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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 Monday, July 18, 2022 at 9:34 a.m.

COMMISSIONER FITCH: Bonjour at bienvenue. Hello, and welcome.

We join you from Mi'gma'gi, 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.

We are here again this week to learn as much as we can from the mass casualty so that, together, we can help make our communities safer in the future. Last week, we examined the roles of gender-based and intimate partner violence as part of the broader context for mass casualty. We learned more about the violence within the perpetrator's family of origin, the perpetrator's violence towards others and his violence towards his common-law spouse, Lisa Banfield.

The Foundational Documents research related to the roundtables, recordings of the witnesses that we have heard from and other materials discussed last week are also available on our website. Today we'll continue to explore these issues in a roundtable discussion about the connections between mass casualties, intimate partner violence, gender-based violence and family violence.

These discussions are intended to assist with identifying possible pathways for prevention, intervention and lessons to be learned as we progress towards making our final recommendations. We anticipate that some of the discussion today could be difficult to hear again and we encourage those of you who are here and watching online to take a break if need be and to reach out to the available support services any time if you or someone you know needs help and support.

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

1 Emma.

2 **DR. EMMA CUNLIFFE:** Thank you, Commissioners.

3 As Commissioner Fitch has indicated, my name is Emma Cunliffe,
4 and I have the honour of serving as the Director of Research and Policy for the Mass
5 Casualty Commission.

6 This morning we'll continue to focus on those aspects of the Mass
7 Casualty Commission's mandate that invite us to consider how best to prevent similar
8 incidents in the future. As we seek to understand mass casualties, an important and
9 often overlooked question is the connection between these incidences and other forms
10 of violence that take place in our communities.

11 Today, we will be exploring the connections between mass
12 casualties and forms of gender-based violence, including intimate partner violence and
13 family violence. In this roundtable, as with every roundtable, we won't focus on the
14 mass casualty of 18 and 19 April, 2020, nor on the evidence that the Commission has
15 assembled about the man who perpetrated these dreadful crimes. This work is being
16 done in other aspects of the Commission's process.

17 Instead, we will speak to multiple aspects of our mandate that
18 require us to examine the broader context and causes of mass casualty incidents
19 generally as well as the particular role of gender-based violence and intimate partner
20 violence as contributing and contextual factors. We'll also look at access to firearms as
21 it relates to the perpetration of gender-based violence and mass casualty incidents.

22 The core themes of this roundtable are, first, the relationship
23 between forms of violent behaviour that tend to be understood as private such as
24 intimate partner violence, gender-based violence and family violence, and mass
25 casualties that are often characterized as public violence.

26 Second, how moving away from the public-private distinction would
27 generate new understandings of potential preventative strategies, interventions and
28 responses to mass casualty.

1 And third, research into the underlying causes of and factors that
2 enable intimate partner violence, gender-based violence, family violence and mass
3 casualty incidents and the relevance of this research to policy making.

4 To speak to these questions, we've assembled a group of experts
5 who bring deep expertise to understanding multiple forms of violence as well as deep
6 engagement with how these harms may be connected to the perpetration of mass
7 casualties.

8 Among them are Dr. Jude McCulloch and Dr. JaneMaree Maher,
9 who gave evidence to the Commission last Wednesday. They are the authors of the
10 Commissioned Report entitled "Understanding the Links between Gender-Based
11 Violence and Mass Casualty Attacks: 'Private' Violence and Misogyny as Public Risk".
12 That report is exhibited as P-003436.

13 I'll let the roundtable participants introduce themselves to you in a
14 moment.

15 As facilitator of this roundtable, I'll be directing the questions,
16 asking follow-ups and moderating dialogue, and I would remind you please to speak
17 slowly for the benefit of our accessibility partners.

18 Roundtable discussions will form part of the Commission record.
19 They're being livestreamed now and will be publicly available on the Commission's
20 website. The Commissioners may choose to pose a question or ask for clarification at
21 any point.

22 This is also a good reminder to -- a good opportunity to remind you
23 that we're presently conducting a further public consultation, this one online, in which
24 we're seeking input about the recommendations that you would like to see considered
25 as part of the Commission's work. You can find more information about this
26 consultation on the Mass Casualty Commission website at masscasualtycommission.ca
27 under the "Proceedings" menu. Look for the option "Public submissions".

28 As with every roundtable discussion, the intention is to provide the

1 Commissioners and the public with a deeper understanding of the core themes so that
2 everyone is well positioned to engage in conversation in Phase 3 about lessons learned
3 and potential recommendations.

4 Before I begin today's roundtable, I would particularly like to
5 mention a member of the research and policy team, Serwaah Frimpong, who has made
6 very significant contributions to today's proceedings.

7 **--- ROUNDTABLE: VIOLENCE: UNDERSTANDING MASS CASUALTIES AND THE**
8 **ROLE OF GENDER-BASED AND INTIMATE PARTNER VIOLENCE**

9 **--- FACILITATED BY DR. EMMA CUNLIFFE:**

10 **DR. EMMA CUNLIFFE:** So to get us started I'm going to ask each
11 of the roundtable members to introduce themselves and their work on the topic of mass
12 casualties, intimate partner violence, family violence, and other forms of gender-based
13 violence. And I'll begin with those who are joining us virtually today.

14 Jude, if you can please go ahead and introduce yourself.

15 Jude, I'm sorry; I think you may be on mute.

16 **DR. JUDE McCULLOCH:** Yes, it's a great pleasure to be here,
17 and a privilege, and I look forward to the discussion.

18 I'm an Emeritus Professor of Criminology at Monash University. I
19 was the inaugural Director of the Monash Centre for the Prevention of Family and
20 Gender-Based violence.

21 Prior to my career in academia, I worked for approximately 20
22 years as a community lawyer, specializing in crimes -- gendered crimes, sexual assault,
23 and family violence. Apart from doing casework, I was also involved in campaigns
24 around those issues.

25 I worked in a women's refuge for a year for women escaping family
26 violence. I have a long-term interest in all aspects of gendered violence, national
27 security, and the gendering of that, and masculine as kind of organizations like the
28 police and their response to violence against women and gender-based violence.

1 **DR. EMMA CUNLIFFE:** Thank you so much for joining us again
2 today, Jude.

3 JaneMaree, I'll invite you to go next.

4 **DR. JANEMAREE MAHER:** Thank you, Emma, and thank you for
5 the opportunity to participate in this roundtable.

6 We're coming to you tonight, our time, from the unceded lands of
7 Wurundjeri of the Kulin Nations, custodians of the old -- one of the oldest living cultures
8 in the world.

9 My work for the last decade -- been a great privilege to work
10 alongside Jude -- has focused on gender and family, and gender and family violence,
11 and other forms of gender-based violence as well. So deeply interested in the
12 connection between gendered assumptions and ideas in the families and they ways in
13 which we can trace those pathways through to a lack of security for women, children,
14 and others in our community.

15 Thanks, Emma.

16 **DR. EMMA CUNLIFFE:** Many thanks, JaneMaree.

17 Barbara, if I could turn to you next, please.

18 **DR. BARBARA PERRY:** Certainly. Thank you, Emma, and thank
19 you for the opportunity to participate and contribute here; I'm looking forward to the
20 conversation.

21 I'm a professor in Social Science and Humanities at Ontario Tech
22 University in Oshawa, where I'm also the Director of the Centre on Hate, Bias and
23 Extremism. And I also hold a UNESCO Chair in Hate Studies. So as you can guess
24 from that, for the past 30 years or so, I've worked in the field of hate studies.

25 More recently, and I think this is the hat I'm wearing today, more
26 recently looking at right-wing extremism in the Canadian context, specifically. And I
27 think it's important to have the broader conversation about mass casualty events as not
28 just gender but also as raced phenomena, and I think that we see that clearly in many of

1 the Canadian examples, as well as international examples.

2 So that is a very different perspective, I think, that I bring to the
3 table today, looking at that intersection of at least gender and race, and potentially
4 religion and other aspects of identity as well.

5 So, again, thank you very much.

6 **DR. EMMA CUNLIFFE:** Thank you so much for joining us today,
7 Barbara.

8 Wendy, if I may turn to you?

9 **DR. WENDY CUKIER:** Sure. My name is Wendy Cukier and I'm
10 joining you today from the traditional unceded territory of the Mississauga, the Credit,
11 Haudenosaunee, the Anishnaabe, the Chippewa, and Wendat peoples, and I'm joining
12 you from Toronto Metropolitan University. I mention that because we've just gone
13 through a change in our name, in part as recognition of our commitment to truth and
14 reconciliation with Indigenous peoples.

15 And my formal appointment is in the Faculty of Business, as well as
16 the Policy Studies Graduate Program at Toronto Metropolitan university. I lead the
17 Diversity Institute here, which is a research centre with 130 fulltime staff focused on
18 looking at barriers to women and other underrepresented groups, racialized peoples,
19 Indigenous peoples, persons with disabilities, and those who identify as LGBTQ2S+,
20 plus many of those intersections. We focus primarily on looking at systemic barriers to
21 those groups and recently have been focused more on issues of racism as one of
22 phobia and so on.

23 The reason I'm here, however, I think primarily is my work with the
24 Coalition for Gun Control which I cofounded in 1991. And the coalition is an alliance of
25 over 200 organizations, including women's groups, policing organizations, community
26 organizations and so on, with a focus on reducing gun-related violence. And as part of
27 my academic work I've published a certain amount on the subject, mostly framed from a
28 public health perspective. So I co-authored a book called the *Global Gun Epidemic* with

1 Vic Sidel, who is past president of the American Public Health Association. So I bring
2 that perspective to the discussion, and I'm really grateful to be here today.

3 **DR. EMMA CUNLIFFE:** Wendy, many thanks for joining us today.
4 Alison, please go ahead.

5 **DR. ALISON MARGANSKI:** Thank you.

6 Good morning, everyone. I'm Alison Marganski, and I am
7 Associate Professor and Director of Criminology in the Department of Anthropology,
8 Criminology, and Sociology at Le Moyne College in Syracuse, New York, in the US.

9 Prior to this position, I was at Virginia Wesleyan University in
10 Virginia Beach, Virginia, and prior to that time, I completed my PhD at Rutgers
11 University in Newark, New Jersey in criminology and criminal justice, with a focus on
12 family violence and pathways to offending. This included examining experiences of
13 physical, sexual, and psychological intimate partner violence, parent-to-child violence,
14 sibling violence, and child-to-parent violence, along with the different social factors and
15 how they can impact offending late in life.

16 Since then, I have expanded my work in violence and victimization
17 studies and my work now includes lethal violence, in addition to non-lethal violence, and
18 also looks at violence that co-occurs.

19 I've published various works relating to family and intimate partner
20 violence, mass murder, and other gender-based crimes, and my contributions have
21 been theoretical, empirical, and applied. And in addition to traditional research, I
22 engage in various applied work. I consult with various national partners and local
23 community agencies on issues ranging from femicide to domestic and sexual violence,
24 and other justice matters including healthcare and support services for various
25 individuals. And my work on mass murder, in particular, seeks to build a
26 comprehensive understanding of offending by looking at behavioural patterns across
27 many cases.

28 So I recognize the great toll that these events have on so many, the

1 lives lost, survivors, family, friends, first responders, educators, and so many others who
2 are affected, and the purpose of my work, like all the others that are here today, is not
3 only to learn about these issues but find ways to prevent and end violence.

4 So thank you again for inviting me to be here and for all your efforts
5 in addressing these issues.

6 **DR. EMMA CUNLIFFE:** Alison, many thanks for joining us today.

7 And, Amanda, thank you for joining us in person today.

8 **DR. AMANDA DALE:** Thank you for having me.

9 My name is Amanda Dale. I wear many hats that are related to the
10 work of the Commission. I have 40 years' experience in delivering, leading, and being a
11 frontline worker in social services with a broad range of forms of violence against
12 women and gender-based violence. I've worked in urban, rural, remote, and
13 international contexts.

14 I've been on numerous advisory panels and spent a decade as the
15 Executive Director of the Barbra Schlifer Clinic, which is Canada's comprehensive
16 gender-based violence legal, counselling, and language interpretation clinic based in
17 Toronto.

18 In that role alone, I was doing some math last night, and I realised
19 that we were responsible for assisting over 60,000 women in the decade that I was
20 there in identifying how to put their lives back together after experiences of violence.
21 I've played an advanced role in direct access to justice, service development, test case
22 litigation, *Charter* challenges, and appellate work, as well as international human rights,
23 and public policy changes, all of which respond to the experiences of those who've
24 experience gender-based violence.

25 Some decades ago, I was a consultant to the so-called Jane Doe
26 audit of Toronto Police Services in the 1990s following the survivor know as Jane Doe's
27 successful *Charter* challenge to the investigation of sexual assaults. And I spent over a
28 decade as part of a community-based implementation committee, and time as a special

1 advisor to the police services to implement those recommendations.

2 I'm also a scholar in the interpretation and implementation of
3 women's international human rights in order to protect against gender-based violence,
4 and I've published in all of the areas that I've indicated.

5 I was the project lead and principal author of an expert engagement
6 to address and prevent gender-based violence here in Canada, producing the report to
7 guide the implementation of a national action plan on violence against women and
8 gender-based violence, which we submitted to the Ministry of Women and Gender
9 Equality.

10 I work with organisations from coast to coast to coast within
11 Canada, internationally, and I teach women's international human rights. I have a
12 Masters in International Human Rights Law from the University of Oxford and a PhD
13 from Osgoode Law -- Osgoode Hall Law School.

14 **DR. EMMA CUNLIFFE:** Many thanks indeed, Amanda, and thank
15 you for being with us today.

16 Jude and JaneMaree, I am going to begin this roundtable with
17 some discussion of your report, the report that you prepared for the Commission. And
18 we were fortunate to hear testimony from you about the report on Wednesday, and I've
19 designed today's questions carefully so that we don't retrace the ground that you
20 covered last week.

21 But I think it may be helpful if we could begin, and Jude, I'll ask you
22 to respond to this, for the benefit of those who may not have had the opportunity yet to
23 hear your testimony, first of all, what I can tell you is please correct that straightaway
24 because it's well worth listening to. But for the time being and the purposes of our
25 conversation, could you please explain why it's important to those who are concerned
26 about the perpetration of mass violence to attend to the links between this kind of
27 violence and gender-based family and intimate partner violence? What's the link that
28 you found?

1 **DR. JUDE McCULLOCH:** We found that there is a very strong,
2 what we call an intimate link, between gender-based violence, including, in particular,
3 intimate partner violence and family violence and mass casualty attacks. Typically,
4 what's considered private violence, and that's violence that takes place predominantly in
5 the home and is predominantly men's violence against intimate partners and family
6 members, is considered entirely separately from public violence. But when you -- like
7 the public violence, for example, of mass casualty attacks.

8 But when you look at the evidence, you find that the connection is
9 very strong. Firstly, that most mass casualty attacks are in fact family violence. The
10 majority of mass casualty attacks, if you define such attacks as simply by the number of
11 people killed in a short period of time, relatively short period of time in fact, acts of
12 femicide, and familicide, that is, the killing of families. But you also see a very strong
13 connection between what are considered these private acts of violence of usually
14 fathers or husbands killing their families and their intimate partners, the more public acts
15 of violence where unrelated unknown people are targeted. Even though the unknown
16 targeting of random -- the targeting of random people, usually in public places receives
17 more publicity, it's clear that gender-based violence is often a prelude or part of those
18 attacks.

19 So we've found a connection existed, you know, in a number of
20 strong ways, in the targeting of specific women first, often in more public attacks, mass
21 casualty attacks; in the history of gender-based violence, in the background of the
22 attacker; and also, in misogyny, as a specific motivation for such attacks, and misogyny
23 and it's mixed particularly right-wing extremism and attacks. And we argue that it's
24 fundamentally important to understand those connections because relying or moving
25 forward this false dichotomy between private and public violence means we
26 fundamentally misunderstand the nature of mass casualty attacks, and when we
27 fundamentally misunderstand the nature of such attacks we are not in a position to
28 prevent them in the future or to respond to them as they're occurring.

1 **DR. EMMA CUNLIFFE:** Jude, many thanks. And we will, over the
2 course of the roundtable, get into the question as to why this mistake gets made in
3 people's understandings of mass casualties.

4 But for now, I do want to ask Jude one more question before
5 turning to JaneMaree. And Jude, it's about the language of public and private. And in
6 your commissioned report, you -- when you -- when you describe private violence, you
7 put the word "private" in quotation marks, and I think that's a signal that should be
8 treated with caution. I wanted to sort of ask to unpack that a little bit. Why is it a useful
9 shorthand to refer to private violence, but why is that potentially also a problematic way
10 to refer to things like intimate partner and gender-based violence?

