban areas than in rural areas, and it's the inverse in the United States. That's always something people find interesting. Far-right violence tends to be in rural states in the States and

not in urban areas.

I'm not sure if there's a correlation here, and I am -- I will be taking a stretch there, but trying to attempt to answer it, so if that's too far afield, feel free to disregard that.

MS. KRISTA SMITH: Thank you.

And just finally, before we leave this table, were there any other patterns that really stood out for you?

DR. DAVID HOFMANN: Not patterns per se. It was more the number.

If I can contact, you know, my earlier self through time travel or something like this, I would have expected that number to be a lot higher. Obviously, using the definition that we chose, we purposefully made it -- we wanted it to be narrow, but not too narrow, and we wanted to be specific without being -- without being too exclusionary. I would have thought that number to be a lot higher.

And if we were to apply this to the American context, for example, with my American colleagues here, I think that number would be much higher, so.

MS. KRISTA SMITH: Okay. So to take this conversation to the American data just briefly, I'd like to direct your attention to an article that we provided you in your roundtable packages, which was prepared by Voices of America, detailing a database created by the Violence Project. And it looked at 168 U.S. mass shootings between 1966 and 2020.

And that can be found at Exhibit P-003496.

So you know, the Violence Project looked at 168 mass shootings for all different types of variables, which we'll talk briefly about, but in looking all of these, they found that mass shooters tend to have four things in common.

One is that there was some -- oftentimes some early childhood trauma or exposure to violence at a young age. The second was that there was an identifiable grievance or crisis point. The third, that these individuals have studied the

actions of past shooters and seek validation for their methods and motives. And fourth, that they have the means to carry out the attack.

David, given, you know, your work in Canada with those 44 cases, do those four indicia sort or -- or conclusions seem right for Canada's experience?

DR. DAVID HOFMANN: If I could pass it to my colleague, I would rather -- or my colleagues, I'd rather respond to what they say.

MS. KRISTA SMITH: Sounds good.

Tristan?

DR. TRISTAN BRIDGES: Yeah. I guess I would -- so the Violence Project is a really important project and is absolutely work that the Commission, I think, should consult. For that project, they utilized a narrower definition surrounding fatalities, and the authors of the Violence Project will say in their explanation of that that they do that for feasibility, but these are data that they'd had access to.

So some of the caveats with anything we say about this report I think have to be surrounding like what types of incidents are we missing that aren't part of these data to come to those conclusions. And there's -- Tara and my work shows that there's lots and lots and lots of incidents like that.

So the ones that are this fatal, I think that we completely agree with the report, with the caveat that we need to know whether those -- whether these patterns in their data are meaningful. We need to be able to compare them to something. And in the report that we read that's the exhibit that you just referred to, Krista, they're not really compared to anything. Angelique might be able to respond to this a little bit more than Tara and I. But just as example, if we say that perpetrators had a history of mental health challenges, that a certain proportion of their data showed that, and we don't compare that with sort of, like, the rest of the population. It makes it sound like, well, then this must be a sort of causal reason that these things happen. And the fact is, we just really can't make that claim; right?

Just to give you an example, with respect to school shootings in the

United States, we know that lots of the data, lots of the research that's been conducted on school shootings has found that perpetrators were subject to a great deal of bullying. There's a lot of research that suggests a great proportion of perpetrators were gay baited, teased for being gay, even though little evidence suggests that any of them identified as gay.

But if we -- if you look at surveys of students throughout the United States and say, "How many of you were bullied and how many of you were teased for being gay?" It's also large numbers of people who don't go on to commit school shootings.

So I think that is -- those are some of the things that we should take in mind when we're sort of considering these data.

Tara, or Angelique maybe would have something to add to that.

MS. KRISTA SMITH: So Angelique, I was planning to ask you about, you know, what the limitations might be with this kind of a report, and I think that Tristan was starting to allude to some of those things. Do you have any further comment on that?

DR. ANGELIQUE JENNEY: I would just echo Tristan's comments that absolutely if we think about prevalence in society in general, right, in terms of we know that in Canada, 32 percent of adults report they've experienced abuse in childhood. Tristan mentioned bullying. Twenty-five (25) percent of students in grade six to 12 report being bullied. These are very high numbers. And the other piece that the report talks about, childhood trauma, and mental illness, for example, signs of crisis. If we looked simply at trauma, it's estimated that almost 80 percent, 76 percent of Canadians report having experienced a traumatic event in their lives.

So we can't really make these kinds of -- when we look at the numbers of kids who have experienced trauma and violence in their lives who never go on to perpetrate or harm anyone else, we can't really make those kinds of connections between that experience. Same with the mental health issues that about one in three

Canadians are going to be affected by a mental illness during their lifetime. And even in, for example, we have data from the 2016 to 2017, one in seven Canadians actually accessed health services for mental illness.

So these are huge numbers that if that was the only connection or a strong connection, we would be seeing much more incidents like these and we just don't. They're very rare.

MS. KRISTA SMITH: So is there value, and I may hit this question around the circle, but is there value to looking at these types of demographic characteristics when -- in trying to see if there's a pattern?

DR. ANGELIQUE JENNEY: Am I still ---

MS. KRISTA SMITH: Sure. As you wish.

DR. ANGELIQUE JENNEY: I think there's still a value in looking at it, because these are -- we can intervene early when we think about childhood trauma. We can address some of the issues.

I believe -- I was just reading another one of the reports before this meeting that is part of our package that was really delineating those difference between mental illness and how low the rates are, and I think Tara already mentioned that people will mental illness are actually more likely to be the victim of violence than to be perpetrating it.

So I think they're important pieces to look at and to take into consideration because those are things that as a society, we should be preventing trauma in childhood. That's what we would want for all children. We wouldn't want children to be bullied. We don't want people to experience adversity without support around it. So I think they are important, but they can't be the only -- it's a complex issue.

MS. KRISTA SMITH: Thank you.

Tara, do you have any follow up?

DR. DARA TOBER: Not really. I agree with everything Angelique

says. Obviously if looking at that data resulted in maybe more funding and care for people who are going through mental health issues, or who have been bullied, then that could only be a good thing. But as far as trying to make any predictions or anything like that, I think that does not work.

MS. KRISTA SMITH: M'hm. All right. Thank you.

Any follows up there, David?

DR. DAVID HOFMANN: Scholars who are typically interested in the various social dynamics of how and why individuals might escalate towards an act of terrorism, an act of politically or ideologically motivated violence, we're confronted with a problem that we've termed or we've borrowed from psychology called the explanatory gap, which is essentially what Angelique has been touching on. It's the question of why is it that these grievances or these problems that face millions of Canadians and millions of individuals worldwide, why is it that there's only a small minority of individuals who ever escalate towards an act of violence?

And the question is, it's really a let down right now, but in the current literature, we don't know.

But it's widely acknowledged that the task of scholars interested in these social dynamics in the radicalization process, in the how and why people escalate towards extremism is to narrow this explanatory gap.

