

Public Hearing

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Commissioners / Commissaires

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

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

Dr. Kim Stanton

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Halifax, Nova Scotia

--- Upon commencing on Wednesday, August 31, 2022 at 9:46 a.m.

COMMISSIONER FITCH: Bonjour et 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.

Today we'll hear from representatives from local, provincial and national gender-based organizations as part of our Participant consultations in Phase 3 of the Inquiry. I will now call on Gillian Hnatiw and Emily Hill, Senior Commission Counsel, to co-facilitate today's sessions.

Ms. Hnatiw?

--- PARTICIPANT CONSULTATIONS: GENDER-BASED ORGANIZATIONS

MS. GILLIAN HNATIW: Thank you, Commissioner Fitch.

Good morning, Commissioners. Good morning to everyone who's able to join us today.

As you know, today is part of the Commission's Phase 3 work in which we build on what we have learned through Phases 1 and 2 and refine our understanding to develop recommendations for the future.

So today is an opportunity for the Commissioners to hear directly from Participants about key issues and potential avenues for reform in connection with gender-based violence and intimate partner violence, which are explicit parts of our mandate. Your feedback, ideas, suggestions, discussion today will help the Commissioners to develop effective and meaningful recommendations related to its mandate.

Today's session will be forward looking. We will not be engaging

1 with the factual record of what happened during the mass casualty. That is something
2 that will happen during the written and oral submissions from Participants later in this
3 process, but we'll -- we look forward to hearing from all of you about practical, effective
4 programs, approaches and best practices, either existing ones or proposed ones, and
5 other concrete proposals for reform.

6 This morning's session is titled "Prevention and Non-Carceral
7 Intervention in Gender-Based and Intimate Partner Violence". And I'm just going to
8 quickly go around the room and introduce the participants who are able to join us today.

9 So starting to the Commissioners' left, we're joined for the
10 Transition Houses Association of Nova Scotia represented today by Emily Stewart and
11 Dawn Ferris. Ms. Stewart is the Executive Director of Third Place in Truro and Ms.
12 Ferris is the Executive Director of Autumn House in Amherst.

13 Next we have Sue Bookchin, who is the co-founder and Executive
14 Director of Be The Peace Institute.

15 Beside her is Kristina Fifield, who is a social worker and sexual
16 assault trauma therapist with Avalon Sexual Assault Centre in Halifax.

17 Next to her we have Jeanne Sarson and Linda Macdonald, who are
18 the co-founders of Feminists Fighting Femicide and Persons Against Non-State Torture.

19 To my left we have Dr. Maryanne Pearce, who is here representing
20 -- both Dr. Maryanne Pearce and, next to her, Superintendent Kim Taplin, who are on
21 behalf of the RCMP in Canada. Dr. Pearce is the Special Advisor, National Crime
22 Prevention and Indigenous Policing Services, and Superintendent Taplin is the head of
23 National Crime Prevention and Indigenous Policing Services.

24 And then beside them we have Kaitlin Geiger-Bardswich, who's the
25 Director of Communications, Development and Grants for Women's Shelters Canada.

26 So we look forward to having a robust discussion with the
27 individuals around the table today.

28 Virtually, we are also joined by Professor Katreena Scott from

1 Western University in Ontario. And Professor Scott is a clinical psychologist and the
2 incoming Director of the Centre for Research and Education on Violence Against
3 Women and Children at Western University.

4 Professor Scott also authored a report for the Commission titled
5 “When We Know Something Is Wrong: Secondary and Tertiary Intervention to Address
6 Abuse Perpetration”.

7 And we’re going to start this morning’s session with a presentation
8 from Dr. Scott.

9 So without further ado, I will pass the microphone to her.

10 **DR. KATREENA SCOTT:** Thank you very much.

11 I very much appreciate the opportunity to have written this report
12 and to contribute my thoughts and review to some of the things that we might think
13 about changing to ensure that things like this don’t happen in the future.

14 My focus is going to be, as said, on what we do when we know that
15 there’s abuse. And my focus is going to be mostly on what we do to address those
16 people who are perpetrating harm that are using abusive behaviour.

17 And by abuse, I just want to quickly clarify that I mean not only
18 physical abuse, but verbal, emotional abuse, degrading, financial, spiritual abuse,
19 actions that violate victims’ sense of safety, emotionally and physically, that create
20 dependency, subordination, or entrapment in relationships, that violate a victim’s
21 autonomy, rights, and freedoms, often by controlling and disrupting their activities, or
22 the -- and/or that undermine survivors’ credibility and make them doubt the reality of
23 their experiences.