11 **DR. JUDE McCULLOCH:** Well, it's problematic because when
12 violence is seen as private, one, it fails to see the link with public violence. It imagines
13 that there is -- that violence remains in innate categories divided between public and
14 private, whereas the evidence base shows clearly that there is a spillover. Violence and
15 men's violence, in particular, which is mass casualty violence, does not stay in
16 categories innately, but spills between these categories.

17 And it's problematic too, because the idea of private violence, it's
18 not just there's a dichotomy, there's a hierarchy. Definitely, public violence is saying it's
19 more worthy of intervention, more worth, for example, as police and security agents see
20 interest, than private violence, and this dichotomy has fundamentally undermined the
21 human rights of women because most violence -- most violence against women is in
22 fact private violence. So it means that -- this dichotomy means that we often turn away
23 from denial and minimise private violence as less important.

24 **DR. EMMA CUNLIFFE:** That's very helpful, Jude, thank you.

25 JaneMaree, if I can turn now to you, please, and continuing to a
26 certain extent on the same I was just exploring with Jude.

27 The first question I want to ask you relates to, it's a similar point,
28 that the use of the term "family violence" is a capacious term to encompass intimate

1 partner violence and other forms of violence that might occur in the -- in the family or the
2 extended. And you were kind enough to share with me a paper that is now on the
3 record, Commissioners, as P-003518. It's a paper produced by an author by the name
4 of Sophie Yates, Gender, Context and Constraint: Framing Family Violence in Victoria.

5 And I wonder if you can talk to me about why it's important to keep
6 gender in the frame, even when we're thinking about, for example, family violence, that
7 language?

8 **DR. JANEMAREE MAHER:** Thank you, Emma. I think one of the
9 things that I've found incredibly hopeful -- helpful in Dr. Yates's work was the distinction
10 between gender as a category and gender as an analytic process that helps us
11 understand how institutions, hierarchies, and power work. So each of the terms that we
12 use to talk about violence that is perpetrated, as Jude has said, in a sphere that's kind
13 of identified as private, whether it's domestic abuse, domestic violence, family violence,
14 intimate partner violence, each of those terms has a -- has a set of politics and
15 aspirations and, you know, I think critically important to recognize that all different sorts
16 of stakeholders will have commitments to those terms variously, depending on a range
17 of needs that they have and important contexts.

18 Family violence has been very useful because it expands beyond
19 intimate partner violence, which is the type of private violence that we know the most
20 about, to capture violence that was raised in the work of many of those participating in
21 the roundtable, those in the LGBTIQ+ community, child-to-parent violence, elder
22 abuse, for example, all of which can be eliminated by the use of the term "family
23 violence".

24 One of the limitations that Dr. Yates points to, however, in that term
25 is the loss of that important context of prevalence in terms of those who experience the
26 violence, who are victims, survivors of the violence and perpetrators which, of course,
27 ignores context in policing reporting, in a very broad range of empirical and analytic sets
28 of data are clearly named. And so there's a potential in the term "family violence" that

1 there's an equivocation around the critical gendered underpinnings of those patterns.

2 **DR. EMMA CUNLIFFE:** Thank you very much, indeed, for
3 explaining that.

4 And JaneMaree, the last question I wanted to ask you about sort of
5 terms and terminology and understandings is the word "misogyny". It arose in your
6 testimony on Wednesday, it's arisen repeatedly in our proceedings, but I'm not sure it's
7 been defined.

8 And I wonder if you could explain what "misogyny" means as a first
9 question, then I'll ask you a follow-up.

10 **DR. JANEMAREE MAHER:** Thank you, Emma.

11 Although that's a really difficult question, I think there are two
12 important -- at least two important elements to keep in mind.

13 The first is that misogyny is often an affective or a feeling state, and
14 it's there in a broad range of contexts and, at the same time as being a kind of a default
15 feelings type that exists in western societies and, really, in a range of others, too. It also
16 feeds into the structures of institutions and the way in which they're organized, the
17 assumptions on which they're built, the ways in which they work to implement their -- to
18 implement their objectives or even to understand their objectives, in a sense, that
19 assumptions, for example, that women might lie about forms of private violence deeply
20 rooted in social stereotypes that women are untrustworthy or that they lie. Institutions
21 like the law that kind of structure themselves as independent arbiters or auditors of a
22 range of a kind of social events also reflecting the sense that the masculine subject is
23 the neutral subject who doesn't have gender biases or even gender needs.

24 Before the roundtable, Judge and I were both talking about the
25 paper by Dr. Dale that was presented as part of the roundtable where, in talking about
26 public work that was being undertaken (inaudible - audio failure) was so focused on
27 attributes of femininity and womanhood and I think that captures very nicely the way in
28 which the institutional challenge that is embedded in misogyny is also caught up in

1 feelings and emotions and the two come together very significantly.

2 **DR. EMMA CUNLIFFE:** JaneMaree, thank you.

3 The paper to which JaneMaree refers, for the record, is P-003520.

4 JaneMaree, I'll just ask -- unfortunately, the link broke up slightly
5 when you began to describe the piece that you're particularly seeing from Dr. Dale's
6 paper as being relevant to this discussion. Could I ask you, please, to repeat what you
7 said?

8 **DR. JANEMAREE MAHER:** Yes, apologies.

9 So we were -- I was very struck in the writing of that paper Dr. Dale
10 talked about a campaign about public violence that she took on and stood, but
11 described, I think, in a really critically important way the personal -- the personally
12 directed and highly gendered abuse that came right back as a part of that public work.
13 And for me, in thinking about the multiple ways in which misogyny works, I felt that that
14 was, you know, an extremely indicative or illustrative example where a public discussion
15 about the way that institutions work and the gaps that institutions might express in terms
16 of addressing questions of gender, race, ableism and the wide range of kind of
17 absences that we find in those structures is also deeply connected to those personal
18 affective states of anger around gender and states directed towards women.

19 **DR. EMMA CUNLIFFE:** Thank you so much, JaneMaree.

20 And now my last question and then you get a little bit of a break. In
21 one of the conversations we were having in preparation for this roundtable, you said to
22 me that recently you've been thinking about the ways in which misogyny is certainly a
23 police responsibility to understand and to counter, but it's also a public responsibility.

24 I wonder if you can explain what you mean by that and expand on
25 that idea a little.

26 **DR. JANEMAREE MAHER:** I think in lots and lots of contexts, we
27 see the ways in which our institutions express or embody, even though they might say
28 unwittingly, decisions about -- decisions or attitudes that are misogynistic. So you

1 know, one of the very significant examples that's been circulating in Australia was an
2 absolutely brutal slaying of a mother and her three children where the ex-partner set
3 them on fire in the car. And a police officer stood up after that and said, "What do we
4 say here? We might say a woman, you know, terribly and brutally" - "We might also say
5 a man pushed too far".

6 And you know, I think there we can see immediately a sense of
7 justification, a suspicion, a sense that women don't deserve safety or may have done
8 something to provoke the violence against them and the kind of ready flippage into that
9 sort of justification, I think, is not only a part of policing but it's part of everyday quotidian
10 experiences that, in a sense, we all have a responsibility to think to and to respond to if
11 police forces and institutions come from our society. They're a reflection of who we are,
12 a reflection of how we hold ourselves accountable in a sense for this as well for these
13 types of violence, for their dreadful outcomes, for their everyday banal evil in a sense
14 that there's been many, many decades of activism and hard work. And you know, it's a
15 privilege to be part of a table where the decades would add up to many hundreds of
16 years, I think, in a sense, of work that has been committed towards changing some of
17 these attitudes.

18 And I think creating that change is really a shared responsibility that
19 we take on as a community together seems to me something that we need to consider
20 very carefully in the light of the continued patterns of gender-based violence that we see
21 around us.

22 **DR. EMMA CUNLIFFE:** Thank you so much.

23 Myrna, I have just realized that my facilitation guide did not include
24 your name at the introductory round, and I'm not sure that I've invited you to introduce
25 yourself, so my sincere apologies.

26 Would you please introduce yourself?

27 **DR. MYRNA DAWSON:** Yes. No trouble. I'm a very relaxed east
28 coaster, so I knew it eventually would come back around to me, so no problem.

1 Good morning, everyone. Thank you very much for the invitation to
2 participate today.

3 I'm Myrna Dawson, and I'm joining you from the treaty lands and
4 territory of the Mississaugas of the Credit. I recognize that these lands on which I live
5 and work are home to many past, present and future First Nations Métis and Inuit
6 people.

7 I am a professor of sociology and a research leadership chair in the
8 College of Social and Applied Human Science at the University of Guelph. I'm also the
9 founder and director of the Centre for the Study of Social and Legal Responses to
10 Violence, as well as the Canadian Femicide Observatory for Justice and Accountability.
11 From 2008 to 2018, I held a Canada Research Chair in Public Policy and Criminal
12 Justice, and I've spent about two decades researching violence against women,
13 homicide and violence more generally.

14 Just very quickly, some of the projects that we have on the go that
15 probably bring me to the table. We have the Canadian Geography of Justice initiative,
16 which is one of the largest homicide datasets over time with detailed information on all
17 the homicides that have occurred in Canada which started with a focus on Ontario.
18 Using that data, one of my students recently compared mass killings, non-domestic
19 mass killings to domestic mass killings to see what some of the differences were,
20 focussing on the province of Ontario.

21 I'm also co-director of the Canadian Domestic Homicide Prevention
22 Initiative for Vulnerable Populations, and our focus in that project was on risk
23 assessments and safety planning for four groups: Indigenous peoples, immigrant and
24 refugee populations, rural, remote and northern communities, as well as children
25 exposed to domestic violence. As part of the femicide observatory, we work to
26 underscore the distinct types of killings and violence that are experienced by women
27 and girls, in particular, and we focus a lot on primary prevention and public awareness
28 about the characteristics of these types of killings.

1 I'm co-author of the background paper on which the Ontario
2 Domestic Violence Death Review Committee, one of the first implemented in Canada
3 was built and served as a member for 15 years, stepping down in 2020 to do more
4 research on some of the recommendations coming out of that. And finally, recently,
5 have started to look at gender-based violence as a form of hate.

6 So thank you, and once again, no worries about -- I knew you'd
7 come back around to me.

8 **DR. EMMA CUNLIFFE:** Thank you so much for your
9 understanding, Myrna.

10 I have a series of questions for you about your very important work,
11 but if I can begin by inviting you to share any reflections you might have on what Jude
12 and JaneMaree have shared so far about patterns of gender-based violence, family
13 violence, about misogyny and how it functions to shape our understanding of mass
14 casualty incidents, but also of violence more generally.

15 **DR. MYRNA DAWSON:** Thank you. Yes, I reiterate many of the
16 comments that Jude and JaneMaree have underscored. And I think, you know, one of
17 the issues that I really value that they have mentioned was the emphasis on public,
18 which is an area of primary prevention that I think is really important in terms of having
19 the general public understand not only what misogyny means, but how it presents itself
20 in society. And one of the issues that I was thinking about when Jude was talking about
21 the hierarchy of violence, I was thinking about a comment with one of my colleagues
22 who, in a discussion, said if we had a situation in which 13 women were killed over a
23 series of 4, 6, 8 months by different men across the country or even in Nova Scotia
24 alone, and no men were killed, would we be even sitting here today. And the answer is,
25 no, we wouldn't be, because those are single killings of women that may place lower on
26 our responses. And so, you know, we need to sort of prioritize more common forms of
27 gender-based violence and violence against women and girls.

28 So I think Jude and JaneMaree have underscored this quite clearly,

1 but I think that's one of the examples that resonates for me, why do we have to have a
2 group of people killed at one point in time to get us to pay attention.

3 **DR. EMMA CUNLIFFE:** Thank you. And that's a lovely segue in
4 fact to the next question I was hoping to ask you, Myrna, which is, of course, you've
5 studied both the prevalence and the patterns of intimate partner homicide and familicide
6 in Canada. How prevalent are these forms of violence here?

7 **DR. MYRNA DAWSON:** Familicide and intimate partner homicide.
8 So this is a good question and thank you for drawing attention to this. I think we have a
9 common understanding in Canada that we are the peaceable kingdom, that we do not
10 have a problem with "other countries", and I say other with quotes, in terms of the rates
11 at which familicide or femicide occur. And one of the things that I think we have to do is
12 we have the situation where we're proximate to the United States, which often makes us
13 feel like we are dealing with violence much better, but we also have to compare
14 ourselves to similarly situated countries. And when we do that, we see that our rates of
15 violence, both intimate partner homicide and familicide, are not as good as we think
16 they are. Certainly, some countries bear larger burdens, and in particular, some Latin
17 American countries bear larger burdens of violence against women and girls, but
18 Canada has significant issues as well.

19 And just one example, I mean, before COVID-19 we had, you
20 know, high rates of women being killed by male partners, and during COVID, we've
21 seen a 26 percent increase from 2019 to 2021. And so, you know, percentage
22 increases are just one indicator and a rough indicator of what we're facing, but we do
23 have -- the United Nations recently talked about how we haven't seen progress in
24 reducing intimate partner violence and intimate partner homicide in the past 10 years,
25 and Canada is no different, despite very significant legal and social transformations in
26 the way we respond to these types of violence. And so we have to begin to ask ourself
27 why, and this circles back to what I think JaneMaree and Jude have so eloquently
28 pointed out, it's attitudes. It's the public attitudes and police and stereotypes that

1 continue to play out when violence occurs in the lives of women and girls.

2 **DR. EMMA CUNLIFFE:** Thank you. And I suspect that your
3 answer to my next question may find us in a similar place, but I'll ask it because I think
4 it's important. Why do forms of violence such as intimate partner violence and familicide
5 receive less official attention and attract less public outrage than mass casualty
6 incidents, I mean, to your point that we wouldn't all be sitting here had these deaths
7 occurred over time and had they all involved women?

8 **DR. MYRNA DAWSON:** I think, you know, there's a number of
9 responses to that, but I often think of some work I did over -- about 20 years ago on the
10 types of stereotypes and assumptions that we have about intimate partner violence,
11 which often leads to it being treated not only as less serious within the criminal legal
12 system, but also within the general public. And that's things like the crimes of passion,
13 that they can't be prevented because they're crimes of passion, that it's usually linked to
14 abuse, it's just a certain population, they can't be deterred, so those sorts of stereotypes
15 and assumptions. And I remember putting a table together, and I was looking at that
16 when I was preparing for today, and I was looking, none of those stereotypes and
17 attitudes have changed. And I think that comes back to the emphasis on primary
18 prevention. We need to start to challenge those attitudes within the general public and
19 assumptions because they're not empirically supported.

20 For example, men who kill their female partners often premeditate
21 the crimes more often than non-intimate partner homicides, so that crime of passion
22 stereotype is not supported but very strong. And so if we don't start to challenge those
23 in the general public, it's the general public that feeds into the sectors that respond to
24 violence against women and children. And so those working in those sectors, including
25 the criminal legal system, the police, they come from the public, they get some training,
26 and maybe training is another thing that I'd like to sort of mention in a second, is that we
27 don't challenge those attitudes. It's a big issue. It's big to think about changing people's
28 attitudes about the normalization, realization of violence against women and girls, but

1 it's one that we have to take on because, otherwise, I don't think we'll proceed to make
2 any more progress until we do.

3 And then just quickly, you know, as part of that, you know, primary
4 prevention within the sectors, I think there need -- I would like to see more of a focus on
5 what exactly are we training within the sectors. What types of training are being
6 offered? What is the quality? What is the content? What is the quantity? And what is
7 the impact? Have we looked at the impact of that training over time in a longitudinal
8 way, and I think that's another issue that would help us move forward in terms of
9 thinking about why we haven't seen changes.

10 **DR. EMMA CUNLIFFE:** Thank you, Myrna. And the question of
11 the quality of data and opportunities to understand, study closely what's going on and
12 what might help, it is something that we'll loop back to, towards the end of the round
13 table.

14 For now, I'd like to pick up though on you alluded to work that
15 you've recently been doing on gender-based violence as a form of hate crime. And I
16 wonder if you can speak more to what you've been learning through that research.

17 **DR. MYRNA DAWSON:** Yes, thank you. So when we started the
18 Canadian Femicide Observatory, one of the issues that we did want to highlight that
19 femicide was a type of a hate crime. And recently, I had the opportunity to delve into
20 this further in terms of thinking about gender-based violence as a hate crime. And what
21 I found was -- excuse me -- what I found was we do have the mechanisms in Canada.
22 We do have the legislation in Canada to treat violence against women and girls as a
23 hate crime, because within the Canadian human rights legislation as well as in the
24 *Criminal Code* sections, sex or gender identity is recognized as one of the identifiable
25 groups that should be protected or included. And it has been for several decades, but
26 when -- in looking back over police reported hate crimes, sex, for example, has never
27 represented higher than three percent of all reported hate crimes, and so it's virtually
28 invisible even though it's theoretically included in our hate crime framework.