And just, again, to echo Angelique's point, it's incredibly complex whenever we're dealing with any sort of social aspect, social dynamic involving human beings and our social conduct and identity and so on and so forth. It's always going to be some very complex interwoven mesh of reasons. And each and every one of these attempts to narrow the gap has meaning.

So to answer your question, Krista, the answer is, yes, it is worthwhile. It is a long and arduous path. Each and every one of these bits of research or scholarship helps narrow that gap slightly. So it is worthwhile.

MS. KRISTA SMITH: That's helpful. Thank you.

Anything from you, Tristan? Okay.

So I'd like to take the conversation in a related but different way and take it over to Angelique.

That Voices of America report does talk about the prevalence of early -- exposure to early childhood trauma or violence. And not that it's in any way predictive, but I think it would be -- it would be helpful if we could hear a little bit about your -- the work that you do and what you -- what impacts you tend to see when you're working with children who have been exposed to violence or trauma?

DR. ANGELIQUE JENNEY: Thanks, Krista. And, you know, something that I was thinking about when I was thinking about this work, and that's important to talk about is even our studies and our participants and the research that we do is limited by who participates and who we have access to.

So when I talk about the impacts of what we know about the impacts of violence and trauma on children, and I almost want to say to you this is an area that I don't think there is any definitional ambiguity around terms of -- I think we scholars do agree on what are traumatic experiences and what are the impacts of trauma across the lifespan, for example.

I think we would also agree that it's complex and that we can't really look at -- you can look at it in this individual lens, but that's the complexity of it in terms of, for example, we know that almost a million children every year in this country are exposed to violence in their homes, and that we know the majority of child welfare referrals at this time in the world are for intimate partner violence, and we also know that the majority of those are actually -- involve children under the age of three now. And those demographics have changed mostly because of our awareness of the impact of violence and exposure to violence on children and the risk factors that come with that, such as the co-occurrence of other forms of maltreatment and other issues that might be going on in families.

We know that kids are harmed in a number of different ways by

exposure to trauma or experiences of trauma, and that those are manifested in, again, multiple different ways, cognitive, behavioural, social functioning, and they're dependent, again, on this other group of factors, which is individual, some things that are individual to the child themselves, but more importantly, also external to the child. What kind of access do they have to social supports or what's the home structure, parenting, other community members that are involved? What's their developmental age and stage when the violence is occurring in their lives? How do they make sense of it? Is it impacting on brain development? Is it impacting on their ability to access what we would consider are the components of resilience-building factors, such as doing well at school, and having peers and social supports? If you're highly isolated or if part of this impacted trauma makes you socially withdrawn or has you struggling with making or managing friendships, then you're losing some of those avenues that might be protective for you over time.

And we know -- we've talked about rural and urban environments. We know that not all children have equal access to housing and healthcare and education, and not all children have the same experiences of our structures, such as police and child welfare that, in some families, might be perceived to be helpful, and in other families are perceived to be a threat or harmful.

So there are those -- there's so many different ways that -- the impact, but at the same time, I'm hoping what I'm illustrating is that there are lots of kids who have this experience that we don't find out about until later, and there are other kids that we find out a bit early.

And when we were just talking about why is it important to look at the issue and consider childhood trauma and impacts. I think if I were to make any comments to the Commission it would be we have to get away from this idea that we can identify an individual based on A, B, and C happening, and that we really have to consider that what happens for children is part of a community and part of a societal response to what's going on in their families.

There are numerous ways in which we as a society can respond to these experiences, and, you know, we could do more to stop bullying; we could -- you know, when people fill out those surveys and say this has happened to me or I know this has happened to someone. And if we think about social awareness building programs, such as friends, neighbour, family, where we actually train people to talk to the families when violence is happening so that as a society we have a bit more responsibility I think than we like to take in terms of these individuals who end up committing harms, that there's probably lots of ways in which as a community there were areas of intervention that were missed.

Did I answer your question? I sort of got off there.

MS. KRISTA SMITH: In a way, I'm trying to decide. I have a couple of follow ups to the original question, and I feel like it's taking you off the point -- the important point that you just made.

So I think -- I think I would like to pose the questions anyway, knowing that I am ---

DR. ANGELIQUE JENNEY: Okay.

MS. KRISTA SMITH: --- I am going to come back to the -- what you have just raised, and -- because it is -- it is a point that we need to pause over and really talk about.

But just before we go there, I'm still -- I'm hoping that -- you know, keeping in mind the audience is mostly people like me who don't study this area and don't know much, is there -- is there anything you can tell us in sort of general terms about a child who has been exposed to violence or trauma, that -- you know, what are the impacts on, for example, their emotional development or their -- what they learn about the world when they've had that experience as kind of a lens?

DR. ANGELIQUE JENNEY: I think what everyone can relate to is, and what's really important for all of us as humans, one of the things you develop from the moment you're an infant to adulthood, we're always managing something that we

call emotion regulations, so the ability to manage ourselves under stress, to identify our feelings, to know when to reach out to others for help. And that exposure to violence, exposure to trauma, and I'm going to be clear if we want to talk about definitional pieces, I'm talking about complex trauma. I'm not talking about a child who was involved in a car accident that their family was with them and everyone supported them. I'm talking about complex trauma, which is -- specifically occurs in the context of a relationship with someone that you care about or who is supposed to be your caregiver.

So it fundamentally breaks down that basic assumption that there are people in your life that are going to look after you, and whether that's your care -- your immediate caregiver or your schoolteacher, or whatever, people that you feel like you should be able to trust and go to. When you're harmed by people in that context, that changes how you think about the world in general.

So imagine if the people that should love you the most and care for you the most are those that you're most afraid of, it makes the rest of the world a little less likely for you to think, "Oh, a perfect stranger is someone I can turn to" if I've never learned that someone who's in my family is someone that I can turn to.

So when you think about how infants and toddlers learn how to manage their emotions, they learn them in the context of being with another person. So that's what happens when we're holding a crying baby in our arms, and we're stroking them and rocking them and talking to them, we're using our bodies to calm their bodies, and then over time they develop that with themselves.

Now, if you're a baby that's growing up in a household where there's violence, which means when you're crying, when you're trying to get your needs met no one's picking you up or maybe you're even more frightened, then you're not getting that experience... And of course only when I'm talking are you going to hear a chainsaw suddenly start up. Anyway, hello Zoom. I'll try to be...

So what's important is that many of these children lack emotional development, they're less aware of their emotions because they don't have access to

someone to help them understand what's going on for them while the trauma is occurring, and they're less able to describe those experiences, to use different emotions to talk about how they feel, and if they can't identify that they can't use those emotional feelings to signal or trigger the coping strategies and use those reactions to get some help for them. So they're kind of left out there.

And then imagine growing up and not being able to reach out and talk to someone or find a way to make your body feel a little bit better, which is what we use other people for throughout our lives. Every single one of us in this room knows someone that we would go to if we were hurt or harmed, even now as adults, that would help us feel better, and that's what children learn early. And when you're exposed to violence by someone who's supposed to care for you, you don't learn to do that quite so well, and that can be a difficult journey to try to figure that out in adulthood. And that's mostly what people are doing throughout their lives, trying to find another person that they can feel safe enough with that they learn to regulate themselves in the context of.