24 As I do this, and as I go through a few ideas, I’m going to use the
25 analogy of a heart attack to think about how we might respond when things are going
26 wrong. I do that to help us think about different layers and to help us envision what a
27 response could look like, but I do also want to recognize that there is some limitations
28 with that analogy, because in the case of a heart attack, the person we’re most

1 concerned about is the person who is suffering the heart attack. In this case, our
2 concern is for the individuals around a perpetrator who are being harmed by abusive
3 behaviour.

4 So to start, I want to start at the basic broadest possible level of
5 how we respond or fail to respond when somebody uses abusive behaviour.

6 In the case of a heart attack, I want us to think about what we all
7 know and how we know it. In the case of a heart attack, because of signs, because of
8 education, because of mass public investment in recognizing the importance of heart
9 attacks, we all know that if someone is experiencing pain in their chest or pain in their
10 arm and their shoulder, if they have shortness of breath, we all recognize this and say,
11 "Woah. Wait a second. What's happening?" We ask questions. And then what we
12 know is we know we need to get emergency services involved.

13 What about abuse perpetration? What do we do when we -- how is
14 the -- what is the equivalent when we think about abuse?

15 One of the things that we know from domestic violence, death
16 review, committee reports, is that very, very often, we don't know, and we don't see,
17 and we don't recognize risk factors and warning signs of abuse perpetration.

18 So we know from Ontario's review that in 70 percent of domestic
19 violence related deaths and femicides, there are seven or more well known and
20 established risk factors that were there, but were missed. Things like violence in other
21 relationships, obsessive behaviour by the perpetrator, fear of the victim, separation,
22 recent or potential separation. So we often don't recognize the warning signs and risk
23 factors.

24 If we do recognize the warning signs and risk factors, we often
25 don't know how to lean in and have a conversation. What are our scripts to say, "Hey,
26 what's going on? Are you okay? How do we -- how can I help? How -- I'm concerned
27 about what I'm seeing." And even if we do have some of those scripts to lean in and
28 have those conversations, we don't know who or where to call to get specialized help

1 involved.

2 The result of -- we often then lean away and guard the impact the
3 result of abusive behaviours, or at worse, we blame the victim for their own
4 victimization. We may lean away and reduce ties, thereby increasing victim isolation.
5 We may, very harmfully, encourage people to work it out and to solve it themselves,
6 which doesn't recognize the danger and the risk that a survivor or victim faces. And
7 fundamentally, by not saying anything, by not doing anything, by not noticing, what we
8 do is we empower perpetrators to continue to behave abusively.

9 So there are many solutions for this first level, this broad
10 recognition level. Many of them come in broad public education campaigns like
11 Neighbours, Friends, and Families, that teach everybody about warning signs and risk
12 factors for abuse, about workplace-based education around signs and responses to
13 domestic violence, interventions like Nova Scotia's men's helpline that have broad
14 messaging to engage men themselves or men's families in getting help, messages that
15 are both general around the ability to reach out and get help, and specific so that people
16 learn to recognize and respond to indicators of abuse.

17 There are also many places where we should have targeted
18 messaging. This includes major transitions, like the time of transition to fatherhood, or
19 the transition into a marriage, or the transition out of a marriage. There's also a need
20 for messaging at retirement. There needs to be messaging in multiple languages that
21 are specifically targeted to immigrant refugee populations, to racialized -- to the realities
22 of racialized and Indigenous populations, and to the realities of rural populations.

23 So that is my first level, our broad level of response when things go
24 wrong, what we all should be able to do.

25 My second level is my level of, I'm going to call it my CPR level
26 when we think about a heart attack. Because heart attacks are common, we've decided
27 that a wide range of people need to know hat to do, how to provide immediate
28 assistance, and where to turn to, and how to make sure that you can support someone

1 until they get help. So if you're a lifeguard, if you're a health and safety rep, if you're a
2 coach, if you run a shelter, if you're a medical professional, what you need to do is you
3 need to know CPR.

4 What about abuse perpetration? What is the equivalent? Well,
5 again, one of the most common and most often repeated recommendations from
6 domestic violence death review committees is for professional education, because there
7 are a wide range of -- there is a very poor recognition and understanding within our
8 health social services of domestic violence risk factors, warning signs, and response.

9 So even though domestic violence is core business, and by core
10 business, I mean it's a substantial percentage of cases in child protection, in just and
11 policing, in substance use services, in mental health services, and health services, even
12 though that is the case, domestic violence education is not core, responses and
13 coordination of responses around domestic violence perpetration is not core business in
14 those organizations.