1 So we all know that there's problems with police reported hate
2 crime because there's the tendency to miss some of these crimes if they're not
3 reported, and hate crimes are significantly under-reported as well. So a piece of
4 research actually compared self-report data for a one-year period focusing on 2014 and
5 found that 22 percent of the respondents actually reported sex-motivated hate crimes
6 compared to the less than three percent of police reported.

7 So that's seven times what we actually know is occurring and,
8 again, it's probably higher than that because we don't actually talk about violence
9 against women and girls as a hate crime. And one of the emerging explanations for that
10 is because feminists have been very successful, and rightly so, in identifying the power
11 and control motivations behind violence against women and girls, particularly in the
12 context of intimate relationships.

13 However, does power and control as a motivation preclude hate
14 also being motivation or, put another way, could hate be the precursor for wanting to
15 have power or control or dominate over a woman?

16 So there's been a lot of work. Canada is not unique in the
17 invisibility of violence against women and girls as a form of hate or hate crime. It's been
18 one of the most ignored identities in hate crime legislation, I think, globally, but it is
19 something that we need to grapple with, particularly in the Canadian context. We've
20 seen many instances over the last decade which have demonstrated motives of hate.

21 **DR. EMMA CUNLIFFE:** Thank you very much.

22 Allison, if I can turn to you, please. In your paper, the title of which
23 is, "Making A Murderer" -- and for the record, that's P-003515 -- you identify that mass
24 casualty attacks are generally planned, overwhelmingly committed by men and
25 frequently target victims who are known to the perpetrators.

26 What have you learned in your research about the history of family
27 violence and gender-based violence among perpetrators and how that relates to the
28 targets they choose?

1 **DR. ALLISON MARGANSKI:** Thank you. That is a loaded
2 question, and I will do my best to answer that in the time I have.

3 So one of the things that some of you were just previously talking
4 about really relates a lot to the normalization of violence, and I think before getting into a
5 response to your answer, it's important to note that one can find examples historically
6 as well as currently of policies that inflict harms upon women and girls and various
7 others from past times where women were treated as property and rape and partner
8 violence were not criminalized to current times where we're still working to implement
9 laws that recognize coercive control, technology-facilitated abuse and the personhood
10 and safety and security of women and girls. These are all things that we really need to
11 take into account to consider where we are and how that might shape or thoughts,
12 feelings, actions and more.

13 So I did want to start out just by noting that because domestic
14 violence, stalking, sexual harassment and other types of gender-based violence occur
15 with great frequency and they have been treated far less seriously than other crimes
16 with responses being far from ideal. And that really stems from that deep-rooted
17 cultural beliefs and entitlements that we see.

18 So when it comes to the phenomenon of mass casualties, cultural
19 frames are really important. To date, we have degendered a gendered problem, and
20 that's problematic. So we've overlooked cultural frames, yet research shows us that
21 these crimes are predominantly perpetrated by male offenders who adhere to rigid
22 patriarchal gender ideologies. They perceive threats to their social standing from others
23 or experience some kind of shame that emanates from their gender ideals and they
24 believe that violence is the appropriate solution to a sense of shame or emasculation,
25 and they often have histories of violence against others, so it's more of an escalation
26 process than a random occurrence.

27 So going to -- back to your question, I think that it's really critical
28 and highly important that we first debunk myths and then shed light on what some of the

1 realities are because we tend to oversimplify complex problems and, by doing that,
2 we're not going to effectively address the problems until we recognize how complex
3 these problems actually are.

4 So in much the same way that we've come a long ways in
5 understanding the causes of family violence and gender-based crimes, we are growing
6 in terms of recognizing causes of mass casualty. These events do not happen at
7 random. Perpetrators think about the attacks well in advance, and that's well
8 substantiated by the research.

9 They end up selecting their targets. They choose the weapons
10 intentionally and they end up having their own rationale and reasons in advance of the
11 attacks so they inflict harm upon those who they either feel hurt by or those that they
12 might feel destined to protect or safeguard in some way or to meet other kind of
13 masculine markers of manhood. And that's really important to recognize.

14 So contrary to media reports that these are random acts, we do see
15 they are highly calculated acts and often planned out weeks, months, sometimes years
16 in advance.

17 We also see numerous warning signs along the way, so that's also
18 something to consider. So in regards to some of the explanations that we hear about in
19 terms of what we have been hearing, we hear about mental health, we hear about guns,
20 we hear about violent media and, occasionally, we might hear about bullying, but a lot of
21 this, again, does not acknowledge some of these important gender frames.

22 As an example, a research study poll ended up looking at least at
23 violence -- or we looked at data in the United States which we have, unfortunately,
24 really high rates of mass casualty events in comparison to other similar countries, but
25 when we look at rates of gun ownership, women own about -- 22 percent of women in
26 the United States own a firearm, 39 percent of males do. So we see that their
27 ownership is there.

28 We also know that women experience different types of mental

1 health issues, and one of the things to also note is that women often experience higher
2 rates of Post-Traumatic Stress Disorder. They also have higher rates of anxiety and
3 depression, and also experience impulse control disorders like their counterparts do,
4 according to the American Psychological Association.

5 Women and girls also consume violent media, music, television and
6 more, and they're also subject to social marginalization, humiliation, harassment and, of
7 course, violence, right. But we don't really see rates of women and girls going and
8 committing and perpetrating these harmful acts of violence, right.

9 So for any of these factors alone, we would likely have more female
10 representation among the perpetrators, and that's not the case, right, so this is pointing
11 to another issue, and it's not mental health issues alone. It's not that these individuals
12 are learners. In fact, a lot of them also belong to peer groups that are pro abuse
13 groups. So we see them as members of online technology communities where they
14 come together with like-minded peers to commiserate with one another over personal or
15 perceived failures or shortcomings.

16 And we see that it's, again, not merely gun ownership but gun
17 culture and the glorification of violence, and it's a lot of factors. So we need to look at
18 biology, psychology, social factors and cultural factors.

19 And one of the important notes to consider in this is that culture
20 really shapes everything else in between, so we don't really think about the role of
21 culture, but culture ends up shaping group dynamics, it shapes socialization
22 experiences. Those socialization experiences, in turn, might shape one's psychology
23 and that might shape one's thoughts and feelings, which then ends up feeding back into
24 the system.

25 So if someone adheres to violent ideals, let's say, cultural ideals,
26 they might be more likely to engage in violence against a family member. Untreated or
27 unresolved trauma increases the likelihood for that person to experience different types
28 of mental health issues or also things that they're grappling with, right, which, in turn,

1 might influence the way they perceive themselves and others, and then that might end
2 up leading to them internalizing stream or externalizing it. They might develop
3 depression or suicidal ideation if they're internalizing. Externalizing it, they might have
4 aggression against others, that then, again, feeds back into this system.

5 So I think it's really critical that we recognise these larger frames
6 because I -- as I said in my paper, it's very similar to the fish are last to discover they're
7 swimming in water. We're often not aware of these forces that around us, and we tend
8 to pay attention more so to psychology and mental health, sometimes family relations,
9 but we rarely pay attention to community institutions, like policing or tech communities
10 or these other institutions that play a role in shaping who are, and we even less pay
11 attention to some of these cultural frames that are really critical to consider historically,
12 as well as contemporarily how we're situated.

13 **DR. EMMA CUNLIFFE:** Thank you, Alison. And we'll pick up on
14 some of those threads as the roundtable progresses. But for the time being, I was
15 especially interested in that portion of your paper where you consider about who is
16 targeted within a mass casualty attack and where those attacks often begin. And I
17 wonder if you can speak to what your paper says and what you research suggests
18 about that?

19 **DR. ALISON MARGANSKI:** Sure. So it says that there is
20 compelling evidence overall that these mass casualty offences are highly gendered and
21 that they are tied to other types of violence, specifically intimate partner violence, but
22 also, other kinds of violence that might be based on prejudice against a member of a
23 different background based on race, religion, or other social identity markers. Because
24 most of this violence is perpetrated by men, male offenders, against intimate partners,
25 who are often female, it means that the typical target is a female intimate partner and
26 those who are in close proximity. That could be children, relatives; it could be
27 neighbours, co-workers, or other individuals who are nearby. And something that we
28 often see are that there is a pattern of problematic behaviour that has come to the

1 attention of authorities, and oftentimes we see this escalation of violence.

2 So I don't know if you'd like me to give you some examples of
3 cases here in the United States and Canada, and if that might play into your question
4 here, but I'm -- I'd be happy to talk about some of those connections as well.

5 **DR. EMMA CUNLIFFE:** We are -- that would be great, Alison. We
6 are likely to come to some of the Canadian examples I think as our discussion
7 progresses, but if you could perhaps share some examples of the U.S. context, some of
8 those that you've studied, I'd very interested to hear that.

9 **DR. ALISON MARGANSKI:** Sure. So one doesn't really need to
10 dig too deep to find this information, and we've seen that in many of these offender's
11 histories, in fact the paper that you referred to, found that well over 80-percent of these
12 individuals had a history of violence against women and girls, and that's one of the most
13 robust factors that's present among these offenders, much more prevalent than mental
14 health or other factors that we see.

15 So as an example of the connection between gender-based
16 violence and mass murder, there are many different cases. So it's also important to
17 note when problematic episodes come to the attention of persons in power, they can be
18 met with ineffective responses, and that's also an area that I think needs further
19 discussion.

20 So one of the cases is a case where a man killed 17 individuals and
21 hurt others, in Parkland, Florida, in 2018. He harassed, stalked and threatened to kill
22 his ex-girlfriend prior to the incident. He was expelled for fighting with her boyfriend. He
23 also had numerous contacts with the police for abusive and threatening behaviour that
24 was directed towards his mother. Over 30 police reports were filed, and his online
25 profile communicated homicidal, anti-Black, anti-Muslim sentiments. And even though
26 he engaged in harassing behaviour against his mother, ex-girlfriend, and her boyfriend,
27 and likely others, and institutions were aware, he was still able to legally purchase
28 firearms that he ended using in this event.

1 As another example, in 2017, a man killed 26 in a -- in a church in
2 Sutherland Springs, Texas. He was a domestic abuser, who was court martialled on
3 charges of an assault after he beat, strangled, and threatened his first wife with a gun,
4 and fractured his infant son's skull. He was discharged from the military for poor
5 conduct, and he later remarried. He was then investigated for crimes against other
6 women, including rape and sexual assault, and in a separate incident he pled guilty to
7 animal cruelty for maltreating his dog.

8 In another case, there was a case where an Army veteran from
9 Alaska killed five people and injured others in a mass shooting attack, in Fort
10 Lauderdale, Florida in 2017. After this individual returned from the service, he was
11 arrested for a physical altercation with his girlfriend and a subsequent violation of a
12 protection order. The charges stemmed from a prior incident where he broke down and
13 removed a bathroom door, hit his girlfriend, and attempted to strangle her.

14 So time and time again, what we're seeing are individuals that have
15 these histories of violence, right, and that is one of several factors that we need to
16 consider, but one that is highly prevalent in these cases. And I won't speak to the
17 Canadian cases yet, but the evidence suggests that these links are found in these
18 cases as well.

19 **DR. EMMA CUNLIFFE:** Thank you very much, Alison.

20 Wendy, I think this is a good moment to turn to you. We know that
21 mass casualty incidents are perpetrated by a variety of means. Jude and JaneMaree
22 have referred to a recent Australian case involving fire. We have recent cases in
23 Canada involving van attacks. If we look to Europe, high powered crossbows, even
24 bombs.

25 When many people think about intimate partner violence, the use of
26 firearms is unlikely to be the first means that they think of. Why is it important to
27 consider the accessibility of firearms when thinking about the prevalence and the
28 lethality of intimate partner violence in mass casualty incidents?

1 **DR. WENDY CUKIER:** Thanks very much for the question. And I
2 think, you know, just -- much of the work that we've been doing really reinforces points
3 that have already been made, so I won't -- I won't underscore them, other than to say,
4 you know, I think it's important to note that gender is not just a factor in domestic
5 violence or mass casualties or mass shootings, but in fact most violent crimes. So I
6 think that's, you know, worth noting.

7 And I wanted to just pick up on something else noted, because the
8 -- comparing the circumstances of men and the circumstances of women with respect to
9 primary causes and access to firearms, and yet this massive difference in outcomes
10 that we see with respect to the involvement of men as perpetrators of all kinds of
11 violence, we can actually apply a similar analysis when we look at the availability of
12 firearms. And there is very clear evidence that the availability of firearms, whether we're
13 talking about domestic violence, is shown to increase the likelihood a woman will be
14 killed, increase the likelihood there will be multiple victims, increases the likelihood there
15 will be a suicide as well. And we know with mass casualties, while there are other
16 means used, as you mentioned, when firearms are used the numbers are often higher,
17 and firearms are more frequently, if you look worldwide, firearms are more frequently
18 used, for example, explosives in mass killings.

19 But I wanted to really point to the other piece that I think is
20 important that we consider, and that is the availability of firearms. And if we look, for
21 example, and I would argue too often we compare Canada to the United States, and too
22 infrequently do we compare Canada to, for example, OECD countries, where we're
23 fourth in the rate of firearm death and injury. But if we look at the UK, Canada,
24 Australia, and the USA, for example, and we look at homicides broadly, using all
25 means, beatings, strangling's, et cetera, without firearms, what we see is the rates per
26 100,000 of homicide in Canada, the UK, and Australia are almost identical. The U.S. is
27 twice as high on a per capita basis as in Canada.

28 When, however, we specifically look at homicides with firearms, it's

1 a really different picture. So the rate of murders with firearms in Canada, for example,
2 is 16 times higher than in the UK. Just by comparison, we had 270 murders last year,
3 they had 30. It's a sixth, six times higher than we see in Australia, and it's about a tenth
4 of what we see in the United States. And the reason I point this out is because the UK
5 has problems with substance abuse. The UK has problems with inequality. The UK
6 has all of those root causes that we associate with violence and yet there is a massive
7 difference in the overall homicide rate that I would argue is a function of the availability
8 of firearms. Of course, in Canada, we're disadvantaged because we are so close to the
9 U.S. border, and so there are limits to the extent to which our controls are effective, but I
10 do think that the availability of firearms is very clearly a risk factor when it comes to
11 femicide. Women are far more likely to be killed if a firearm is present. And there are
12 also risk factors with respect to suicide and other forms of interpersonal violence as
13 well.

14 **DR. EMMA CUNLIFFE:** Wendy, thank you for sharing those
15 statistics and that comparative analysis with us. I want to make sure that I heard you
16 correctly on one point, which was you mentioned that the use of firearms increases the
17 number of casualties in a mass casualty or the lethality in that sense. Did I hear that
18 correctly?

19 **DR. WENDY CUKIER:** In general, you have more fatalities when
20 firearms are involved. And particularly, when certain firearms are involved and there's
21 been research, for example, undertaken on what happens when you have military
22 assault weapons or semi-automatic military style weapons used, and the rates with
23 which people are killed.

24 I also want to just, if I may, pick up on one other point, and this is
25 an unpublished paper that we did look at about 20 incidents of mass shootings in
26 Canada. And a mass shooting was defined as a case where four people were killed or
27 injured or more. And so if you look over the last 20 years, there are approximately 20.
28 And when we analyze the circumstances of those and the firearms used and so on, we

1 find that the vast majority of the firearms were legally owned or were diverted from legal
2 owners. In only two cases did we find examples of smuggled guns, for example. So
3 the framing of gun violence as a problem of smuggled guns and gangs and so on,
4 completely misrepresents, I think, where the risks lie.

5 In two cases, you could clearly associate them with gang-related
6 violence, you know, so some kind of conflict where someone goes in with a gun, shoots
7 at people who they think are their enemies and there are bystanders who were involved.
8 Three of them would be considered random, where the shooter and the victims were not
9 known to each other, and often in those cases, hate is a factor. Three were workplace
10 related, where someone was pursuing someone that they knew into the workplace, and
11 as a result, others were killed. The Concordia University example would be one. Four
12 of them involved police officers being targeted, ambushed, and a focus of the violence.
13 The other 10 all had family dimensions to them. So half the mass shootings in the last
14 20 years in Canada had a dimension that was related either to intimate partner violence
15 or more broadly defined family violence.

16 **DR. EMMA CUNLIFFE:** Thank you very much for sharing that
17 analysis with us.

18 Amanda, I'm going to turn to you. The paper that we have from you
19 in our record, Gun Control and Women's Rights in Context, P003520, you recount your
20 experience as Executive Director of the Barbra Schlifer Clinic, bringing a constitutional
21 challenge to a change in the firearms regulations here in Canada, and specifically, the
22 abolition of the long-gun registry. In that paper, you describe seeking to make an
23 equality-based argument about the disproportionate impact that that change would have
24 on women and women's safety, and you recount that that challenge was unsuccessful.
25 But I want to ask you specifically, what is the link that you were seeking to draw the
26 Court's attention to between gun regulation, gun control and women's equality?