MS. KRISTA SMITH: Thank you. That's -- it helps to assemble, assemble some understanding, assemble a picture of what might be -- what might be going on for people.

DR. ANGELIQUE JENNEY: And if -- I just want to say.

MS. KRISTA SMITH: Sure.

DR. ANGELIQUE JENNEY: When you think about the kids who are in out of home care environment, juvenile justice, they are off the charts in terms of experiences of complex trauma.

If you think about a risk factor for how you end up getting in trouble in the world, it’s because you don’t have caregiving that is dependable and safe.

MS. KRISTA SMITH: And just to make sure I understood your use of the term “complex trauma”, you used -- you connected that to relationships.

DR. ANGELIQUE JENNEY: Correct. That you are actually harmed by someone that you trust and care about. That’s what makes it complicated,

as opposed to if you're harmed by a stranger and you go home and you tell your family that this bad thing happened to you, your family circles around you and says, "We're going to get you help" and they call the school and they call the -- they call the police and everyone tells you it's not your fault and they're very protective.

But if it's somebody who is supposed to care for you, maybe they tell you it didn't happen. Maybe they tell you not to tell anyone. Maybe, even worse, they tell you that it's your fault and you're the reason that this is happening to you.

That's a very confusing thing for a child to try to solve later and you have to come up with all kinds of functional and non-functional ways of managing that, the stress and experience, and sometimes at a very young age.

MS. KRISTA SMITH: Thank you.

We are going to take our midafternoon break soon. Before we break, I would like to just check in with our other three panelists and see, is there anything you wanted to follow up on with what you've just heard from Angelique?

Okay. Can we take our break?

COMMISSIONER MacDONALD: Yes. Thank you so much.

We'll break for 15 minutes. Thank you.

--- Upon breaking at 3:07 p.m.

--- Upon resuming at 3:25 p.m.

COMMISSIONER MacDONALD: Krista?

MS. KRISTA SMITH: Thank you.

So we're going to turn the conversation a little bit now to another aspect that seems to come up a lot in this conversation.

We saw in the data that from the Voices of America report that, of all the -- all of the 168 mass casualties looked at, I think only four involved women. So gender seems to be one of those elements that it's worth pausing over.

So I know, Tara and Tristan, you spoke about this at some length during your testimony on Monday, so I think just to get the ball rolling, I'd like to --

maybe you could give us a quick refresher on your testimony on Monday and how you would -- you know, you do masculinity studies. How would you define masculinity in U.S. culture?

DR. TRISTAN BRIDGES: This is a tough question, and I'm an expert on this, so that's saying something.

Masculinity -- I think when people ask this question, they -- it would be great if we had an answer that was like, you know, the answer to what is gravity, but it turns out that masculinity is something that means different things to different people, it means different things in different cultures, changes over the life course. And so one way that scholars have sort of tried to define this sort of slippery concept that resists definition is that sometimes it's easier to understand what masculinity isn't than what it is.

So the body of scholarship that Tara and I summarize in our report is a body of work on what's called social identity theory, and really, basically, social identity theory suggests that if you have an identity that's really personally meaningful to you and if that identity is meaningfully challenged or you perceive that identity to be challenged in some way, that a kind of patterned response is to respond with a kind of exaggerated display of that identity.

So this is one way that masculinity scholars have attempted to sort of define what masculinity is, by subjecting participants in research experiments to masculinity threats challenging their claims to masculinity and then looking at what they reach to in response to those threats. And lots of scholarship has shown that men tend to reach for sort of ugly collection of things when their gender identities are challenged.

So scholarship has shown, for instance, that men are more supportive of violence as a solution to problems when their masculinity has been challenged. Scholarship has shown that men are more supportive of male supremacist statements like, "I believe men are inherently superior to women", for instance, if their masculinity has been challenged. And this lets us know that violence is meaningfully

connected to masculinity in some way because social identity theory suggests if we challenge an identity that people care about, then we can learn a lot about what people think that identity is by looking at what they reach for in response to a challenge like that.

So sort of a partial answer.

MS. KRISTA SMITH: And is that drawing on data from -- strictly from the U.S. or is it also looking at other countries?

DR. TRISTAN BRIDGES: So scholarship on masculinity threat is relatively young. A lot of the research that I'm familiar with happened in the United States, but not all of the research on masculinity threat has happened in the United States.

And it's conducted in experimental settings, so a lot of it is conducted on young men. Lots of that research is conducted on college students because social psychological experiments are -- often involve college students as subjects, which means that it's kind of partial data.

It tells us, though, that masculinity is sort of -- when people are about masculinity and we make them feel tenuous about whether or not they can enact it or whether or not they possess it, there's a -- they're more likely to sort of reach for patterns, collections of responses.

And so whether or not the same things will be interpreted as masculinity threats or the same responses will be illustrated to masculinity threats in different national contexts, I don't know of any research that has attempted to make that argument.

MS. KRISTA SMITH: Okay. And just before we move on from basic concepts, you focused on what masculinity -- what are the characteristics of masculinity when challenged, but is there -- do we know anything about sort of masculinity at rest, masculinity when you're not in a threatened position?

DR. TRISTAN BRIDGES: So I guess defining -- one of the ways

that I think a lot of scholarship would agree with if we had to come up with a definition of what masculinity is, I think the most basic definition that lots of people come up with is they'll say what masculinity is understood to be is not feminine. And so it's sort of defined against something.

And that's why I think it's difficult, it has that kind of "I know when I see it" quality, and so it's sort of easier to define relative to something else.

MS. KRISTA SMITH: Okay. Thank you.

Angelique, I'd like to take it over to you, if I could, and ask you if you can comment on whether the role of masculinity or sort of like the social identity of being a male matters or shows up in the kind of work that you do.

DR. ANGELIQUE JENNEY: Well, it absolutely shows up in terms of -- and of course, the chain-sawing has just started again.

But we absolutely look at gender identity as a risk and a protective factor for children and youth who are experiencing any kind of trauma, but specifically around gender-based violence, exposure to violence in the home as well as any sexual abuse.

Certainly in my work, we see a lot of males are targeted by abusive parents for not being masculine enough, and there are a lot of messages that they get very early. And just as Tristan said, they can also be targeted for being too feminine, for example. And we consider that to be problematic behaviour when we're trying to intervene to prevent future cases of violence against women and children, for example.

And if you think about having your first attacks on your masculinity as coming from your own parent within your home environment and you have to defend your identity, as Tristan has talked about, it's a frightening trajectory some of these young men are on, and we've seen that in these programs, these preventative programs for young boys and men that we're running, and sort of for adolescent boys in school, the target is to talk about masculinity, and what that is, and what the messages are. And we've realized that these young men are getting lots of messages around

what masculinity is and isn't from very young ages, not just within their home, but within our society as a whole, and that those programs are designed to get them to talk about them and recognize that there are other ways, and also, to recognize some of those ways in which they are required to police masculinity amongst their friends. Tristan mentioned earlier about being bullied for being feminine or seeming feminine, and there's a lot of that that still goes on in our society.