15 And it should be better. Everybody in those positions should be
16 able to open a door to a conversation with a perpetrator about their abusive behaviour
17 should help make accountability statements around, "This is not okay. This is behaviour
18 that's concerning. This is behaviour that's harmful," that have in their head always,
19 "What is this like for the person at home? What is it like for the person this person is
20 living with and their children? And what kind of risks do I need to be aware of?"

21 Because we don't have this, what is -- so what is needed there is
22 we need to close the gaps in our system that create a web of accountability so that
23 there's enhanced coordination, collaboration, and information sharing around, from
24 policing, and justice, and addictions, and child protection, and mental health.

25 There are various models that are possible, including community-
26 based coordinating committees, high risk committees, colocation, cross agency
27 secondments. This is consistent with some of the recommendations talked about
28 yesterday as well. But whatever the model, it's really necessary to be able to ask, "Who

1 is following up with the perpetrator? How is the level of dynamic risk being monitored?
2 Who is communicating this information back to the survivor? If one form of intervention
3 doesn't work, how do we know, what's the plan, and what are we doing next?"

4 This is important because without it, what ends up happening is
5 that we have multiple loop holes in our systems that explicitly condone abuse and that
6 leave the burden of risk management on the victim's survivors. So they're left alone to
7 try to deal with abusive behaviours. We miss opportunities to engage with him, and we
8 miss opportunities to monitor and respond to risk.

9 Here there are multiple examples as well of programs and services
10 that create coordination and referral. Many of them have been piloted in Canada,
11 shown to be effective, and then because they are sort of limited funding, demonstration
12 projects, they haven't been picked up.

13 So examples are programs that help police, for example, recognize
14 risk factors immediately upon a call for a domestic where even a -- where a charge isn't
15 being laid, help to link perpetrators to services, help to do outreach to survivors to get
16 interventions right away; programs that run through Child Protection Services,
17 recognizing that a lot of child protection is domestic violence, helping Child Protection
18 Service engage better with men as fathers, and work with domestic violence risk
19 factors; programs that link both substance-use programs and mental health programs
20 much more tightly and closely with programs and services for domestic violence, so that
21 the co-occurring problems can be dealt with.

22 I'm going to turn now to the third level, and that is the level of a
23 specialist. So we've talked now about level one, how do we all understand risk factors,
24 what do we need to do in that middle space, the set of professionals that should be able
25 to recognize and respond with an immediate risk management response and getting
26 somebody into specialized services, but what about specialized services? And so this,
27 in that case of a heart attack, would be our medical professionals that would assess
28 whether or not medication is needed, or surgery is needed, and follow up.

1 What do we need in terms of domestic violence perpetrator
2 services? Do we have any treatments and are they useful? I think that in order to
3 answer that question, I'm going to start with a question of whether or not change is
4 possible because I think many times we have been -- hesitated to act because we worry
5 about whether or not change is possible. Here, the research and study and follow-up is
6 clear. Between one third and two thirds of those who engage in abusive behaviour go
7 on to end their use of abusive behaviour by victim report, by police report, by other
8 report, and by self report. It is clear that we need to expect, and we should and can
9 expect abusive behaviour to change.

10 Now, understanding and expecting behaviour to change and then
11 asking whether or not treatment works is two different questions. At this point, we have
12 had more than a dozen meta-analyses of whether or not intervention for abuse
13 perpetration is effective at reducing abusive behaviour or not.

14 There are some limitations to those evaluations. The most
15 important limitation though is that -- and meta-analysis have almost exclusively
16 examined the kinds of treatment that is short-term, one-size-fits-all, group-based
17 intervention. This is frustrating to me because since the early 2000s the limitations and
18 the need for something other than a short-term, one-size-fits-all intervention has been
19 known, has been advocated for by service providers, by survivors and by researchers.

20 When we ask does treatment work when we're asking about a
21 short-term, one-size-fits-all intervention, the answer is there is a small impact of such
22 interventions on recidivism, there is a small reduction in recidivism. But going back to
23 the recommendations from the early 2000s repeated over and over again, we know that
24 there are other things that need to happen and that there is change that needs to be
25 done. One change is there needs to be adequate funding for interventions and
26 adequate access.

27 A second recommendation is that the specialists who are providing
28 that intervention need to be trained and well supported in developing the skills for this

1 work. Work with abuse perpetrators like other domestic violence work is challenging,
2 requires a strong skillset, and there isn't a centralized location for getting that training.
3 Almost all the training that happens in Canada happens on the job, in the work, and
4 that's an important place of training, but there's a need and an ability and a value to
5 developing work force capacity so that people have more consistent and reliable
6 training in the area.