27 **DR. AMANDA DALE:** Well, to build on everything that's gone
28 before, the link really was both empirical and cultural. So empirically, women, when

1 they're killed by guns, are most often killed by legally owned, at that time, registered
2 guns. So we were making the association between the protections in the *Charter* that
3 account for both security of the person in, you know, section 7 and equality in section
4 15. And we were saying that by dysregulating those guns which specifically and
5 statistically are more often used in the murders of women, as opposed -- and leaving in
6 place measures which protect against those guns that are most often used in the
7 murders of men, there was a disproportionate, an unequal application of the law. So
8 that was the basis of the argument.

9 And it came both from the statistical information and the kind of
10 research that people like Wendy Cukier conduct, but it also came from our experience
11 frontline, taking calls daily from women who were not just killed by guns, but guns are
12 used to intimidate, terrorize, control, and maintain control over a long, long, long period
13 of time. So often by the time a woman made a call to us, there had been in many cases
14 decades of this kind of control being exercised through the use of guns. And so it was
15 that practical application of knowing that if a police officer wanted to protect that
16 particular woman and there was no link between the license and the registration, they
17 would not be in a position to be able to carry out the intention of the law. And we traced
18 this back to a disproportionate effect and a differential effect on women.

19 **DR. EMMA CUNLIFFE:** Thank you. And just to confirm, the
20 experience that you allude to, the frontline experience you allude to is the experience of
21 the Barbra Schlifer Clinic and ---

22 **DR. AMANDA DALE:** Correct. So one of the things that our --
23 during the decade that I was there, we changed our intake process from a simple lineup
24 of people who called to a triage system, much like a hospital would. And in that triage
25 system, we had indicators that we had garnered from both the research, the death
26 review committee, the kind of research that these scholars undertake, but also, from our
27 frontline knowledge of the kinds of long threads of threat that weave themselves through
28 the lives of women. And we made a decision to use the standardized tests and alter

1 them for the experience that we had with the kinds of stories that we knew from
2 decades and decades of experience.

3 I just want to make it clear that this is based on not a weekend
4 seminar on risk assessment. This is about engrained, deep experiential knowledge of --
5 we talked about years of experience. When I added up the years of experience in the
6 clinic, we got to over a thousand years of cumulative experience of all the folks who
7 work there. So it was based on that interpretation of the existing and standardized risk
8 assessment tools that we put as one of our top markers the presence of a gun. And the
9 presence of that gun was also a high indicator if it was a licensed gun, because those
10 are ready to hand. Not because those guns are worse, but because they were ready to
11 hand, they are in many households, which means in an escalating situation of
12 intimidation and violence, it's there, and it's permanent. It's not a knife. It's not -- even
13 the highest risk, other forms of violence like strangulation don't have the immediate,
14 lethal effect of a gun. And so the presence of a gun, we felt, was the highest risk
15 indicator on our list of high-risk indicators.

16 **DR. EMMA CUNLIFFE:** Thank you. I'm going to shift gears a little
17 bit now but stay with you, Amanda. You recently served on a coordinating committee
18 that helped to produce an implementation guide for a national action plan on violence
19 against women and gender-based violence. Why is a national action plan important?
20 And what benefits could implementation have for the prevalence of gender-based and
21 intimate partner violence?

22 **DR. AMANDA DALE:** Well, again, it's a question I want to relate
23 back to some of the discussion that's come before. So from the work we've heard about
24 already this morning, we know that the continuum of violence from interpersonal to
25 public has to be looked at. We can't frame each step of that violence and separate it
26 out as if it's not relevant.

27 So what we -- what we did in the national action plan, the
28 framework that we submitted to the federal government, was to look at the all the

1 different areas of public policy that needed to be engaged, with a lens of looking at the
2 impact of gender-based violence on decisions in public policy.

3 And -- so it's not -- everybody keeps saying it's not a simple matter.
4 It's not a simple matter, but it's also not an unknown matter; it's a matter which we know
5 a great deal about. And in fact, we talked earlier, there was some mention of UN
6 statistical frameworks, we know that it -- the UN declared violence against women a
7 global pandemic in 2013. So we've known for a very long time that this is not something
8 you can have a bake sale for; and that's what shelters and women's organisations
9 across the country are doing, they're holding bake sales to keep themselves open.

10 This is everyone's problem. It's not the local shelter that needs to
11 do a better job at its fundraising, this is a global problem that needs a pandemic-level
12 investment.

13 That was the frame we put around our action plan for the federal
14 government, and we carved up the four pillar areas by drawing together 40 experts from
15 across the country, who are differently situated in all kinds of ways in different
16 communities, rural, urban, East Coast, West Coast, North, centre of Canada;
17 intersectional identity markers for both people on the -- on the pillars that we put
18 together, as well as in their research.

19 So the pillars that we think need to be addressed are what you
20 could broadly call the "enabling environment", so those would be the social
21 infrastructure that surrounds all of us, and that gender lens that people have been
22 talking about needs a specific understanding of the impact of violence on how those
23 systems need to be set up and operated. And we gave very specific recommendations
24 for each of these categories. I'm not going to drag you through them. The report is over
25 400 pages, so I'm giving you what I can in the time I have.

26 We also, importantly, and this has been talked about a lot today,
27 this is crucial, we talked about prevention. And prevention is a continuum. It's not a
28 simply a primary act, it's also prevention of reoccurrence. So it's not just -- if -- it's not

1 just primary school, it's throughout the lifecycle, prevention. And we've never had a
2 consistent approach to prevention. And we talk in that section about the prevention of
3 perpetrators and the kinds of nuanced investments that need to distinguish between
4 types of perpetrators, stages of perpetration in the -- in their lifecycle, and when we can
5 prevent and when we're passed prevention.

6 We had a pillar on the promotion of response of legal systems and
7 justice systems. This is a huge area. Often it's the first place that investments go. But
8 the technical side of the law is not usually the problem. Canada, in a global context,
9 has excellent laws, what we don't have is excellent implementation. And there are a
10 whole number of reasons why that is the case, and we've enumerated what those --
11 what those reasons are.

12 And just to flag, that training, as was mentioned, is often also a first
13 go-to. "Let's dump some money on training, sensitivity training." It goes far deeper than
14 that. And that is like dropping water on the Sahara. It is an endless drain on resources
15 if it's not done structurally, properly, and with, and I think this word needs to be
16 underscored, "accountability". There needs to be actual accountability to whether
17 things have been implemented.

18 And then our last category was support for survivors and their
19 families. And this is often that sort of, I call it the threadbare weaving across the
20 country, of resourceful people, usually women, who are running services on a
21 shoestring, who, you know, work a 90-hour week and don't have a pension. It's not a
22 sustainable system. It's not a thoughtful system. It's not a system that is set up to deal
23 with a pandemic, it's a system that has evolved kind of like my father's farmhouse,
24 where each new generation built a new addition onto the farmhouse, but you have step
25 up to get into the other guy's house, and then you fall down to get into the next
26 generation's house. It's a rickety system that is not actually set up with the safety of a
27 survivor who is in a national context in mind.

28 And those were the holes that we identified and the systems that

1 we identified. And we -- I think we came up with something like 78 recommendations,
2 primary recommendations, many of which had sub recommendations. And I would say
3 if you had to take one recommendation out of all 78, it was to ensure that there was a
4 coordinated response, not "oh, we're going to invest here and make an announcement,
5 but it's not related to what we're doing over here, which might actually contradict the
6 announcement we just made", and that it has to have a measurement, accountability,
7 and learning component. Otherwise, we don't know what's working; we keep investing
8 in things that we haven't tested; we stop investing in things that we think work, but
9 nobody could prove it; and we don't have any coordination between the pieces that
10 would actually wrap around a survivor, and I community I might add, so that a
11 community is safe from a perpetrator's violence.

12 **DR. EMMA CUNLIFFE:** Amanda, thank you for summarising
13 400 pages in that three minutes. It's much appreciated.

14 Commissioners, the implementation guide has been tendered, and
15 it's available as Exhibit P003509.

16 I was about to change to a new topic, and I'm going to suggest that
17 this might be a good moment for us to have a 15-minute break.

18 **COMMISSIONER MICHAEL MacDONALD:** Yes, thank you so
19 much. We'll break for 15 minutes. Thank you.

20 --- Upon recessing at 10:57 a.m.

21 --- Upon resuming at 11:13 a.m.

22 **COMMISSIONER MICHAEL MacDONALD:** Thank you.

23 Dr. Cunliffe.

24 **DR. EMMA CUNLIFFE:** Thank you, Commissioner MacDonald.

25 Barbara, if I can now please turn to you. So far, our discussion has
26 focussed mostly on the links between gender-based violence, intimate partner violence,
27 and mass casualties. In your work on hate crimes, you address the role of misogyny,
28 but you also consider what you sometimes refer to as the overlapping isms, sexism,

1 racism, Islamophobia, and homophobia, for example.

2 In recent years, Canada has seen mass casualty attacks that were
3 either targeted directly at specific groups such as the Quebec City mosque shooting and
4 the Kingston, Ontario van attack on a Muslim family, or accompanied by perpetrator
5 statements about motivation that appear to be influenced by hateful far right rhetoric
6 such as the Toronto van attack in Yonge Street in 2018.

7 In other jurisdictions, we've recently seen attacks that targeted, for
8 example, black, Jewish and 2SLGBTQ+ communities.

9 What have you learned through your research about the
10 relationship among these forms of anti-egalitarian or even hateful rhetoric and far right
11 ideology?

12 **DR. BARBARA PERRY:** Thank you for that, Emma.

13 I hardly know where to start with this, but I think it is really important
14 to emphasize we've been talking a lot about the gendered nature of mass casualty
15 events and I think it's also important to recognize the race -- as I mentioned earlier, the
16 race nature, both in terms of the perpetrator and the victims that is often, you know, an
17 expression of the sorts of masculinities that Allison was talking about, for example, or
18 that the report by Bridges and Tober was referring to, that is, these forms of violence
19 and often, in particular, when they're associated with people who are affiliated with or
20 influenced by far right movements really are an expression of hyper-masculinity and a
21 very particular form of masculinity.

22 Again, if we look at so many of these events that you've referred to
23 there, yeah, they are male perpetrators, but they're also predominantly white
24 perpetrators as well who are enacting a form of perhaps threatened masculinity, if you
25 will, so feeling a loss of place and space because of what they see as often the
26 unwarranted gains won by sort of those that they've othered, you know, sort of
27 historically marginalized and oppressed communities, whether we're talking about
28 women, anti-feminist rhetoric and misogynist narratives and motivations or whether

1 we're talking about the advances made by LGBTQ+ communities or racialized or
2 religious communities.

3 So it very much is, I think, embedded in that and I think it is
4 important to recognize that intersectionality. When I think about the typology that we're
5 building out around the far right in Canada, for example, I like to think about -- I mean,
6 you know, the images has very discrete pockets or pillars of far right extremism
7 including, you know, an anti-Muslim segment, you know, a white supremacist segment,
8 a misogynistic or a gender -- gender defender element, if you will. But that's heuristic.

9 I think it's -- you know, I think more appropriate to think of it as a
10 Ven diagram, that they are considerable overlaps there, especially when we're thinking
11 about misogyny and other elements. I think at all times, you know, the male
12 perpetrators, in particular the male activists, are enacting a form of masculinity as
13 opposed to an array of other masculinities, but also opposed to women.

14 If we think about, you know, the far right generally, I think that
15 misogyny, at the very least, you know, patriarchal values are at the heart of the
16 movement.

17 If you think about the 14 words, which is one of the mantras that
18 informs many elements of the far right, it is, "We must ensure the existence of the white
19 race and a future for our children". So if that is the intent, then it's not just about
20 defending the nation, the community against racialized others, but it's also -- it also
21 implies that there's a need to control our women and our women's purity, if you will, to
22 keep them in line, to keep them in control in order to defend the white race as well.

23 **DR. EMMA CUNLIFFE:** And so some of the ideas you're sharing
24 with us today, Barbara, ideas that many Canadians may associate more with the
25 American far right movement than with Canada, is that a fair articulation? Is this more
26 an American problem than a Canadian one?

27 **DR. BARBARA PERRY:** I think it raises a point that many others
28 have made on the panel already, that, you know, we do compare ourselves -- we like to

1 compare ourselves favourably to the American context and we've become very
2 complacent about ourselves as more inclusive, you know, more welcoming, a safer
3 space for diversity and a more secure place for inclusion.

4 But I think, you know, in this context in particular, we've seen a
5 parallel rise since 2015-2016 in hate crimes, reported hate crimes, whether that's police
6 based or other third-party reporting mechanisms. We've also seen a dramatic increase
7 in the activity and engagement within the far right.

8 In fact, proportionately, we're not that different. We've identified
9 just over 300 active groups over the last couple of years and Southern Poverty Law
10 Center has identified about 3,500, I think it is, groups in the U.S., so that's
11 proportionate. You know, 10 times in terms of population 10 times in number of groups.

12 I think the other piece to recognize is the extent to which the
13 Canadian movement is very much engaged with the American movement and the
14 international far right movement more broadly, that is, that some of the groups that we
15 see in Canada are actually chapters of American groups or Finnish groups or British
16 groups. And so I think that that's important to keep in mind as well, that these
17 narratives cross borders, but in particular, cross borders to other white Euro Christian
18 communities.

19 **DR. EMMA CUNLIFFE:** And in your opinion and based on your
20 research, what's driving the spread or exchange of these ideas into Canada or between
21 Canada and the other nations you've mentioned?

22 **DR. BARBARA PERRY:** I think there's a real constellation of
23 factors. I mean, we were starting to see signs of this already in 2014-2015 as we were
24 completing the first study of right-wing extremism in the Canadian context, and so there,
25 you know, we were seeing some of those threads, some of those narratives in provincial
26 and federal politics in Canada in terms of anti-immigrant and anti-Muslim narratives in
27 particular. And of course, that was amplified when Trump sprung on the scene in 2015
28 and became President of the U.S. in 2016 and those narratives, you know, those Twitter

1 feeds, I mean, we were as exposed to those as Americans were.

2 The social media borders of which he was so fond are porous. You
3 know, we were subject to the same, so we were hearing those same narratives that
4 were vilifying a whole array of communities, you know, around gender identity, around
5 sexual orientation, around immigrant status, around race and nationality. So I think that
6 that certainly has influenced us, as have European narratives.

7 I mean, the European narratives and the strength of far right
8 political parties and far right groups has an even longer trajectory -- in terms of the most
9 recent waves, has a longer trajectory even than in the U.S., so we -- you know, we were
10 being fed those kinds of narratives, especially around immigration, I would say.

11 And then we had things like the refugee crisis as it was
12 constructed, you know, in terms of misrepresenting refugees from an array of countries
13 as significant threats in terms of cultural values, in terms of economic risks, in terms of
14 job losses, all of those pieces. That fed into it.

15 I mean, a whole array of other issues, but then, of course, COVID
16 comes along and that was a package made, tailor made, for the far right in terms of
17 developing, you know, conspiracy theories, so starting with Qu 'anon and going beyond
18 that, a whole array of conspiracy theories around the origins of the virus, antisemitic
19 tropes blaming the Jewish community and Jewish individuals or blaming Chinese, you
20 know, as a nation but also as a people. So we saw a real dramatic increase in
21 antisemitic and anti-Asian narratives as well as violence so, again, that racialized
22 element that comes into play there.

23 And you know, the job loss, the anxiety, the grievances associated
24 with the pandemic and the reactions or the restrictions that were brought into play, so
25 then we see, you know, the xenophobia bound up with anti-authority elements as well
26 and the anti-statism and the -- you know, the anti-Trudeau sentiment as well. So just
27 layers and layers, if you will.

28 And then still in the background for us as Canadians, you know, the

1 American narratives that continue to bubble up around, you know, the illegitimacy of the
2 state, of science, of academics, of all of those traditional institutions that, you know,
3 have defined us, if you will, and have shaped our thinking and our understanding of the
4 world.

5 **DR. EMMA CUNLIFFE:** Thank you.

6 And Barbara, for the benefit of the Commissioners and the
7 Participants, I wonder if you can speak a little to the methodologies you use to identify
8 the kinds of discourses or kinds of trends that you've described to us.