So, definitely, it is a -- it's a risk factor. And when kids grow up seeing those kinds of rigid gender roles and violence being enacted because of them, they grow up thinking that women are to blame for abuse that happens to them, that violence is justified when you want to impose your will, or get your way, or resolve a conflict, and they learn that boys should be in control and women should be submissive, in many ways. And many of these children have learned that abusive parents have experienced no consequences for those abusive behaviours either. And they may perceive that parent as being more knowledgeable and confident or in charge because they're the only one who gets to make decisions. So there's lots of risk factors around that aspect of masculinity and this idea of power and control.

MS. KRISTA SMITH: And again, I have to pause over terminology because I'm sort of learning as we go. You talked about how masculinity is a risk factor, but you also mentioned that it can be a protective factor, and I don't -- what's a protective factor and how might masculinity be one?

DR. ANGELIQUE JENNEY: So in a household where masculinity is considered better than femininity, it could be a protective factor. So a boy might actually experience less abuse and may have positions of power in a household like that, over their own mother and over their female siblings. So that might be protective in terms of the abuse is never targeted towards them, always targeted towards females, but it could be that they're targeted because they're not masculine enough.

And in the same way, a young girl's identity might be protective as she's seen as too young to be harmed and needing to be protected because she's

female, and so she might not be targeted in the same way that, for example, her adult mother is, but she could be. So that's what I mean about many of these issues could be a risk or protective factor depending on the definitions that are residing in that household at that time.

MS. KRISTA SMITH: That's helpful. Thank you.

To sort of take this conversation a step farther, Angelique, I'm going to -- I have another question for you. So when Drs. Bridges and Tober testified on Monday, one of the Participant Counsel asked, given what we know -- given that we know that the culture of masculinity can begin at a really young age, are you aware of any research that considers how to counteract those dynamics in the early years? So I think the question is what -- when children become enculturated at a young age, or start sort of learning that masculinity might matter in certain ways, how do you work with that as children get older?

MS. ANGELIQUE JENNEY: So we do know, and there are a number of evidence-based, evidence-informed programs that are being implemented in schools right now that are specifically looking at addressing gender identity, less rigid gender roles, and equity and violence prevention. Most of them are occurring with adolescents. An example would be the Wise Guys Program in Alberta. But if we really wanted to be more preventative, you would start such universal and what I would hope would be trauma-informed educational programs being embedded in very early education because that's -- the indoctrination happens very early. You can talk to very young children, and they'll know right away what toy they're supposed to play with versus what's for girls and what's for boys. Our media -- or does a very good -- marketing does a very good job of teaching children very early who they're supposed to be.

I would be starting programs that look at those different messages around gender and identity and who does what much earlier in curriculum. I think it's a bit late, although that is the time when people are -- young people are really coming into

themselves and relationships. It's a good time to be thinking about prevention of gender-based violence, but it's a bit late to be telling people that masculinity might look a little different now, and you could be doing that earlier.

MS. KRISTA SMITH: Okay. Thank you.

And, Tristan, anything, you know, you would add to Angelique's comments given your background?

DR. TRISTAN BRIDGES: Yeah, I completely agree with everything Angelique said. And the other thing I -- I guess I would add to that, which I think Angelique will agree with, is that I think there's a -- from a policy perspective, we sort of -- we're hoping we can kind of inoculate, you know, groups of people from some of the more harmful ways of understanding masculinity as meaningful. And it would be great if there was, like, a sort of one point in the life course intervention that we could make that sort of resolved this for everyone. But the truth is, as a parent, I know that, like, lots of the things that are good for children are really just good for all of us actually, and that we could benefit from these things, like, throughout the life course. So, you know, if my own sleep habits were as good as my children's sleep habits, I think I'd be a lot healthier, and I think that lots of the things that Angelique is discussing, I think, need to happen throughout primary education. They are a part of secondary education, but as members of that, I think we can all attest that, you know, it sometimes feels like too little too late, so incorporating that into other parts of the life course I think would be really helpful, and beyond. Adults need this too.

MS. KRISTA SMITH: Thank you, Tristan.

Maybe I'll take it to David now as we talk about adults and your -- some of your work has considered far-right extremism within Canada, and what -- how does masculinity and notions of masculinity factor into your work?

DR. DAVID C. HOFMANN: I think the place to begin is just to reiterate some of what Tristan mentioned with the concept of masculinity under attack, or a threat-based masculinity, and that is one of the main components of at least a small

subset -- I wouldn't even say a small subset, a subset of the right-wing idea sphere or what we like to call the "manosphere" in -- if we're distilling it a little bit further. Within that particular strain of far right and extremist thought, masculinity is constructed as something that is consistently and constantly under threat, that traditional notions of masculinity, which are held on a pedestal or held up as an ideal are no longer valid. They view women's rights or the changing role of women in our society as something negative and they take all these various grievances and blend it into -- they take the global and they blend it into the principle to explain how and why they are failures as men, or they see themselves as failures as men, how and why in this society they aren't able to live up to the concept of what it means to be a man, which they typically also blend with notions of sex and sexuality with abusing one particular community. The involuntary celibate community as an example, they tie their notion of masculinity or lack thereof to their inability to obtain a sexual partner. And they blame it on -- this attack on masculinity, they blame it on, again, the changing role of women, and it is very much tied up to this threat narrative that is a core part of not only the subset of the far right, but far right in general, these idea of these core values under attack. I'll leave it there.

MS. KRISTA SMITH: Thank you.

I'd like to shift a little bit now to talk about gun and sort of guns and gun culture, so firearms, as we've already explored, frequently show up in mass casualty incidents. And one -- I think as a starting point, I'd like, Tristan, if you could talk a little bit about I think there was a -- kind of a nuance that I didn't get until I spoke -- actually spoke with you in prep, which was that it can be -- we can talk about sort of individuals, characteristics of, you know, of shooters, but there's also kind of a discussion around culture and context that is broader, and the two are kind of separate. I'm wondering if you can talk about that better than I can?

DR. TRISTAN BRIDGES: That's right. I think this sort of speaks to something Angelique was getting at earlier, that there's a -- when awful incidents like

this happen there's a tendency to try to zoom in on that incident and look at the individual or individuals involved and try to sort of interrogate things there. And unfortunately, social science is like a little bit less of a predictive science than I think people would like it to be. Sometimes its best use is descriptively, and what that means is that sometimes we can identify patterns with large amounts of data that don't always apply to every single datapoint equally. So that's why it can be difficult, I think, when people are looking for like a sort of recipe, what kind of a life causes someone to commit a crime like the ones we're talking about? And the truth is, there's just -- there's no scholarship that I trust that could answer that question.

What we do know, though, is that these types of incidents crop up in -- you know, they're not equally distributed in societies around the world, and even when we look inside one society, like Tara and I's analysis of the United States, they're not equally distributed even within a society. So we can ask questions about, well why did they sort of tend to clump? Like why do they -- why do they pop in some areas and why are they relatively absent in other areas? And one of our explanations for that is what scholars of guns refer to as "gun culture", which are the sort of meanings that people attribute to guns, how people understand guns as meaningful in their life.