9 **DR. BARBARA PERRY:** There's a whole array. It's not just one
10 approach. I mean, we do a lot of, you know, qualitative work. We've done some
11 quantitative work in terms of surveys. The bulk of it has been qualitative in the form of
12 interviews with former and active far-right adherence, with law enforcement intelligence
13 agencies and individuals who are -- who work in this space. We've done some media
14 scans, you know, to pull out examples and incidents, and activities, and names of
15 groups, all of those pieces. But also, we've worked with one of our partners on the
16 latest project was the Institute for Strategic Dialogue out of the UK that's done much of
17 our online analysis, so datamining to identify groups and narratives that have come to
18 the floor.

19 **DR. EMMA CUNLIFFE:** And if I can pick up specifically on that,
20 the online datamining, that is particularly looking, as I understand it, and please tell me if
21 I'm wrong, at forums where, for example, adherence or those interested in far-right
22 ideology may be exchanging ideas, discussing among themselves some of the
23 questions that you've alluded to today; is that a fair characterization?

24 **DR. BARBARA PERRY:** That's right, yeah. And we've looked at
25 their activities on some of the mainstream platforms like Twitter and Facebook, but also
26 on some of the fringe platforms that, you know, elements of the far right have -- some of
27 the elements of the far right have built out as safe spaces, as they would call them, so
28 Telegraph, for example. So, yeah, both the mainstream and the fringe.

1 **DR. EMMA CUNLIFFE:** And is it fair to say, to a certain extent,
2 that the growth of these ideas has been technology mediated, that those kinds of
3 technologies, whether, as you say, mainstream like Twitter or more marginal, have been
4 part of the means by which these ideas have circulated?

5 **DR. BARBARA PERRY:** Yeah, they've certainly facilitated that in
6 terms of ease of access, the size of the audience. I mean, if you look at some of the
7 platforms and some of the forms you see, you know, hundreds of thousands, if not
8 more, contacts. So, for example, in the 2019 report that ISD did for us on online
9 activity, we identified 6,000 active spaces, whether that's channels, or pages, or
10 platforms that garnered over a million comments, likes, connections, engagements, if
11 you will. So it certainly has enhanced their audience. It's also, I think, increased the
12 willingness of people to engage and to express themselves because they consider it
13 anonymous. While their name is often still, you know, on that platform, there is a certain
14 amount of anonymity that is allowed there, so people will spout it. And they become
15 echo chambers where, you know, people reproduce, the community reproduces itself
16 and reproduces those narratives as well.

17 **DR. EMMA CUNLIFFE:** Thank you. And if I can sort of bring this
18 conversation back to, in a sense, the broader conversation about mass casualties, I
19 understand that you've looked closely at, particularly, the Quebec City mosque attack
20 and the Kingston, Ontario, attack on a Muslim family. How have those -- how do those
21 incidents connect to the kinds of discourses and the kinds of trends that you're
22 describing?

23 **DR. BARBARA PERRY:** Yeah, that was in London, not in
24 Kingston, the ---

25 **DR. EMMA CUNLIFFE:** Thank you for the correction. My
26 apologies.

27 **DR. BARBARA PERRY:** Yeah, yeah, absolutely. Well, as with so
28 many of these, you know, far-right attacks, in particular, how we've seen a real dramatic

1 connection, a real significant connection with their online activities there. And this is
2 where, you know, those conversations we often hear, you know, the conversations
3 about lone wolves or lone actors, and in some respects, it's a misnomer. These were
4 individuals who acted alone. There was no conspiracy. There was no sense that they
5 planned these activities in conjunction with other individuals, but they were nonetheless
6 part of that broader community, both of them, and many others as well, as we know
7 from their manifestos, as we know from their social media histories, as reflected through
8 police reports, that they were very much consuming the narratives that they were finding
9 online in these various platforms. If we go back even the Quebec City shooting, that --
10 in that particular case, it wasn't just that they were following, you know, far right or
11 extreme right activists. They were following the likes of Donald Trump and Marine Le
12 Pen, so politicians that also expressed these xenophobic narratives. But in the two
13 cases you mentioned, yeah, we absolutely saw a lengthy history there of these folks,
14 you know, adopting, engaging with these online communities and being mobilized and
15 animated by the sorts of narratives that they were picking up on there.

16 **DR. EMMA CUNLIFFE:** Thank you. And for the benefit of those
17 who may be unfamiliar with those two incidents, I wonder if you could first describe the
18 mass casualty in the Quebec City mosque, the nature of that incident?

19 **DR. BARBARA PERRY:** Yeah, the Quebec City mosque, the
20 shooter -- and not coincidentally, I think, this happened on the same weekend or just
21 after Trump had announced the ban on entry from people coming from Muslim majority
22 nations. So the shooter came to the mosque in Sainte-Foy, Quebec, and began
23 opening fire, and in the end, had killed six Muslim men at prayer. And, again, was --
24 there was some suspicion at the beginning, there was another individual that was also
25 under suspicion that turned out this person was not involved. So, again, it was a lone
26 individual who was, nonetheless, influenced by his online activity, you know, what he
27 was picking up online in terms of anti-immigrant sentiment, but specifically anti-Muslim
28 sentiment.

1 **DR. EMMA CUNLIFFE:** And so it's implicit, I think in what you've
2 just said, Barbara, but I want to make sure that we're drawing the correct inference, that
3 incident was motivated by -- the target was carefully chosen as a mosque, and it was
4 motivated by xenophobia; do I understand that correctly?

5 **DR. BARBARA PERRY:** Yes, absolutely. Yeah. And it sort of
6 goes hand in hand with what was -- I'm sorry, I can't remember who it was now that
7 mentioned how carefully planned many of these attacks are and that was certainly one
8 of them.

9 **DR. EMMA CUNLIFFE:** Thank you. And if we can turn now to
10 London, Ontario, and my apologies for the error. Could you please describe that
11 incident and what we know at present about that incident?

12 **DR. BARBARA PERRY:** Yeah, well, that was another case of an
13 individual motivated by Islamophobia apparently. He drove his truck into a family, a
14 Muslim family that was crossing the street, out on an evening walk, as they did quite
15 regularly, and killed four members of that family, intergenerational members of that
16 family. The interesting thing about that case was that he later -- he drove on and pulled
17 off at a mall, I think it was, and yelled to a taxi driver, you know, "I killed them. Please
18 call the police." So, clearly, he had wanted to be caught, and perhaps as a way of
19 making a statement about himself and his place in that sort of racialized or religious
20 hierarchy, if you will.

21 And so again, as in the earlier case, we do see a lengthy history of
22 online engagement for this individual, following Islamophobic and, again, anti-immigrant
23 narratives online, so very much a similar kind of motivation there.

24 **DR. EMMA CUNLIFFE:** Thank you very much.

25 Myrna, I'm going to turn to you now because I'm conscious that as
26 you've been looking at gender-based violence as a hate crime, you've been thinking
27 about some of these incidents as well, possibly the two that I've just been discussing
28 with Barbara, but I'm fairly sure that you've been looking at the van attack in Toronto in

1 particular. What would you add to what Barbara has shared?

2 **DR. MYRNA DAWSON:** Thank you, yes. I was hoping to have the
3 opportunity to build on what Barbara had talked about. I think one of the things that I
4 wanted to underscore was the note about intersectionality, which I think is really
5 important. And it's been recognized that the data we currently have is really not good at
6 capturing intersectionality, which is the recognition that we're more than just our sex or
7 gender. We're a particular race, we're a particular sexuality, particular ability, et cetera,
8 and sometimes it's the combination of those identities that will be the motivation for
9 hate. And one of the things that I picked up in the literature and I think is really
10 important to emphasize is that when we look at other more recognized forms of hate
11 such as that based on race and religion, sex or gender gets obscured in that. So, you
12 know, a woman who is a racialized woman, a woman, a Muslim woman, so it
13 sometimes gets obscured. And one of the best examples I was thinking about was
14 when I was doing a report for the British Columbia Human Rights -- Office of the Human
15 Rights Commissioner, the -- I think it was the Canadian Race Relations Foundation and
16 the police announced that there was going to be a taskforce on hate. And when the
17 representative from the Canadian Race Relations Foundation was speaking about the
18 need for this taskforce, he mentioned the mosque shooting, the Toronto van attack, and
19 the killing of the Muslim family. And there was no -- it was -- it was more about the race
20 and religion.

21 And so I looked at that, and so I looked at the victims in those
22 cases, and there was 14 female victims and 9 male victims. And it's not a counting, I
23 don't think we need to count, but I think it's the recognition that, particularly in Canada,
24 and I noticed this when, you know, when we had some multiple mass killings in the last
25 couple of years, that women are primarily or exclusively attacked in many of our mass
26 killings. And again, we -- that's what we consider to be the non-domestic. When you
27 add in the domestic familicides or mass killings, then it becomes even more prevalent
28 that females are victims.

1 **DR. EMMA CUNLIFFE:** And again, for our record, Myrna, could
2 you please describe for those who may not be familiar with it the circumstances of the
3 Toronto van attack and what we now understand of that perpetrator and his
4 motivations?

5 **DR. MYRNA DAWSON:** So the Toronto van attack occurred in
6 April 2018. A young male, driving a van, drove down a street in Toronto and killed
7 10 women -- 8 women and 2 men, sorry, and then subsequently, a tenth woman, a ninth
8 woman, sorry, died about two years later from her injuries sustained in that attack. So a
9 total of nine women and two men.

10 And this individual was recently sentenced for this -- these crimes
11 to life in prison. And he readily admitted that he was involved in the incel online
12 subculture, which is a group of mostly a loose network of males, but I think it's
13 potentially come an entire network, of males who are frustrated that they don't have
14 sexual access to women and hatred of women in terms of some of their online
15 discussions. And so he readily admitted that this was -- this was part of his motivation
16 for the Toronto van attack.

17 **DR. EMMA CUNLIFFE:** Thank you.

18 And Barbara, if I can just turn back to you for one moment. Would
19 you characterise the incel ideology as one of those groups or loose affiliations of far
20 right ideology that you've been studying?

21 **DR. BARBARA PERRY:** I think, again, we have to talk about the
22 overlap there. There are elements of incel that are, you know, sort of themselves, you
23 know, members of racialized communities. So there are elements of the incel that also
24 cross over into the far right, and this is why we started -- when we started the
25 psychology we actually included incel as one of the classes, then we changed it to
26 misogynistic, then we changed it to gender defender because it's now -- it's not just
27 about women and anti feminists, but it's also anti trans, anti queer in general.

28 So -- but part of that is going to be the incel movement. So the

1 incel runs on a continuum, I think. I don't know that there are necessarily left-wing
2 incels, but there are a lot of people who would consider themselves to be, at the very
3 least, apolitical and so not part of that -- don't understand themselves anyway as part of
4 that spectrum.

5 **DR. EMMA CUNLIFFE:** And we have been talking about incel
6 without defining it. My understanding is it's a short form of reference to involuntarily
7 celibate.

8 **DR. BARBARA PERRY:** Right.

9 **DR. EMMA CUNLIFFE:** Am I right about that? And what brings
10 this group together? What are the ideas that bring this group together?

11 **DR. BARBARA PERRY:** Well, that notion of involuntary celibate
12 suggests that, you know, they would -- they would like to have a sexual relationship, an
13 intimate relationship with women, in particular, but are unable to. And they don't -- you
14 know, they don't attribute that to any feeling of their own necessarily, but to women as
15 being too independent, too self-assured, and not behaving appropriately in terms of
16 making themselves available, making themselves accessible to the individual.

17 Ironically, the movement started with a -- with a women, who was
18 herself having problems, you know, engaging in relationships, intimate relationships, not
19 just sexual relationships, but intimate relationships. And it, you know, sort of was a very
20 oddly inclusive community very early on, but has come more and more to be a
21 predominantly male preserve with a very strong anti woman, anti feminist bent.

22 **DR. EMMA CUNLIFFE:** Thank you.

23 Jude and JaneMaree, if I can turn now back to you. In your report
24 and in your testimony last week, you described incidences in which a mass casualty is
25 understood as being, for example, a form of terrorism perpetrated by a Muslim man, but
26 where closer examination also discloses the operation of misogyny and gender-based
27 violence. The perpetrator of the Sydney Lindt Café attack is a particular stark example
28 of that, as you've described.

1 Why is misogyny not widely discussed as being part of the story of
2 incidents such as the Lindt Café hostage-taking, the Ariana Grande concert, or the
3 Utøya attack in Norway?

4 **DR. JUDE McCULLOCH:** Perhaps I'll go first. I think that it's not
5 seen as misogynistic because misogyny is so ubiquitous in the culture that it's very easy
6 to overlook a misogynistic motivation. It's much easier to see, for example, white
7 supremacy or an affiliation with a terrorist group as a sole motivation, even when it's
8 clear that violence against women, in particular, is in the background of the perpetrator
9 or the perpetrator is actually targeting women as well as people who are diverse in other
10 ways because of their ethnic background or their religion.

11 So I think it was Alison, perhaps, who talked about a fish not
12 knowing it's swimming because the element is so taken for granted. I think misogyny is
13 so prevalent that it hides almost in open space. It's hidden, but once our eyes are
14 opened to it it's very clear. And it's clear in the way incidents are reported, in the way
15 incidents are researched, that people are investigated, even by police and security
16 services, that they're looking for motivations, like sometimes racism or Islamic terrorism,
17 but they're not looking in the same for misogyny so that gets really played down
18 because of the cultural scripts, the cultural lens that tends to take the subjugation and
19 violence against women for granted in some ways, so much so that it's not the same at
20 all.

21 And would you like me, Emma, to just talk about the background of
22 the Lindt Café siege?

23 So that took place in 2014, in December. A man, a lone man in his
24 fifties, took 18 hostages in a café in the central Sydney district -- business district. He
25 held them for approximately 18 hours, or 17 hours, before executing one of them.

26 And misogyny and violence against women comes in from two
27 angles. One, he was on bail at the time of the attack for 14 -- 40 sexual assaults over a
28 number of years against seven women, and also for being an accessory before and

1 after the fact to the murder of his estranged wife, who was killed by his new partner.

2 The second way misogyny comes into it -- into consideration, I
3 think, or at least a misunderstanding of gendered violence, is the way that the
4 authorities, the police dealt with the siege itself, which took place over an extended
5 period of time.

6 In -- during their risk assessment, in relation to the siege, they
7 looked at his history, and they decided, really, that he wasn't a violent man so they
8 underestimated his capacity for violence. So the rapes were, or the sexual assaults
9 were seen as seductions, that's the word they -- that was used between the negotiators
10 and the psychiatrist who was involved. And they felt because he hadn't directly brutally
11 murdered his estranged wife that he really wasn't being violent then.

12 So they held off from ending the siege by forcing entry to the café
13 partly on the basis that they underestimated his capacity for violence, and he did go on
14 and execute, as I said, one of the -- one of the hostages.

15 I guess another way that the blindness to gender violence comes
16 into it, and this is very much about the dichotomy -- the false dichotomy between private
17 and public violence, this man had come to the attention of the authorities before he
18 committed this attack for reasons unconnected to gender violence. So he was
19 potentially on the Security Services' radar.

20 But in discussing the public risk that he posed, the Security
21 Services said that all the violence or all -- all the issues in relation to crimes he'd
22 committed were actually personal, directed at women he knew, and this didn't impact
23 their risk assessment that he would commit a public act of violence.

24 And so in all those ways -- he was seen as because he wanted an
25 Islamic flag and he said he was committing the violence or the hostage-taking in the
26 name of Islam and ISIS, but in all of that, his history of violence against women was
27 really discounted as an important factor and overlooked. Not so much in the inquest
28 that followed, but certainly in the way that he was understood at the time of the siege.

1 **DR. EMMA CUNLIFFE:** Thank you for sharing those details.
2 JaneMaree, is there anything that you would add to what Jude has
3 just shared?

4 **DR. JANEMAREE MAHER:** Not particularly, but I've been very
5 interested in listening to the conversation about the ideas and stories that circulate in
6 what we would characterize as extreme contexts and the everyday resonances that we
7 see in those ideas and stories, so the siege manager saying he hasn't got the bottle for
8 it, I think was the phrasing that he used in terms of the café, thereby, I think, modelling
9 really clearly that an everyday masculinity resting in someone who we see as a
10 protector has exactly -- many similar kind of characteristics that we would look at in a
11 sense of extremity. And one of the things that I think is very challenging in this space
12 and very challenging is thinking about all modes of masculinity as having those drivers
13 for power. And sometimes they're visible for -- you know, because they become visible
14 because they're kind of disruptive, but in many other instances the patriarchal structures
15 are there but operate in a way that's seen as benevolent or not so difficult or
16 challenging.

17 So I think the continuum around those ideas, those misogynistic
18 ideas, is one that's really important to bear in mind. I think a very startling thing is the
19 frequency, certainly in the Australian context, recently where police officers after two
20 decades of discussion about appropriate family violence policing still talk as if women
21 provoked it or pick up the phone and say, "Oh, here she is again. I'm not going to listen
22 to her now".

23 All of those things run directly against what their training suggests
24 is important, what the evidence suggests is important, what we know about women's
25 capacity to identify their own risk and the escalation of their own risk, and yet there's a
26 readiness on every part of the spectrum to -- for -- to accept some mode or dismissal or
27 misogyny. And -- yes. Thank you.

28 **DR. EMMA CUNLIFFE:** Thank you, JaneMaree.

1 And as an Australian who spent 20 years translating for Canadians,
2 I just want to make sure -- I just want to loop back to that phrase "he hasn't got the
3 bottle for it".

4 It's -- as I understand it, the word "bottle" there stands in for
5 courage of a particular gendered sort. Is that fair?

6 **DR. JANEMAREE MAHER:** I think that's right. And likely, you
7 know, real men drink in the Australian context and you raise a beer and you -- but yes,
8 strength, courage, a traditional kind of mode of masculinity which means that we suit up
9 for whatever's at hand. And there we had, you know, inside the café, tragically,
10 someone operating like that and outside that thinking also being a critical part of how
11 the event was understood, or misunderstood, rather.

12 **DR. EMMA CUNLIFFE:** Yeah, indeed. Thank you.

13 JaneMaree, I'm going to stay with you for a moment but shift gears
14 ever so slightly. You alluded a moment ago to police training, to the ways in which
15 police, despite that training in Australia, continue to misunderstand the ways in which
16 domestic violence presents itself to them, that the insights that women have about, for
17 example, as you say, escalation.

18 In one of our preparatory conversations, you said -- and I wrote it
19 down with quotes because I was so struck by it, "One wishes that police would simply
20 do the job that's in front of them" and that if they were better at doing that, I think the
21 inference that I drew from what you said in that context, that we would have fewer of the
22 escalated problems, fewer of the downstream problems, whether that's the public
23 violence of mass casualties or more extreme forms of intimate partner, family and
24 gender-based violence.

25 And I guess my question for you is, is - am I right about that and
26 can you expand on that idea?

27 **DR. JANEMAREE MAHER:** Thanks, Emma.

28 I note that Amanda before talked about Canada's excellent laws

1 and the question around implementation. And I think we would certainly identify a
2 similar pattern recent. There's been a current inquiry in Queensland and there were
3 descriptions of a woman who, in the end, was murdered by her ex-partner, calling the
4 police for 30 days prior and saying, "Look, he's outside the door, he's stalking me, he's
5 harassing me".

6 And you know, there are protocols in place which mean that those
7 sorts of things need to be actively investigated, they need to be held in mind, they need
8 to be managed and dealt with appropriately, and yet, in the final incident where the
9 woman met her death, it was four hours after she made that call and said, "He's outside
10 my door. I'm terrified" before anyone arrived at the house.

11 Now, you know, that's an unacceptable gap. That's an
12 unacceptable gap by any means or context on the record. The woman had spoken to
13 16 police officers in that period of time. It wasn't as if there wasn't a clear issue at hand
14 that needed to be acted on.

15 I think that's where perhaps the earlier comments that Myrna and
16 others made about the community about our expectations, it's not only -- there's many
17 layers of accountability that need to be bedded down. I think when I spoke to you, I
18 very crossly wished that each one of those 16 police officers had just been sacked
19 because, you know, if we don't turn up and do our jobs in the way that we've been
20 asked to, we do get in a lot of trouble and yet there somehow seems to be a space
21 where there's a recognition of what needs to happen, a -- there's a pattern of response
22 and there's always the space that continues to crop up in how events are responded to.

23 **DR. EMMA CUNLIFFE:** Thank you very much, JaneMaree.

24 And Myrna, in fact, as it happens, I'm turning back to you on this
25 question as well. And I'd first invite you to make any comment you'd like to make on
26 what Jude and JaneMaree have just shared, but the particular question that I wanted to
27 turn to on is we've identified individual examples, individual failings, individual police at
28 times who have failed to act as we might hope they would, but in our preparatory

1 conversation, you emphasized, and in your work, the importance of moving from
2 individual explanations to society-level explanations for some of the patterns we see,
3 and I wonder if you can speak a little bit to that.

4 **DR. MYRNA DAWSON:** Yeah, so I think it was Wendy who had
5 talked about taking a public health approach to her work, and that's exactly what we do
6 within the Canadian Femicide Observatory as well. We take a public health approach to
7 violence prevention. And essentially, that means recognizing that no single factor
8 causes violence, that it's factors at multiple levels, individual, relational, community and
9 societal, and it's the interaction of those factors. And so, you know, with respect to
10 individuals who perpetrate violence and individuals who experience the violence as well
11 as the individuals who are responding to violence, they all exist within their communities
12 at a much higher level, within their workplaces, within their schools, within the general
13 public of their community. And I think what, you know, just recently, the Feminist
14 Alliance for International Action came out with a report that very clearly underscored the
15 misogynistic culture and the toxic culture of the RCMP in Canada. And when we look to
16 individual police officers, which, you know, rightly so, everybody who responds in a
17 system needs to be accountable for the decisions they make, but we need to start to
18 recognize the systems that they're working within, the cultures that they're working
19 within.

20 And with respect to policing, we know that policing is a very
21 traditionally male, a very patriarchal institution that has recognized systemic misogyny
22 and systemic racism. And that's not to say that all police have those characteristics, but
23 that's the culture that police are working within and that's the culture within which the
24 training is taking place. And so that's why sometimes, you know, going back to
25 JaneMaree, I would really like to understand the training. I'd really like to understand
26 who is providing the training, and how often it occurs, and what is the content of the
27 training, and is there a checkback on training.

28 And we focus on police because often they're the -- one of the main

1 responders to these instances, but all sectors exist within the professional work
2 environments that have potentially problematic attitudes and beliefs that unless we
3 address those, then anything we implement will be implemented in vain because it -- the
4 implementation on the ground is where those attitudes become so important in terms of
5 the successful implementation.

6 **DR. EMMA CUNLIFFE:** Thank you very much, Myrna.

7 Amanda, I'm going to turn to you and staying, to a large extent, with
8 systemic factors. The national action plan extends beyond immediate questions of
9 violence, prevention of violence and legal responses to violence to matters such as
10 housing and financial security for women. How do understandings of what's public
11 responsibility and what's private responsibility shape women's vulnerability to violence
12 beyond the understanding of violence itself as private or public?

13 **DR. AMANDA DALE:** If I understand your question correctly, it's a
14 holistic response that means that violence doesn't take place only in one of those
15 spheres, as we've been hearing about today, but additionally, it's not that it just doesn't
16 take place in those spheres, but that the primary sphere for it is actually in the familial
17 context, from which a whole lot of other repercussions ensue. And without options to
18 alter the context in which the violence is occurring, the violence will escalate.

19 And we also know, paradoxically, that the moment of leaving
20 violence in domestic violence is also the most dangerous moment. So if we're looking
21 to focus public funds on interventions that are effective at the most risky time, it makes
22 sense to me that we would look at those moments where we, as a society, hold women
23 accountable for the fact that they stayed in that violence, and we say, why, why didn't
24 you leave? That's always the first question. Why didn't she leave? If you don't look at
25 the context in which those choices are being made, where there's no option for housing,
26 there's a 10-year wait list, where there's no -- where she's been, you know, for instance,
27 caring for children for 5 years and hasn't been in the workforce, where she's got children
28 which are a full-on responsibility and moving those children out of their familial situation,

1 being in a community where no one actually believes her, all of these factors really trap
2 women. And if we don't address that multi-pronged -- and again, this notion of a public
3 health approach, if you look -- we always talk in public health about, you know, the sort
4 of multiple factors that create disease contexts, and in the context of violence against
5 women, there really is a kind of approach that needs to tackle all of these aspects.

6 So a public health approach to violence against women would be
7 the broad determinants of safety as opposed to the broad determinants of health. And
8 the broad determinants of safety include all the systems that we studied in the National
9 Action Plan. Because if you take one of those out, there was this -- I know I'm coming
10 up with the childhood metaphors today. I don't know what's going on with me. But we
11 used to have this game when I was a kid called Kerplunk. And if you took this one stick
12 out, the balls all fell. And the balls stayed up if you had all the sticks in. And it was a
13 game with the family to see who was the idiot who pulled out the one that made all the
14 balls fall. And I think that's what we do, unfortunately, with women, is we say we have
15 this net, and we pull sticks out all the time from under them. And they're forced back
16 into escalating domestic violence situations, which is the gateway to these kinds of
17 situations that we've talked about. Not in every domestic violence case, obviously, but
18 in those high-risk cases where we've got very clear indicators that have been
19 researched up and down, strangulation, particularly public strangulation, we've got, you
20 know, instances of very bold, you know, escalating forms of violence, presence of
21 firearms, all the other social factors in place, we know that those are cases that we need
22 to pay a lot more attention to, as we are also creating an atmosphere where those
23 cases don't arise because we've dealt with the problem much earlier.

24 And on -- I just wanted to add one thing, Emma, from my
25 experience with the police training business, because I've worked with the Toronto
26 Police Service on the issue of investigation of sexual assaults, I wanted to point out
27 though, so this is the early 1990s when the woman known as Jane Doe took her case to
28 the Superior Court in Ontario and won a finding on -- based on the *Charter*. And in the

1 judgment, the judge was very clear -- so this is some years ago, the judge was very
2 clear that the investigative process was flawed because the perpetrator of this form of
3 public violence, which was a series of rapes in downtown Toronto, had been called up
4 on domestic violence charges before. But the Sexual Assault Unit and the regular cops
5 were not talking to each other. That information was not available to the Sexual Assault
6 Unit. There was no understanding that there was a continuum of forms of violence, and
7 that this form of domestic violence could break through the private barrier and become a
8 public problem. And because of that, a number of women were sexually assaulted in
9 his neighbourhood, right around the corner from his house, and their lives, of course,
10 were torn apart and ruined.

11 So that is part of the problem with the training issue, if we don't
12 address the structures in which that training is taking place.

13 **DR. EMMA CUNLIFFE:** Thank you for sharing the Jane Doe
14 example.

15 And if I can lip back and clarify one aspect of my question,
16 Amanda, and what you've shared has been very helpful, if we think about this from the
17 perspective of the determinants of safety, as you suggest, do I understand it to be basic
18 premise of the National Action Plan that the determinants of safety include access to
19 safe and secure housing, that they include a form of financial security which is not
20 dependent on one's relationship to one's abuser; is that ---

21 **DR. AMANDA DALE:** That is correct. And those are enumerated
22 in the 400 pages I referred to, although even if you only read the first 17, you'd get the
23 picture, and each of those is detailed in terms of why that particular aspect of social
24 support is critical to the experience of survivors of violence.

25 **DR. EMMA CUNLIFFE:** Thank you. And so I think in a sense,
26 what I'm inviting all of you to do here is to reflect on what we think about as being a
27 state responsibility or a shared public responsibility versus a private responsibility. And
28 it's typical for us to think about the provision of housing or of financial security as largely

1 a product of individual choice and individual responsibility.

2 Would you agree with that observation, and in what ways is that --
3 is that tendency problematic from -- when we're in this space?

4 **DR. AMANDA DALE:** So I talked earlier about implementation,
5 and implementation takes everyone. So there is a State responsibility. I'm very big on
6 that, I worked in international human rights law, I understand exactly what the State
7 obligations are. We have signed on to the treaty that says we're going to do this. But
8 the State -- and the State has a key role in marshalling resources to ensure that
9 systems are in place.

10 But the rest of us have a responsibility to surround our communities
11 with the knowledge and the action to be able to make sure our communities are also
12 implementing all of that, that safety protocol and those obligations. And that's not to
13 download the responsibility, but it's to make a case for social change in attitudes.

14 We need help with that. We need, I think, State-backed incentives
15 to shift that culture, and we need to exemplify it in our systems when we ask survivors
16 to turn to them; otherwise, they turn away from them, as we're seeing, and they don't
17 bother accessing the protection at all.

18 So all of that needs to be a whole of society response. And we said
19 in our report, a whole of government response means that there needs to be
20 collaboration between levels of government but also between ministries that hold pieces
21 of that puzzle.

22 **DR. EMMA CUNLIFFE:** Thank you.

23 And I'm going to stay with the same theme of State responsibilities,
24 community responsibilities, and individual responsibilities, Wendy, as I -- as I turn to
25 you.

26 In the report by Professors Bridges and Tober that forms part of the
27 body of commissioned reports and part of the record in our case, Bridges and Tober
28 describe studies of, particularly American male gunowners, that identify personal

1 protection or the protection of others, of one's family, as being one of the important
2 reasons that people give when they ask why they own guns, why they own the guns
3 that they do. We tend to think that idea of personal protection as being a particularly
4 American idea.

5 But Wendy, you're studying these questions I think in the Canadian
6 context, and I guess I'd like to ask you, do we see discourses about personal protection
7 and gun ownership circulate among Canadian firearms owners, and how do these
8 discourses play out?

9 **DR. WENDY CUKIER:** Thanks very much for the question. And
10 yes, and I'd like to also note that there is incredible overlap between, not just the
11 individuals, but the discourses that we see among right-wing extremists and the gun
12 lobby on many of these issues, including arming for self-protection, distrust of the
13 authorities. And even recently we've seen some fairly massive charges laid as groups
14 who want to overthrow the government in Canada have been amassing caches of
15 weapons. So I think those connections are also important.

16 In 2005, then Prime Minister Paul Martin, said he was going to ban
17 handguns, and there were about 360,000 legally-owned handguns in Canada at that
18 time. Now, there are a million. And the legal purposes for owning a handgun in
19 Canada are quite restrictive. It's supposed to be for lawful employment, it's supposed to
20 be you're a member of a gun club and a regular target shooter, or you -- or you're a
21 bona fide collector. And we are seeing a proliferation of private ownership of handguns.
22 We are seeing incidents where individuals think someone's trying to steal their ATV and
23 pull out a handgun and shoot them, and when asked why they had a handgun they do
24 not have an explanation that is lawful.

25 So what we are seeing, and this is sadly, I think, something that is a
26 function of misperceptions of the nature of safety risks in rural communities, you know,
27 there's a -- there's a notion in many rural communities that the police cannot protect
28 them and they need to take the law into their own hands. There's a misperception in

1 many rural communities that gun violence is an urban problem, and so everything about
2 gun control is targeting their basic values and that gun violence is not a problem in rural
3 communities, when in fact the statistics show quite the contrary. That rates of gun
4 crime are higher in rural communities, domestic violence involving firearms higher in
5 rural communities, suicide involving firearms higher in rural communities, and incidents
6 involving killing of police officers, for example, higher in rural communities. So there is -
7 - there is a fundamental misperception of risk and response.

8 And unfortunately what we are seeing, and I think the evidence is
9 quite compelling, that even though the Supreme Court has said very clearly arming for
10 self-protection has no place in Canada, even though, the special rapporteur on small
11 arms in human rights has said very clearly that there is no notion of arming for self-
12 protection in international law, rather, states are obligated to protect civilians from
13 firearm violence, we are seeing the rhetoric around arming for self-protection promoted
14 by extreme elements in the gun lobby, echoed by politicians, who talk about gunowner
15 rights, which do not exist in this country, as part of the constellation, I would argue, of
16 challenges that we're facing with the implementation of the laws, in particular. And this
17 is playing out with levels of tolerance of illegal behaviour, even among, some instances,
18 police, who are aware that perhaps people have illegal guns but don't necessarily think
19 that those particular people are a threat. And we've seen, frankly, many police officers
20 caught as a result of that.

21 So I would argue that the gun culture that is evolving in Canada is
22 very different from what I would -- I describe as our historic roots, where their
23 Indigenous rights to hunt, most Canadians recognise that farmers need firearms, most
24 Canadians don't object to hunting. But we're seeing what I would describe as a very
25 insidious influx of U.S. values around arming for self-protection and around attachment
26 to military assault weapons. There's a court case right now where one of the gun lobby
27 groups is claiming that the ban on military assault weapons is cultural genocide.

28 So most people who don't live and breathe this are not aware of

1 some of these undercurrents, but I'm sure people, like Barbara, who have been studying
2 extreme right-wing groups see the rhetoric and we're seeing it permeate much more
3 broadly in communities across Canada.

4 **DR. EMMA CUNLIFFE:** Thank you, Wendy.

5 I'm going to shift gears again slightly, and Alison, turn back to you.
6 In your paper Making a Murder, you identify six characteristics that should, if they so
7 occur, be taken seriously as warning signs of the potential that a man may be at risk of
8 committing a mass casualty. What are these characteristics that you identified in your
9 study?

10 **DR. ALISON MARGANSKI:** Sure. Thank you for your question.