And it might -- I think sort of to the lay audience that may sound like, well doesn't everyone make the same meanings out of guns? But everyone doesn't, and we haven't made the same meanings out of guns over time.

Most of the -- that concept, gun culture, is actually relatively young in the literature on gun scholarship, and the way that it's been applied to looking at societies has been this sort of -- each society is looked at as having a kind of gun culture that sort of evenly blankets everyone inside -- everyone inside a society, for instance, makes the same meaning out of guns. And that's an oversimplification, obviously, but it allows us to say well, maybe there's a radically different gun culture in the United States that causes the U.S. to have such a disproportionately higher number of mass shooting incidents than other nations around the world.

Now that we're gathering more data, we can start to do a more fine-grained analysis, and say maybe gun cultures exist in different ways in different communities within the same society as well. And so this is a very much still emerging body of scholarship, and so as part of what we need to do to do these sorts of analyses are figuring out what are the meaningful variables to collect to make sense of how people might make different sorts of meanings in different communities within the same society?

MS. KRISTA SMITH: So what sorts of variables are you thinking about?

DR. TRISTAN BRIDGES: I'll just invite -- if at any point, Tara, if you want to jump in on this, you're welcome to as well.

So this is a -- this is something that we're sort of still involved in figuring out. One of the ways that this has been attempted in the United States is that people have looked at sort of signifiers of certain understandings of guns. Like in the United States we might look at subscriptions to magazines that are widely known for sort of supporting certain views of guns rather than others, and that could be one way of looking at how people might make sense of guns.

I've done a little bit of research using Google searches, which I know sometimes -- when I brought this first up with my parents, they thought it was silly. But when you type something into Google, Google collects a little bit of information on that. We know how often people Google different things in societies all around the world, and we even know within individual nations where people are Googling different things.

And so just as an example of how this has been made useful in recent history: One of the way health scholars are making use of Google search is that it's a great way of identifying potential outbreaks of diseases. When doctors ask patients about symptom progression when they come in and say "I'm sick", it's really important for doctors to know, "So what happened first? Did you get a fever and then

did you have a cough? Or tell me in what order things happened?" And it turns out patients are pretty terrible at remembering that, but Google's great at it. So when we see a disproportionate number of searches for "I have a runny nose, I can't smell, I can't taste", we might be able to start to predict where disease outbreaks might happen, is one way that scholars are making use of Google searches.

And so it could be that we identify, you know, numbers of searches on the internet that are sort of related to different understandings of guns and we could look at how those fluctuate over time, where they tend to populate, et cetera. So things like that are sort of some of the variables or some of the ways we are attempting to objectively measure something as slippery as meaning.

MS. KRISTA SMITH: Okay. Think -- I was thinking it sounds like it's variables that are related to belief, getting at people's beliefs. Okay.

I do have a question for Tara now. I'm also sort of asking you to -- a little -- comment a little bit further on your commissioned report. At page 34 of that report, you state, quote:

> "Carlson found that some white men used guns to symbolically and emotionally negotiate this social, cultural, and economic transition. Less able to accomplish masculinity through the 'provider' role, Carlson found gun-owning American men increasingly leaning on 'protection' as a way of accomplishing masculinity—white men in particular."

Can you help maybe situate this? I feel like I've just said something out of context. So maybe ---

DR. TARA TOBER: No, no. Yeah, so, you know, it's -- we're trying to talking about gun culture, and that -- you know, I mean, we're talking about definitions, and that can be very difficult to define. But Tristan, like, you know, he was talking about magazine subscriptions where people are searching. We also want to

think about like -- you know, contemporary attitudes and beliefs towards guns, right, what guns mean to people, and then I think very importantly, to many scholars, looking at how those -- to how that -- the shifts in beliefs change over time.

And now, I'm a historical sociologist, so that -- you know, that's like kind of what I always think is interesting. But -- you know, so Carlson -- so when you look at sort of guns in the United States, right, they've been sort of very integral part of American culture, for better or worse, but the meanings that they have had have changed over time. And so scholars like Carlson, scholars like that we cite in our work, like Mencken and Froese, they sort of document these shifts and sort of talk about the relationship between economic uncertainty, you know, beginning with anything about the Great Recession, right, which greatly impacted manufacturing, limited, you know, sort of the traditional provider-ship role that many men might be looking for, and then, you know, just sort of economic uncertainty since then. Right?

So like, lots of -- like Carlson's research and other research demonstrate this fact that white men, in particular, white men in economic distress find comfort in guns; right? It's a way of sort of re-establishing power, re-establishing control, certainty, things like that.

MS. KRISTA SMITH: Okay.

I think I'd like to just take it to the Canadian context, if I could, David, if any of your work helps sort of inform this discussion.

DR. DAVID HOFMANN: I can't think of anything specific involving gun control in my research interests.

MS. KRISTA SMITH: Okay. So I would like to take you specifically to in your commissioned report you cited an article called -- a 2021 article called Do Canadian and U.S. American Handgun Owners Differ? So I'm just wondering if you can tell us -- you know, you talked about this article, and it tells us a bit about rates of Canadian gun ownership, particularly handguns, the reasons for why they own guns and especially at how some of that data has been changing in recent years. Can you

comment on that?

DR. DAVID HOFMANN: Sure. So this is a cross-national comparison between -- sorry, this is a study by three authors and cross-national comparison with a sample of roughly 900 individuals, 450 Americans, 450 Canadians, all male. And they -- the researchers were interested in, touching on the previous discussion that came up here, on gun culture, on differences in gun culture, particularly surrounding the ownership of handguns, which it's important to distinguish that handguns are a specific type of firearm where the purpose of a handgun is typically protection, mainly because of ease of use, as well as it serves no other purpose other than to essentially harm another human being. You don't go moose hunting with a handgun. It's just not effective for that.

So handgun ownership is a very specific type of ownership in the sense that people who seek out handguns are not using it as a practical tool, but see it as a method of self-defence, or part of their identity, or in some cases, perhaps sport with sport shooting.

The researchers worked under the assumptions, or started with the assumption that Canadian culture or gun culture would be different than American culture, since American gun culture is tied up very much in second amendment ideas that gun owners are the last line of defence against tyrannical governments out to strip the rights of the average American citizen, whether these are conspiracy theory groups or the actual American Federal Government themselves. This is part of major discussions in the American gun culture -- gun ownership narrative.

And the researchers found some fairly interesting findings, in the sense that Canadian handgun owners are not very different than American handgun owners, in the sense that the trust in law enforcement amongst Canadians was pretty much on par with Americans. So again, the idea of a hostile or potentially hostile government agent coming in and stripping their guns away. Well, Canadians and Americans amongst the sample felt the same.

They also point to the fact that handgun ownership, there was a marked increase in handgun ownership post 2012 and roughly 30 percent of handguns in Canada currently were purchased between 2012 and 2017, which coincides, doesn't corelate, it coincides with a number -- an increase in urban shootings.

The essential message of this article though is that the initial assumptions of the researchers were perhaps erroneous, that there's more in common amongst American and Canadian handgun owners than previously thought.

MS. KRISTA SMITH: Thank you. I'd like to turn now, unless anyone has follow-up comments, I'd like to turn to sort of the last major topic for today, which is to really think about preventative strategies.

Angelique, I'd like to start with you. Given what we know, what are the primary avenues to prevention and are there things that our social systems can be doing better to mitigate or prevent adverse impacts?

DR. ANGELIQUE JENNEY: Absolutely. Thank you, Krista.

You know, we're fortunate to come from -- to be in a country, to live in a country that has such a vast array of social service and system opportunities that would perhaps benefit children and families in the long run. Again, it's clear that just exposure to violence or experiences of trauma can't predict who will or will not perpetrate violence in the future, but we do know quite a bit about what we can do to prevent future -- prevent trauma, prevent child maltreatment for kids.

So we have it already in many places, we have early intervention programming in the form of family home visiting has been proven, time and time again, to be one of the best forms of family support in society, early childhood education, childcare, that allows us to have early access to identifying families and children in need, so then we can provide those needed resources and prevent any possibilities of child maltreatment, of well funded, and I say well funded, child protection system that ensures that when children come to our attention, that we're able to effectively intervene and provide those necessary supports. I hear time and time again about the case loads

of our child protection workers, they're not able to do what really so many families need, and that's simply a resource issue. And there's so many ways in which we could make and help keep children safer and keep them within their families, for example.

We do need more immediate access to child and adult mental health services. And we've seen this, this is a national issue of course, but for example, when we want to intervene to make children safer, often that requires, perhaps, providing some adult mental health services, and if adults can't get immediate service, then children have to wait for parents to get whatever service they need, whether that's for a mental health issue, a substance use issue, a parenting issue, for example, they wait, children wait, and the risk of maltreatment increases. All of those delays can contribute to harms and they're not necessary.

I talked already about universal and trauma-informed education programs that start early and really break down myths of socialization and rigid gender-role expectations.

I also want to talk -- remember I talked about emotion regulation? We have some promising programs now already, but we need them to be universal, which are affect regulation or emotion regulation programs for kids in primary school settings such as -- and they teach mindfulness programming, for example, to help kids build capacity to recognize and manage their emotions in the absence of this happening in other places.

And we know quite a bit from the resilience literature that really takes -- that resilience isn't an individual factor, it's a community factor, and that it isn't something kids are born with or without. It's whether or not they reside within an environment in which they can build resilience in the face of adversity.

And so I've talked about this already today, I'll just repeat it again. Access to those supportive relationships that help kids understand that violence isn't their fault and there are other forms of healthy relationships and people who can help them, for example.

Opportunities to experience themselves positively that helps them develop a sense of self-worth, and at the same time, experience self-efficacy. They have some agency in their own lives and can make things better for themselves.

I think we heard many times conversation about threats to masculinity and threats to identity and threats to belonging and helplessness. These are all ways that we could prevent that sensation of threat.

Experiences of social justice. That's telling someone they're -- that they've been victimized and then responding to them in ways that stop that victimization and promote healing for them so that they don't have this idea that no one helped them, that they have to help themselves. It's concerning this idea that there's no faith in the justice system, so you have to have your own guns, for example. Those are ways in which our society could do better for kids and families, and as Tristan mentioned, adults. We need we need a lot of this as adults.

And bottom line, many families just need access to material resources like food, and education, and housing that keep those -- that sensation of threat low. If you're not worrying about all your, you know, major needs being met, then you're able to look after some of those emotional needs.

And again, that sense of cohesion within a community, being a member of something, a community, a school, a culture, that sense of belonging that gives us a sense of meaning of being part of something and having hope for the future, and we can do more, I think as a society, to ensure that individuals have access to all those kinds of opportunities if we want it to be truly preventative.

MS. KRISTA SMITH: Thank you. There were so many elements to your answer, I want to make sure I've got them all. And I think the key is that the starting point, which is how -- what we've spent a lot of time on today is the idea that we can't predict. It's not possible ---

DR. ANGELIQUE JENNEY: Yeah.

MS. KRISTA SMITH: --- to predict, but it's possible to prevent with

adequate resources and attention and care. And so ---

DR. ANGELIQUE JENNEY: Yes.

MS. KRISTA SMITH: --- from what you just said, I heard eight different things, and not that that's an exhaustive list by any stretch, but I think there's -- it bears repeating that you said a well-funded child protection -- Child Protective Services program; better adult and child mental health services that aren't overburdened by delays which causes more opportunity for harm; early trauma-informed programs in our -- in, say, in our schools and early childhood education; fourth, emotionalization programs for kids, so that they can build capacity to manage their own emotions; five, access to supportive relationships. And I remember at one point, you even said even just having that one connect, like, that one safe person that you can go to can make such a difference. The sixth thing you said were opportunities for young people to experience themselves in a positive way, to feel that they have agency over their life and their own bodies, and that that can actually counteract some of the things we were talking about today, like, masculinity challenges. Number seven, trust in institutions to keep us safe. That was -- that's my summary of what you said. Just that when we call the police, we think they're going to help us, they will come to our aid. Or that was seven, so eight is that material resources, having ---

DR. ANGELIQUE JENNEY: Well, so basics.

MS. KRISTA SMITH: --- home and, yeah ---

DR. ANGELIQUE JENNEY: Yes.

MS. KRISTA SMITH: --- food. And then eighth, you said a sense of belonging, so being part of something, being a member, being -- identifying with your community. Having taken the time to repeat all of that, is there any that you would add or elaborate on?

DR. ANGELIQUE JENNEY: I don't think so.

MS. KRISTA SMITH: Okay. Great. Thanks. Thank you for bearing with me while I went through all those again.

DR. ANGELIQUE JENNEY: That was well done.

MS. KRISTA SMITH: Oh, thanks.

And, Tara, anything you would add to this?

MS. TARA LEIGH TOBER: No.

MS. KRISTA SMITH: Okay.

Tristan? Are you good, Tristan?

DR. TRISTAN BRIDGES: I'm good.

MS. KRISTA SMITH: Okay. David?

DR. DAVID C. HOFMANN: I think it's important to acknowledge -- I agree with everything Angelique said, but I think it's important to acknowledge that we can do our darnedest to try and prevent something, but there's no panacea. There's no single cure all, and a hundred percent prevention of any sort is, frankly, just not conceivable. We are too complex as social animals, just each and every one of us are a congruence of thousands upon thousands of social experiences, different worldviews, different interactions, that there'll never be something emerging from the social sciences that will offer a perfect solution. That doesn't mean we shouldn't try. It doesn't mean it isn't worthwhile, but this should always -- this should be something that any policy maker or any social scientist should keep in mind when talking about prevention.

MS. KRISTA SMITH: And I'm just thinking about some of the populations that you work with and study. For example, the incel group, is there, you know, is there -- are there preventative strategies that might be particularly helpful in those situations?