11 So in addition to the common factor of the fact that these are mostly
12 male perpetrated crimes, what we do need to look at are some of the commonalities
13 across cases. And the commonalities I found in this paper, but also in a paper over a
14 three-year period, which is a part of another manuscript, focusses on some of these
15 factors.

16 So again, in addition to being almost an exclusively male-
17 perpetrated crime, one of the most important factors is a history of violence or
18 aggression. And most of these offenders, as we have seen, have engaged in violence
19 and controlling behaviour, whether that be against current or former intimate partners or
20 those who they might have romantic interests in, as well as family members, other
21 women and girls, and other persons that they come into contact with, who they might
22 view as different than then. Oftentimes, this might be someone that is different based
23 on a social identity marker.

24 So in addition to being male, history of violence, these are also
25 individuals who support strongly traditional gender scripts, and we often find that they're
26 -- they are marked by hostile as well as benevolent sexism in addition to other inequality
27 isms. So those are often observed in these offences.

28 Fourth, they view themselves as victims in a very strong sense of

1 victimhood, whether that might be a real sense of -- or a real experience or something
2 that is perceived, right.

3 So it's due to some achievement failure or some kind of strain that
4 they experience with themes like humiliation or rejection, social marginalization and so
5 on. And this threatens their social status or identity as a man. It could also include
6 different types of adverse childhood experiences as well.

7 Fifth, they're unable to constructively process their emotions in a
8 pro social way, so these are individuals that oftentimes have not had proper conflict
9 resolution strategies or trainings. They haven't been taught about what to do when they
10 experience stress or they have some of these negative affective states and it's
11 important that we integrate some of these proactive strategies that were previously
12 talked about, which includes things like conflict resolution strategies.

13 Sixth, they also believe that violence is an appropriate and a
14 righteous response to their violence - or to their suffering to restore power or achieve
15 dominance while reaffirming their identity. So a lot of that ties back to proving to others
16 that they meet some kind of marker of manhood, right, that they engage in hyper-
17 masculine means, and it's a form of overcompensation for them because they may have
18 fell short in another way.

19 Maybe they're unemployed or maybe they have been rejected by
20 those who they are sexually interested in, right. And as a result of their inability to meet
21 that marker of manhood, they again adopt these hypermasculine means of - to prove to
22 others that they are a man and in control.

23 And then, of course, there's the issue of access to firearms. So
24 firearms certainly increase the likelihood of lethality. This is well documented in the
25 research.

26 We do know that other weapons have been used in mass casualty
27 attacks, but these are predominantly crimes that are perpetrated with firearms.

28 In the United States, we have more firearms than we do people that

1 are circulating around, so that should come as perhaps not a surprise of why we have
2 some of the high levels we do of these attacks. And then we also have to consider
3 context as well.

4 So really, those factors that you were asking about in addition to
5 being male, history of violence, supporting traditional rigid gender scripts, viewing
6 themselves as victims, not being able to process their emotions in a pro-social or
7 constructive way, believing in violence as an appropriate solution and having access to
8 firearms are all these factors that coalesce and appear in so many of these mass
9 casualty attacks.

10 And we -- going back to a previous question that I just want to
11 touch on, too, we have been largely reactive to these crimes, right, rather than
12 proactive. We look at this and say what can we do or we have police who go and
13 respond, and while police can certainly do some things like adopt lethality assessments.

14 Jacquelyn Campbell's lethality assessment has been great for -- in
15 some ways, for law enforcement to be able to identify risk of intimate partner homicide
16 and how it might be lowered. We could potentially do the same with mass casualty
17 attacks knowing that these are not random crimes, these are not crimes that occur in
18 isolation, but instead, they're ones that have many of these risk factors that are present
19 along the way.

20 So gender-based violence must be given a priority in policing, but
21 we also need to recognize the interrelatedness of violence overall and see violence on a
22 continuum from discrimination to forms of coercive control to physical and sexual
23 violence to these large mass attacks that we see, these extremist or terrorist attacks.

24 **DR. EMMA CUNLIFFE:** Thank you, Allison.

25 Barbara, if I can turn to you, what has your research suggested or
26 what would you suggest to us about the warning signs for extremist motivated public
27 violence? Are there behaviours or warning signs that should be taken more seriously
28 than we presently take them?

1 **DR. BARBARA PERRY:** That's a really challenging one. You
2 know, we keep searching for a profile and yet have real challenges trying to identify
3 that, in part because, you know, the kinds of attacks, the far right attacks that we're
4 talking about, are relatively rare so it's very difficult to build up, you know, that profile.
5 But you know, there are some factors in industry and I want to put it out there -- and this
6 is, you know, in some of the reports that were attached for us to read here., that mental
7 health is not one of the host characteristics, so there's a real uneven relationship
8 between mental health issues and these sorts of activities, but there often is, as Allison
9 suggested, you know, that history of violence, violence both as a perpetrator and as a
10 victim, you know, if people have been subject to abusive, emotionally or physically
11 abusive, relationships in the past.

12 Yorktown Family Services have a model they call their response to,
13 you know, helping folks who are on the trajectory towards right wing extremism. They
14 have a program called ETA, which -- and they sort of like to identify that sort of
15 wraparound approach to responding, but also to understanding the motivations, that
16 there are personal characteristics that might leave people vulnerable in terms of those
17 histories of abuse, those histories of engagement with, you know, sort of deviant peers
18 and far right extremist peers, obviously, to, you know, family issues, to, you know,
19 immediate social issues in the community and the environment, but then putting that in
20 the context of broader social grievances that they might have as well.

21 So you hear people suddenly, you know, beginning to spout new
22 narratives and new commentaries about the nature of the government or, as we've seen
23 in COVID -- I mean, we've seen a lot of people sort of turning to the right during COVID,
24 obviously. So if they're expressing these kinds of new sentiments, that's absolutely a
25 warning signs in these sorts of contexts that they are beginning to adopt the narratives.

26 And you know, because so many of those narratives are attached
27 to violence as a means of resolving them, I think that that's the real risk. And I just want
28 to go back to something that Wendy was talking about in terms of, you know, the guns

1 rights narratives that we're seeing here associated with the far right.

2 I mean, if you think back to the so-called "freedom convoy", people
3 were making references to the second amendment as well as other U.S. constitutional
4 references, so you know, civic literacy, I think, is a problem here.

5 But groups like, you know, militia groups and patriot groups like the
6 three percenters is an example of that or the accelerationist groups who, you know,
7 want to foment a civil war. The Base, Atomwaffen are the groups you're probably most
8 familiar with.

9 All of them have a very strong guns rights narrative. We see
10 images of them with stockpiles of assault-style weapons, military-style weapons.

11 I think the other piece that we have to be aware of, and this is
12 something that, again, someone mentioned earlier on, and I'm trying to remember --
13 again, maybe, Allison, it was you when you were talking about some of those U.S.
14 examples, is the extent to which there is a recognizable nexus between military and law
15 enforcement backgrounds and engagement in far right groups and support for far right
16 narratives.

17 We certainly see that in the U.S., and we're starting to see that in
18 the Canadian context as well which, of course, brings with it, you know, that masculinity,
19 but also that emphasis on arming oneself and defending "the nation".

20 **DR. EMMA CUNLIFFE:** Thank you, Barbara.

21 Amanda, in an answer you gave a few minutes ago, you alluded to
22 the fact that, based on your frontline experience and that of your colleagues, for
23 example, Barbra Schlifer, it's possible to build quite a rich understanding of the riskiest
24 behaviours, the moments when a perpetrator's behaviour might be most dangerous.

25 I wonder if you can speak a little more to that.

26 **DR. AMANDA DALE:** Well, I think you'll -- you would probably like
27 to speak to the current Executive Director of the Barbra Schlifer Clinic, who's done a
28 very excellent national plan, national consultation on risk assessment that takes into

1 account a number of factors that I referred to in the broad determinants of safety, but
2 certainly in the front lines, hearing from, you know, the folks who are answering the
3 telephones every morning, there is -- there's a straight line between a certain number of
4 risk factors that we see that make -- we get what we call a "spidey sense". We get a
5 spidey sense that this thing is not going to de-escalate and that's it, in fact, escalating.

6 So we know from the studies of the death review committee, for
7 instance, that separation is a trigger, that child custody battles are a big trigger.
8 Because we were a legal clinic, we -- and we worked in family law, we saw a lot of
9 those escalations around access to children. We, you know, in combination with a
10 number of other factors, like, if there is an experience of racism with the police and the
11 woman doesn't want to call the police for, you know, good reason, or she's afraid her
12 husband will be shot by the police, so she doesn't want to call the police under those
13 circumstances, there are a lot of women who don't want to engage the state because it
14 brings with it examination from child welfare, it brings with it the risk of death or
15 ostracization within her community, particularly, when there's been a history of racist
16 kinds of responses from police forces, as we have seen documented in Toronto, for
17 instance, but not exclusive to Toronto. Where we see either a downplaying of the
18 impact of violence, so a numbing to the violence, or a miscalculation of where that
19 violence can lead, we see that kind of risk going up. There's a way in which families
20 can become inured to violence if it's perpetrated over a long period of time. And I want
21 to counterbalance that with often women say what the risk is, as we saw in this case
22 that was discussed here this morning, and they're not believed. So there's a -- there
23 seems to be a one or the other response, either way, she's at high risk.

24 And I would say some of the other factors include whether there's
25 other broader support systems. So if the family is disbelieving, if there's no where to go,
26 if there's a fear of the shelter system, for instance, if there's not been good education in
27 the community about what a shelter really looks like, all of those factors will play into an
28 elevated risk in a moment on a telephone call with someone.

1 **DR. EMMA CUNLIFFE:** Thank you. And just to reassure you,
2 Deepa Mattoo is joining us on Wednesday afternoon, and we will make sure to ask her
3 that question.

4 And, Myrna, I'm going to turn to you for the last question on my
5 guide today, and it is to pick up on something that Amanda just mentioned that the
6 Domestic Violence Death Review Committee process. And in a sense, my question is
7 twofold. The first is what have we learned from that process, that DVDRC process, and
8 relatedly, you've written and spoken about the challenges of data collection to
9 understanding and intervening with respect to violence against women, and I wonder if
10 you can speak a little bit to that as well.

11 **DR. MYRNA DAWSON:** Yes, thank you. I think I'm going to
12 reverse the order. I'm going to talk about sort of what the gaps are and then where the
13 Domestic Violence Death Review Committee or teams and initiatives have been able to
14 fill those gaps.

15 So just as some background, I've been collecting data and
16 examining what is available on our official data sources since I was a graduate student
17 in the mid-1990s, so for about 30 years. I've had a lot of time to think about this and I've
18 had a lot of experience looking at different data sources, including Statistics Canada,
19 police corners, Crown attorneys, et cetera. So where I'm at now and where I really think
20 is my mantra is that we really need to begin to reconceptualize data collection as a
21 prevention tool rather than as an administrative need for governments. And here I'm
22 sort of getting at StatsCan data, which is really seen as administrative data, and doesn't
23 necessarily provide us much information to develop more nuance, prevention,
24 knowledge or approaches.

25 And the other part of that is we need to shift our emphasis from
26 individuals and relationships, which we still need to have some focus on, but rather on
27 move to sort of examining the systems themselves instead of responding to the violence
28 in relationships. And so I just want to speak about that in a bit more detail.

1 So, you know, one of the things that has come up a lot recently is
2 why are women staying in relationships, that question that continues to be asked even
3 after 40 years of advocacy and activism, when they have systems and services
4 available to them. So it's one thing to say that there's available services, but are those
5 services accessible and used, and if they're not used, why aren't they used? And I think
6 these are important questions that we don't ask. You know, if they're used, have they
7 been useful? If they're not used, why haven't victims, perpetrators or families been
8 using them?

9 So looking just first at the data gaps, so Statistics Canada is one of
10 the most comprehensive official data collection systems that arguably in the western
11 countries, and they collect reported data on homicides, and I'll focus on homicides
12 because it's the best-case scenario for data on violence. So if we look at what is
13 available to understand the experiences of gender-based violence or violence against
14 women and girls, we see that there's very few variables in the homicide surveys, for
15 example, that actually allow us to understand prevention pathways or system contacts,
16 because largely, these data collection instruments historically have been built on -- have
17 been built around male-on-male violence. And we know that male-on-male violence
18 actually occurs more, you know, with acquaintances and strangers compared to women
19 and girls who are most often victimized by their male partners or family members. And
20 again, there's a significant proportion that are still victimized outside those relationships
21 as well, but just two examples. So in the Statistics Canada survey, the homicide
22 survey, they ask you a history of family or intimate partner violence, and this was
23 recently updated to include dating relationships, which were not included before. But
24 this variable doesn't capture the direction of violence, the extent or escalation of
25 violence or the type of violence, all crucial for understanding deaths. Also recently
26 added, which is great, is the existence of an order preventing contact, so a peace bond
27 or a protection order that prevents contact between accused of domestic violence and
28 homicide and the victim, but there's no way to capture the type of the order or its

1 context, so why was it put in place.

2 And I think, you know, one of the most crucial aspects of our official
3 data system is we can't even, you know, really get at how often domestic violence
4 occurs because we don't have an official offence of domestic violence. So there is no
5 way to really capture that nationally and across the country on jurisdictions will take
6 different approaches to how this happens. So I've argued in the paper that you
7 mentioned and in a lot of my work that actually what happens is these data gaps are
8 actually continuing to put women's and girl's lives at risk because we're not collecting
9 the data that we need to collect.

10 And coming back to your question about Domestic Violence Death
11 Review initiatives, they are able to begin to fill some of those gaps. And I think, you
12 know, there was a lot of potential. So for those not familiar with them, I'm sure many of
13 you are, there are teams of experts that come together from across sections, and
14 they're often housed in medical examiners or coroner's offices in Canada. They don't
15 exist in every province or territory in Canada, but they do in about half a dozen. And
16 they regularly review domestic violence related deaths to make suggestions for how we
17 would prevent those deaths in the future.

18 There's two concrete outcomes that come out of these reviews, and
19 one is a very detailed list of some of the risk factors that led up to or were surrounding
20 the domestic violence related death, and often, these deaths are female victims and
21 male perpetrators, but there is the reverse as well, in a smaller number. And then
22 secondly, there's a -- there's -- recommendations are made.

23 So we have this wealth of information that has been burgeoning
24 across the country in the jurisdictions where these teams exist, but there's a couple of
25 problems. The first is that not every jurisdiction has a death review initiative, which I
26 already mentioned, so that's a data inequity across the country. The second problem --
27 and, you know, the paper that you mentioned that's included in our package was done
28 with some colleagues in Australia and the UK, and these are gaps that are -- also exist

1 in Australia and the UK and in some other countries that have death review processes.
2 There's a huge variation in the quality of information that's contained for each death
3 review, so depending on the type of victim, potentially on the type of perpetrator, where
4 it occurred, the circumstances, there may be a lot of information, and there may be a
5 little information. And then finally, the stakeholders at the table are really important.
6 And in a book that I edited an international collection, Ms. Liz Sheehy wrote a really
7 wonderful chapter on the fact that death review initiatives would probably not even exist
8 in westernized countries if it wasn't for feminists and anti-violence against women
9 activists, but their voices are very rarely represented at the table, which gives you that
10 larger context, and so that's another issue.

11 I think the final point I want to make about the death review
12 processes is that despite all these recommendations having been made, in the
13 Canadian context but also in the other context of the jurisdictions that they exist, we
14 don't actually know what has been recommended. There's been no research that has
15 looked at this particular sector has had this number of recommendations. We don't
16 know the frequency of recommendations or the content of recommendations, let alone
17 whether they've been taken up by the institutions or agencies that were supposed to
18 take them up and what the impact has been, which circles back to Amanda's comment
19 about implementation.

20 So my team actually just recently received funding so we can take
21 a first step at understanding, you know, what recommendations are made, but that's a
22 very small step for initiatives that have been around, at least in Ontario, for example,
23 since 2002. And so we really should be engaging with the wealth of information that
24 these initiatives have identified. So moving from individuals and relationships and
25 looking at what they suggest for system change.

26 And so I've tried to get a lot of -- a lot into that one answer, just
27 cognisant of time, but I did send a chapter to you where I've gone through this in a bit
28 more detail in terms of some of the criticisms and some of the benefits that we can see

1 with these initiatives.

2 **DR. EMMA CUNLIFFE:** Myrna, thank you very much for being
3 such a good sport to take us through a complicated area so quickly.

4 The paper that Myrna referred to that -- co-authored with Patricia
5 Cullen and colleagues, is in the record at P003519. And Myrna, I'll follow up with you
6 with respect to the other sources you mentioned to make sure that we get those into our
7 record as well.

8 **DR. MYRNA DAWSON:** Thank you.