DR. DAVID C. HOFMANN: I think there's a lot of congruence with what Angelique said. And there's universal elements there when reaching out to prevent childhood trauma. While incels, as much as we'd like to deny them their humanity and view them as monsters and all that jazz, they are still human beings and they're human beings in pain, and they're human beings who have -- are lashing out. And they require social services the same way trauma victims do, and they are as

human as you and I. And while the vast majority of incels don't go on to commit acts of violence, they are people who need help. And they are essentially a breeding ground for the small minority of them who do go on to commit acts of violence. So a prevention strategy, while I mentioned not every prevention strategy is a hundred percent effective, if you -- if there are things to address these types of communities which spawn or act as launchpads or springboards to a small minority of them going on to commit an act of violence, if you target and attempt to heal or help these people, it's likely to have an effect on reducing acts of violence.

MS. KRISTA SMITH: Tristan ---

DR. ANGELIQUE JENNEY: Can I just add? Sorry, I just ---

MS. KRISTA SMITH: Of course.

DR. ANGELIQUE JENNEY: --- wanted to follow up on that because ---

MS. KRISTA SMITH: Yes.

DR. ANGELIQUE JENNEY: --- if you think about that particular group and other groups where, you know, the reason they're powerful and that they create themselves is that there's a sense of belonging, to be part of something, where other people feel, or recognize you, or you're not alone in those thoughts. So part of any kind of prevention would be, you know, what is the attraction to these -- I don't know if the word is antisocial groups or whether we would say more pro-social group, but there's a reason they're not feeling accepted or lacking belonging in what would be perceived as these other groups. So they feel other, and in their own humanity, and then they find a place where they feel connected to someone. So if we think about the universal need for connection and belonging, they're actually doing exactly what needs to be done, just we haven't provided an avenue that's safer for everyone.

MS. KRISTA SMITH: Thank you.

So, Tristan, I was going to ask you a very difficult question, and I'm just pausing over whether it links to what Angelique has just said. I think that you

brought up the example of smoking during your testimony on Monday, and so we can all say easily that, you know, smoking is harmful, but that doesn't mean that everybody just quits immediately. And so culture shift is what's required, and how do you go about effecting a culture shift, given these circumstances? So it might be the circumstances that people are feeling excluded.

DR. TRISTAN BRIDGES: Yeah, I mean, cultural change will happen. Cultural change is always happening. The question is, whether or not we can play a role in kind of directing it. And I think -- I brought up smoking because I think smoking is just sort of public health example that was something that was successful. Like, we made interventions and smoking means something different today than it did when I was a kid. And I know that because my own children think differently about smoking. They're often shocked when they see smokers in public. And they're, like, "Can you believe that?" And I'm, like, "Yeah, people do smoke. I hope you don't, but humans smoke." And I think all of these -- I mean, Angelique sort of is talking about, like, changes that ought to affect, you know, adults in Canada and children in Canada over the life course, and these are some of the ways that we can start to think about cultural change.

Another thing that I think we can learn from, you know, something that I've never read about but is certainly true in all the masculinity threat research I know of is often that research focuses on the average affect of threatening one group's masculinity in comparison to groups of men whose masculinity have not been threatened. And on average, those groups that have their masculinity threatened are likely to respond in these sort of patterned ways, but there are members of all of those studies whose gender identities were threatened who don't respond in those ways. And that I think tells us something positive; right?

I think sometimes when one -- I think the sort of concept of toxic masculinity has emerged as a way of sort of talking about this, and some of the ways that I think that it becomes unproductive is that it's, like, it becomes a diagnosis, like,

you know, do I have toxic masculinity? What should I do about it? And in response to that, people have suggested -- so there's, like, movements and groups now that try to sort of promote what are sometimes referred to as healthy masculinities. I would bet anything that the groups of men that don't respond to masculinity threat, the reason that they don't is that masculinity is just -- they're not as identified with it. It's not as important a part of their identity.

So it might be that the conversation about toxic masculinity, just as one example that I think, like, the general public often reads about in the media, maybe that's a less useful way of starting to talk about this. It might be the case that masculinity is toxic, that masculinity, investments in certain kinds of masculinity are -- just have adverse health effects of all kinds. And so it could be that some of the programming that Angelique is talking about -- I mean, these sort of gender expansive understandings of self; being allowed to express the full range of human emotions; understanding that you don't have to be independent all the time, that you can ask for help and it doesn't mean you're a less worthy human -- those are things that everyone can benefit from, regardless of their gender identity. And I think the more that we help people realize that; that's one of the ways that cultural change can happen.

But with smoking, just to bring it back to that example, I mean, you know, this shifted how smoking was represented in film and the popular media and pop culture more generally. aLike, now I think when smoking is in movies, it's one of the ways that we indicate who the bad people are in movies, right; villains smoke but heroes are rarely depicted smoking. Cultural change like this needs to happen, like not just in programming but in cartoons and media and magazines and pop culture, and that's a really big ask. But I think identifying something as problematic was the first step in sort of attempting to move the dial on smoking.

So if we identify this as a problem in Canadian society or in the United States, the next step is, okay, who needs to be brought to the table to think about how they can make changes wherever they work and play?

MS. KRISTA SMITH: Thank you.

So to -- as final rounds, we always kind of pose the same questions, and that is was there anything that you were hoping to talk about today that you haven't had the chance to talk about yet? So something that I haven't asked you. Or what would you like to see come out of the Commission's work on the issues we've been discussing today? So I'm going to go around the table to each of you and give you the opportunity to answer whichever question, or as you wish.

So Angelique?

DR. ANGELIQUE JENNEY: I don't think I have anything to add to the productive conversation we had already today.

MS. KRISTA SMITH: Okay, thank you.

DR. ANGELIQUE JENNEY: Thank you.

MS. KRISTA SMITH: Tara?

DR. TARA TOBER: I don't think I have anything that I want to add. I think, you know, one of the things Tristan and I have talked a lot about is hoping that, you know, although -- that perhaps, you know, a solid definition, right, could emerge from this, and that data -- you know, real meaningful, consistent data could be gathered so that we can know more about this phenomenon.

MS. KRISTA SMITH: Thank you.

David?

DR. DAVID HOFMANN: I'll pass it to my colleague. We had a conversation during the break that -- about something we think we overlooked, but I'll let Tristan frame it.

MS. KRISTA SMITH: Tristan?

DR. TRISTAN BRIDGES: Yeah. I think that -- so sort of building on what Tara said, I think the one thing that didn't get discussed in definitions that we hadn't really thought of until a discussion during break was whether or not we need a definition that applies to all nations. And I think, you know, it would be great to do

cross-national comparisons. And so from a scholarly perspective I think it's not surprising that researchers would be excited by it, but from a public policy perspective and as sort of what Canada needs, how mass casualty incidents are defined in Canada might differ from how they're defined in other nations, and that just might be a reality that's sort of really important to address.

MS. KRISTA SMITH: Okay, thank you. I'd like to just check with the Commissioners if they have follow-ups.

COMMISSIONER MacDONALD: Thank you, Krista.

Commissioner Fitch?

COMMISSIONER FITCH: Thank you, Krista, and everybody who participated, and Tristan and Tara Leigh for joining us again.

I don't have questions. I'm very grateful for everything that you've contributed. And so if it's okay, I just want to share a couple of thoughts that maybe you can consider as you go forward in your important work, and of course we look forward to wrapping in a lot of the research and expertise that you've all brought into our reports and our recommendations going forward.

But a couple of things that were said that kind of piqued my interest, and one, David, was in your definition around successfully executing mass casualty events, and we had posed a question the other day about we often talk about firearms or the means that is used in a mass casualty event. And I'm cognizant of ammunition and the fact that, you know, how do you actually measure what a successful mass casualty is when you have people who have stockpiled a lot of ammunition, and what is their definition of that.

So I found that an interesting, but somewhat troubling, piece, and I would like to suggest, and I think I've heard this anyway, that, you know, with -- I think male superiority is an ideology, and I think we've talked a lot about that, so I think that that might be something worth considering.

And in terms of definition, being a sociologist myself, definitions are

really important, and for all the purposes that you've said, and, you know, in light of our work, we also have wrestled, and our other panellists and experts have wrestled, with the concept of intimate partner violence, domestic violence, family violence, spousal abuse, woman abuse, and so forth. And similarly with community policing and community-based services and wraparound services, right? I mean, there's a lot of areas that we've really struggled with getting solid definitions and I know in terms of defining intimate partner violence, domestic violence, turning to the World Health Organization definition has been very helpful in trying to bring some of the scholarly work together. And I know it certainly is a service thus far on our Commission. So that's all. More comment than questions but thank you very much.

COMMISSIONER MacDONALD: Thank you.

Commissioner Stanton?

COMMISSIONER STANTON: Thank you.

I just wanted to follow-up on a theme that we heard in the earlier discussion today around the degree to which alcohol and substance abuse factor into mass casualties. And Dr. Bridges, you know, with the smoking example, of course the Marlboro Man being this sort of type of masculinity personified, and alcohol in our culture is -- has not going through the same cultural shift that smoking has.

And I wondered if you and Dr. Tober in your research have looked into the links between alcohol and substance abuse and mass shootings. And if not, that's completely fine but I also wondered as well if, Dr. Jenney, that's a factor that comes up -- a risk factor or something that comes up in your work as well.

It looks like Dr. Tober might want to respond. Go ahead.

DR. TARA TOBER: That has not been data that we have collected. So because we are sort of working with a slightly broader definition, unfortunately, and perhaps shockingly, it's actually sometimes difficult to collect very basic demographic information on shooters and victims, for example. So we have not -- that is not sort of a datapoint that we have looked at, although, you know, it could be

perhaps something very important.

COMMISSIONER STANTON: Thanks.

Dr. Bridges?

DR. TRISTAN BRIDGES: Yeah, we so haven't looked at it, but this gets at, I think, something that Angelique would agree with, that, like, a lot of the things that we're proposing would actually probably have lots of other benefits too.

So for instance, in the United States -- I'm sure it's true in Canada as well -- men and women tend to die for different reasons. And alcohol abuse is one of the larger reasons that men die in the United States; it accounts for a larger share of deaths than you might think. So we know that drinking is something that can be gendered as well, and I think we should be concerned when anything becomes gendered as sort of a way of illustrating one's gender that's problematic for one's own health or community. And I think that a lot of the things that Angelique is recommending would actually have benefits for, like -- in other ways, too.

So for instance, you know -- so drinking might cause bad behaviour, but drinking is also used as a coping mechanism, right, so if men are leaning on drinking because they're not -- they don't have other emotional outlets, for instance, the sorts of interventions that Angelique is recommending might actually curb people from overdrinking in the first place.

COMMISSIONER STANTON: Thanks.

Dr. Jenney, did you want to add anything?

DR. ANGELIQUE JENNEY: That would have been what I would have added.

And in terms of -- we know that substance use is a risk factor. The Domestic Violence Death Review Committee has found that over and over again in terms of leading -- we know it's a risk factor for perpetration, we know it's a risk factor. It's not a cause, to be clear, it's just an added risk factor. And that we see substance use starting early in young people and it can be a way of identifying with a social group,

some masculinity that require -- when you think of some of the gender-based violence prevention programs on university campuses, they look at that problematic drinking that can occur for young males specifically. But it is a coping mechanism and a way that young men manage their emotional state -- or sorry, adult men as well, right.

So all of those things would be -- would be an important thing to address.

COMMISSIONER STANTON: Thanks. I just -- I think it's helpful to surface that and I recall in the Dawon Creek, Greythorn, Hofmann paper, there is a reference as well to substance abuse as a risk factor in mass shootings, so I just thought it might be helpful to connect the dots there.

Thank you very much, all of you.

COMMISSIONER MacDONALD: And beginning with you, Krista, thank you so much for facilitating such an excellent panel and, of course, before today organizing it and, of course, your team that you've also already highlighted. We're greatly appreciative of that.

And if I could -- if you don't mind, I will use first names, but Tara and Angelique and David and Tristan, collectively, you represent a wonderful array of expertise, expertise that is very helpful for us, and it falls to me to thank you for your contributions. And I'll begin more broadly.

You're all doing important work at home in your various scholarship. It's been mentioned it's a long, arduous task to get reliable data, and that's based upon a long, arduous task to get appropriate definitions. And good for you for sticking to it. And thank you for your diligence, your tenacity and, actually, your generosity because you are working day in/day out to make things better for better outcomes for people.

And that's to be recognized, so -- and you wouldn't be here if not for your wonderful scholarship and tenacity and hard work and generosity, so thank you more broadly for what you do for society generally, but more to the point today, thank

you for helping us with our difficult but important work.

And there was also a reference to reading many more articles, as if you don't read and write enough of them, but we've given you quite a few to read and you've done that. And we really appreciate that.

So there was a lot of work to get here for you and a lot of work in preparation and, of course, to be here with us, so. And you've provided us with practical recommendations, which is -- that pragmatism is very important.

So like so many who have come to help us, we're greatly appreciative and thank you all so very much.

We need your help and are very grateful for it, so thank you.

COMMISSIONER STANTON: Thanks, Commissioner MacDonald.

So just in closing, of course, the roundtables are assisting us in our work to consider, as required by our mandate, the causes, context and circumstances behind the mass casualty and to shape the recommendations that we'll bring forward in the fall. And we wanted to thank, of course, Dr. Cunliffe and Ms. Smith and the members of the Research and Policy Team and today.

Serwaah Frimpong in particular, I believe, did so much research to find the people who are doing the work that we've heard about today and to help us learn more from them.

Today we did issue a decision in response to a motion submitted by Participants' Counsel on July 11th. We encourage everyone who's interested to read the decision in full, which is posted now to our website.

Tomorrow we'll be hearing from the perpetrator's common-law spouse, Lisa Banfield, who will be answering questions that build on the many hours of interviews and written statements that she's already provided to the RCMP and to the Commission directly.

We heard more about Ms. Banfield's experience on Wednesday when Commission Counsel presented the Foundational Document focused on the

perpetrator's violence toward his common-law spouse. That Foundational Document is available on our website for the public to read, and its supporting materials will be posted later this week.

So thank you, everyone, and we'll see you tomorrow morning.

Thanks.

---- Upon concluding at 4:28 p.m.

C E R T I F I C A T I O N

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