9 **DR. EMMA CUNLIFFE:** Commissioners, I would like to conclude
10 my portion of the questioning today with thanks to our roundtable members who have --
11 who have shared very rich information with us on such important topics today, and to
12 give you an opportunity to ask any questions you may have.

13 **COMMISSIONER MICHAEL MacDONALD:** Thank you so much.
14 Commissioner Fitch?

15 **COMMISSIONER FITCH:** Thank you, everybody, for your
16 wonderful contributions today, and papers that have been produced prior to as well.

17 One question, and it's fairly broad, and it speaks to information that
18 a number of you have touched on, so I think I've got a good idea of what one of the
19 recommendations would be from this group. But when we look at public attitudes
20 towards women and girls, and all of the issues that we've touched on today, and we talk
21 about organisational change, changing cultures and institutions, and specifically, with
22 reference to our mandate, looking at institutional behaviours around intimate partner
23 violence and police response, it -- sometimes it's easy to say, "Well, you know, it's -- we
24 can train people, be continuous with their training, we can recruit differently." You know,
25 we look at the Bastarache Report and the number of recommendations that came from
26 there.

27 If you were to -- I'm hoping I'll get seven answers, but I know we're
28 short on time as well. But from your perspective, what are some of the key -- if you

1 were to pick one recommendation that you would think would be, you know, bring about
2 the most valued cultural organisational change in an institution of policing, what would it
3 be? If you only had one.

4 **DR. JUDE McCULLOCH:** Do you mind if I start?

5 **COMMISSIONER FITCH:** Yes. If you only had one choice, what
6 would it be?

7 **DR. JUDE McCULLOCH:** Do you mind if I start?

8 **COMMISSIONER FITCH:** Please do.

9 **DR. JUDE McCULLOCH:** Well, I've been thinking about this for
10 about 30 years, actually, and my view is it needs to be about accountability, and the
11 accountability needs to be independent, it needs to be supported by legislation that
12 gives the accountability body strong powers, and it needs to be impartial.

13 And around the world, the best model understood as the gold
14 standard is the police ombudsman in Northern Ireland. So internationally, that's
15 understood as the gold standard. We've been looking at this in Victoria.

16 And I say accountability because impunity is really linked to culture.
17 And I think the point, I think it was Amanda made, that policies and law, they tend to be
18 fairly tidy and in order. At least, you know, in Victoria we have great policy and law, and
19 actually a lot of Australia has done law reform and police training and police policies, no
20 doubt they can be improved more, but it's the problem of implementation.

21 And I think it was Amanda said training, you know, a lot of it --
22 there's not a lot of evidence about its efficacy, but I think the accountability mechanism
23 is so important.

24 **DR. AMANDA DALE:** I a hundred percent agree with you. I would
25 add to it a bottleneck that occurs if you only train one part of the criminal justice
26 response.

27 And you know, we have -- we have issues with law school
28 curriculum, we have issues with education of the bench, which is -- you know, has a

1 constitutionally-protected independence, which is often interpreted as a resistance to
2 new knowledge. And we have a lot of new knowledge about this area of violence that is
3 not a bias, it is new knowledge. And there have been some significant efforts, and
4 some of the people in this room have been part of those significant efforts, but that
5 needs to be a focus as well.

6 Because if the police know, that -- even if they are the best trained
7 in the world, if they know they're going to be -- they're going to be dismissed by a
8 Crown, who doesn't have the time and knows that the judge is not open to it, if there's
9 no communication between the different court systems, between family and criminal,
10 and it's just going to bias the case in one court system if you bring in evidence from
11 another, if these pieces are also not attended to, then no matter how much you educate
12 the police you're still going to have a bottleneck.

13 And one further thing, which I think you'll probably get into later this
14 week, is the difference in definitions that we see across the country, and the variety of
15 police forces that women have to turn to when they want State protection. And in a
16 federation we have some interesting jurisdictional issues around that.

17 So the one answer, and you asked about police, I a hundred
18 percent agree with the response we just heard, but I want to complicate it, even though
19 you want it simpler, because that piece I think needs to fairly represent the full justice
20 system response, because the police are not the only ones responsible for that.

21 **DR. BARBARA PERRY:** If I can -- if I can problematize it even
22 further, I mean, we can do all the training we want, we can have the best policies in
23 place, but there is still a culture of misogyny, there's still a culture of racism in policing.
24 We've seen that in the Canadian context, in the revelations coming out of the RCMP,
25 coming out of the CAF as well, coming out of reviews of municipal services around
26 racism, in particular. So it's a much deeper problem than just training, it is about shifting
27 the culture, and some of that is about bringing different people into the -- into the
28 organisations, but it's a chicken and egg. I mean, how do you bring people into

1 organisations where they know they're going to be marginalised, where they know
2 perhaps they're going to be targets of assault and victimisation?

3 So that -- there's no answer there. I don't think I have a policy, but I
4 think it's just a reminder that, you know, it runs deeper than policy, and knowledge, and
5 awareness.

6 **DR. MYRNA DAWSON:** And if I could jump in there and to sort of
7 agree with everything that my fellow panelists have just said, to add to this that despite
8 the fact that there is a culture of misogyny in our society, more generally it's a more
9 serious issue when it becomes evident in policing responding to traumatised victims.
10 And so one of the recommendations that I would make is something that got me
11 interested in this work 30 years ago, and it's that -- ask that question of why does
12 intimacy repel law? Why is it that policing doesn't want to get engaged with intimate
13 violence when it occurs? What is it about intimate violence that makes it seem to
14 policing like it's a -- it's like a -- something that's less serious that they want to deal with?
15 It's something that, you know, we just want to close the door on because it's a -- it's a
16 nuisance crime.

17 And I think, you know, that's an issue that I -- that I'll come back
18 about the longevity of the criminal justice system. This is not just characteristic of
19 policing, it's characteristic of Crowns, of defence, of our judges. So -- but you know, it's
20 police who are the frontline providers in many cases, and so why do they believe,
21 despite the fact that intimate partner violence is essentially the bulk of their business,
22 why do they believe that it's something that they don't want to deal with?

23 **DR. ALISON MARGANSKI:** And if I may jump in here also to go
24 on that there is various research studies that I've looked at increasing diversity within
25 policing, but those have essentially found that simply adding women or persons of
26 colour to police forces does not change that culture of policing, right? So we have to
27 look into the masculinized nature of the institution and why are we using -- are there
28 other alternate systems of justice that could also be effective? And, in particular, I'm

1 also thinking about some of these precursor crimes that we're seeing to mass casualty
2 events. Is the criminalization always the best response? We know that
3 disproportionately minority groups are the ones that are affected by policing in certain
4 ways that then impact their lives and the lives of those around them in ways that differ
5 from perhaps some other individuals.

6 So within policing, we do need understanding as well as
7 accountability, but we also do need to consider alternate justice solutions; we need
8 resource centres that can have evidence-based information that could be used by
9 various practitioners and partners and by persons who are affected, and many others.

10 And, again, I can't emphasize enough that we really need to go
11 more proactive than that and focus on non-centred prevention strategies to interrupt
12 violence early on when there's warning signs before it even happens and, importantly, I
13 think we really do need to listen and learn from all those who are affected, to create real
14 change. Too often within the history of our criminal justice system, we've left out victims
15 and survivors of violence, or minimized their experiences so we do need to be sure to
16 include them in the responses that we have as well.

17 **COMMISSIONER FITCH:** Thank you. I think I just -- I don't know if
18 there was anybody else, but I had narrowed it to the one because I was hopeful that I
19 would get some different perspectives or the build-on that we saw. So thank you very,
20 very much for entertaining my question.

21 **COMMISSIONER MacDONALD:** Thank you, Commissioner Fitch.
22 Commissioner Stanton?

23 **COMMISSIONER STANTON:** Thanks very much.

24 I think the -- a number of you have touched on this, obviously
25 implementation. We, I think, over the years have seen that there are all kinds of
26 recommendations that are made, and we've seen some of the same recommendations
27 over and over and over and over. And the trick seems to be the barriers to
28 implementation. So we know what to do but we don't do it. And so there's a resistance

1 to implementing what we know what to do. And, yes, it's culture, and that's something
2 that all of you have touched upon in one way or another, but I would interested to know
3 if there are concrete strategies for addressing some of the barriers to implementation of
4 repeated recommendations.

5 Thanks.

6 **DR. AMANDA DALE:** So one of the answers comes from my
7 experience of helping to research the National Action Plan on violence against women.
8 And in some jurisdictions, like the UK, there is an Ombuds role to tackle gender-based
9 violence. And that person has an independence from government, arm's length from
10 government, reports to Parliament, and traces the implementation, success or
11 otherwise, of the policies, procedures, inquests, reports, et cetera, that have been put
12 before government to implement.

13 My fear is that without a legislative component, as my colleague
14 just said about the policing issue, we do fall back on our lovely Parliamentary system,
15 which means you possibly have a whole new crew in every four years, and it may not
16 be a priority. There are many competing elements in what a Minister will tackle in a
17 portfolio, a complex portfolio, and it relies on the relationships between the Ministers
18 and all of their staff to be able to implement across government, never mind between
19 governments in different regions. Political posturing, all kinds of things get in the way.

20 So without that independence and that expertise and the advice
21 from, as my other colleague was talking about, those who experience the systems that
22 we're talking about, either as survivors and/or as people on the ground who run into the
23 barriers of those systems on a daily basis on behalf of survivors, without that expertise
24 guidance to that Ombuds role, you -- again, you don't know whether things are working
25 or not.

26 It's very -- even as an Executive Director of a clinic that only had,
27 you know, 40-some staff, I needed to go in every morning to the intake room to find out
28 if I was aware of the barriers that they were seeing that day, that week, this month.

1 What are the trends; what's happening? Are the shelters all full? Like, we -- even
2 though I've worked in this field for 40 years, I can't assume that I know all the bits and
3 pieces of whether I've done all my advocacy in such a way that I think I'm all that and I
4 go into my intake room, and they say, "it's not working."

5 So those are the things that we need, in a grander scale, to
6 surround the implementation of a planned, coordinated effort on this huge public health
7 and human rights violation.

8 **COMMISSIONER STANTON:** Yeah. I guess I'm interested in --
9 because I think the Ombuds model is a good one but what are the -- what are the
10 incentives for action in response to what an Ombuds identifies as a shortcoming, in
11 terms of implementation, right? So you can identify and call out the failure to
12 implement, but I'm looking for what is the -- what is the way in which to prompt the
13 actual implementation?

14 And of course it's important to have that accountability mechanism,
15 and I appreciate, Dr. McCulloch, your recommendation there, absolutely. But that piece
16 that I think is still challenging is that ability to then move the needle even once you were
17 calling out the failure of implementation. So -- and it's too big a question to answer in
18 the next few minutes but it's one that is a bit of a preoccupation for me, I think, so...

19 **DR. AMANDA DALE:** Well, one thing not to forget is that we're all
20 still here.

21 So this has been 40 years of advocacy for many of us and there
22 are new advocates coming into the roles every day, every week. There are families
23 who demanded a public inquiry who are in this room. It's all of us who will hold
24 governments to account. We can't -- we can't just hand over that mantle and then hope
25 that our retirement is around the corner.

26 So I think the democratic body has a role to play as well. And that's
27 kind of an esoteric answer to your question, but from my experience of straddling that
28 role between advocacy and, you know, implementation, I think it's crucial.

1 **COMMISSIONER STANTON:** Yeah, and I guess that's what I'm
2 trying to get at though is that despite the over a century's worth of experience in this
3 virtual room and this room, the -- all of us have gone into the work, all of us have taken
4 up public service, all of us have taken on a retainer, because at root, we would want to
5 have that response, right? I mean, that's part of why we're all here, in one sense or
6 another. But each one of these responses tends to come out with a set of
7 recommendations that become a pattern that still are elusive in providing the kind of
8 fundamental shift that we've all now identified, in repeated exercises, would need to
9 occur. So it's just that that aspect that I think plagues anyone of these attempts to
10 address as a collective, what we're seeing, and so perhaps I'm just naming it and we'll
11 continue to try to address it, but anyway, thanks, everyone, for your contribution today.
12 It's much appreciated, and I'll ---

13 **DR. MYRNA DAWSON:** If I could just -- could I just pop in with a
14 very quick response? I think I wanted to say that I think we have to do bottom up
15 responses within resource communities to help implement the laws that we create
16 nationally instead of top down, because unless the communities themselves that are
17 reeling from events like the one that brings us here today, if they're not resourced and
18 brought in to the discussions about what is needed, then there's going to remain a gap
19 between what's implemented by a federal or provincial government and what actually
20 happens on the ground.

21 **COMMISSIONER STANTON:** Thank you.

22 Commissioner MacDonald?

23 **COMMISSIONER MacDONALD:** Yes, well, thank you all so very
24 much. I'll begin by thanking you, Emma, for not just doing a wonderful job facilitating
25 today, but also, for the tremendous amount of work. It's obvious the tremendous
26 amount of work you've done, and Serwa who's here with us as well, has done to bring
27 together such an amazing panel, Dr. Dale, Dr. Dawson, Dr. Maher, Dr. Marganski, Dr.
28 McCulloch, Dr. Perry, and I understand that Dr. Cukier had to leave just a few moments

1 ago for another appointment. The collaborative experience and commensurate wisdom
2 flowing from that around this virtual and physical table is awe inspiring, and somebody's
3 already done the math. It's over a hundred years of experience. And we're so fortunate
4 to have the benefit of all that today.

5 I personally am learning so very much, and for that I'm very
6 grateful. So thank you on two fronts. Thank you all for your tireless, public
7 contributions to address intimate partner violence, gender-based violence and family
8 violence. You've dedicated, all of you, your professional lives to this, and as an
9 example of Dr. Cukier had to go off to another appointment. And one gets the sense
10 that it's often undervalued, and we thank you so much for your persistence, your
11 tenacity and your optimism. I read in at least one of the articles about the vicarious
12 trauma that accompanies the important work you do, and from that, we are also
13 thankful.

14 But secondly, and perhaps more importantly, we are thankful for
15 helping us specifically here with our difficult but important work and that involved a lot of
16 extra work for you in terms of the various materials that were sent out in advance. And
17 I'm sure everyone will understand if I give a particular shoutout to Drs. McCulloch and
18 Maher, who I think it's probably about three in the morning in Australia, and we very,
19 very much appreciate not only that, but the fact that we've done this to you now twice in
20 one week, so we very much appreciate that so.

21 You know, very appreciate to be reminded of the false dichotomy
22 between private and public violence and the hierarchy of public violence. And as I think
23 Dr. Marganski said, the -- we've degenerated a gender problem, and it's everyone's
24 problem, as we've been reminded, and it requires accountability as part of the solution
25 so.

26 I've just touched on a couple of themes that are extremely
27 important for us in our work and some very pragmatic and specific recommendations
28 that we received from all of you. So on behalf of my Commissioners and everyone on

1 the Commission, a huge thank you to all of you for your valuable time and for the
2 important work you do day in and day out. It's greatly appreciated. Thank you so much.

3 **COMMISSIONER STANTON:** Thanks so much. And once again,
4 the expertise and perspectives that we've heard today have assisted us in exploring the
5 causes, context and circumstances required of us by our mandate, specifically,
6 contributing and contextual factors related to the mass casualty, including gender-based
7 and intimate partner violence.

8 If you or someone you know found today's subject distressing or
9 needs support, including support for intimate partner sexual violence, please consider
10 contacting one of the services listed on the support section of our website. As we've
11 heard, there are a number of commissioned reports related to these topics available on
12 the Commission's website, and we encourage members of the public to read those and
13 make use of the extensive information that has been shared so far during proceedings.

14 We'd also like to remind everyone of our public submissions
15 process. It remains open. We're grateful for the many people sharing research
16 suggestions and ideas for community change that are relevant to our work. If you've yet
17 to make a submission or have more than one to share, please take part by accessing
18 that on our website.

19 Tomorrow, Commission Counsel will present the final Foundational
20 Document, which focusses on the perpetrator's financial misdealings. We'll also hear
21 from Constable Troy Maxwell, who will discuss his role and address factual gaps
22 relating to his response to a complaint Ms. Brenda Forbes made to the RCMP in 2013.

23 Later this week, there'll be more round table discussions focussed
24 on institutional community and personal responses to different forms of violence. We'll
25 also hear from Kristy Martire and Tess Neal, who'll be discussing their commissioned
26 report Rigorous Forensic Psychological Assessment Practices.

27 So thank you very much and we'll see you here again tomorrow.

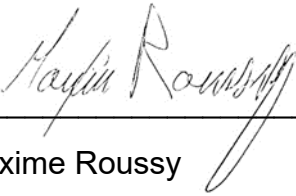
28 --- Upon adjourning at 1:03 p.m.

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CERTIFICATION

I, Maxime Roussy, 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, Maxime Roussy, un 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.



Maxime Roussy