7 That then goes into so what do our intervention programs look like,
8 what should they look like. What they should look like is not a one-size-fits-all. There
9 should be in our interventions the ability to combine individual sessions that help
10 manage risk, that understand what the risk factors are, that make individualized plans to
11 reduce those risk factors, as well as group-based intervention to address some of the
12 core attitudes and behaviours that need to change for abusive behaviour.

13 But our interventions need to be flexible, and they need to be
14 attuned to the specific needs of individual kinds of abuse perpetrators. Not all
15 individuals who perpetrate abuse are the same. We know that there's high overlap
16 between substance use problems and abusive behaviour. There is strong evidence that
17 when we provide intervention that addresses those problems in combination with
18 individuals who have those combined problems results are improved. And yet, we still -
19 - we had one program in Canada that did that and that was closed down a number of
20 years ago.

21 We also know that there's a subset of abuse perpetrators, probably
22 around 20 percent, where that they're most likely to repeat abuse quickly, they're most
23 likely to engage in the most injurious and potentially lethal abusive behaviour, and they
24 are the ones that need the most monitoring over time. One thing that's frustrating again
25 about is these individuals tend to be in the system when they repeat abuse, and yet
26 even in the system, that abuse if not often responded to. Strongly, it's often dismissed
27 or not -- there's often not breaches, there's often not response from the criminal justice
28 system.

1 But for those individuals where there's ongoing and concern about
2 abusive behaviour, we need to have interventions that are more intense. Those high-
3 risk individuals need more than 10 to 12 weeks of intervention. We need to be working
4 together with criminal justice partners and intervention partners to have strong
5 monitoring and follow-up of those higher risk men.

6 There's also a need and a value for programs that address the co-
7 occurrence of intimate partner violence and violence against children. So we know that
8 there is an increased risk of abuse towards children with abuse towards partners and
9 we need to be able to provide interventions that address those combined risks. And it is
10 also true that we need to be able to provide interventions that are linked and that work
11 together with mental health services, so that we can address the complex needs that
12 are sometimes presented by perpetrators, particularly that have post-traumatic stress
13 disorder and who are using abusive behaviour.

14 Having a system of intervention such as this, where we have -- so
15 my recommendation I guess is that we have augmented funding that could gradually
16 grow a suite of service options that's flexible to meet the needs of men and that includes
17 provisions for cross-agency work that facilitate a greater coordination of service.

18 Victim safety, including the safety of children, needs to remain a
19 core and guiding priority of service, and as such, these programs need to maintain a
20 strong link to services for survivors.

21 And finally, this system should include investments that can
22 strengthen coordinated responses that bring together organizations within a community.
23 These coordinated response processes would allow organizations to collaboratively
24 plan for ways to address high-risk situations and seemingly intractable perpetrators to
25 ensure that there are clear consequences and collective responsibility to address men's
26 potentially ongoing abusive and violent behaviour, risk for behaviours, those behaviours
27 and failure to apply -- to comply with court orders.

28 I just want to finish by saying that I think in this field, sometimes

1 people have thrown up their hands and said, you know -- and said, well, we're not really
2 sure what to do, or this is impossible, or there's really no sense in going down this
3 direction. Men won't -- they won't attend services anyways. They won't voluntarily seek
4 services and they won't change. What I want to tell you and what I want to be a focus
5 for our discussion is the fact that that is -- we know that that's not true. Men do access
6 services, they will reach out when offered the opportunity. Change is possible, we
7 should expect change, and we know a lot about how we need to improve interventions
8 for abuse perpetration. It needs -- we need to act on it. Thank you.

9 **MS. EMILY HILL:** Thank you so much, Dr. Scott. I really
10 appreciate the paper that you've written and the time you've taken today to sort of walk
11 us through some key elements of the proposals that you include in that paper to sort of
12 give food for thought to all of us, and to perhaps -- we may hear reflections or
13 responses to some of what you've said.

14 We're going to now invite Participants to engage with the questions
15 that we've identified might be of assistance. We do have a lot of topics and a lot of
16 people today, so our hope is that we can do a round, have people focus their comments
17 somewhere under the five-minute range, and so it'll fall to me to be the timekeeper. But
18 I also note, just for those of you who are new to our work, that we do have
19 interpretation, both language and -- French language and ASL, and so what I
20 understand is most helpful is to pause at the end of sentences if possible and give those
21 folks a chance to catch up.

22 So the question that we wanted to start with is around the key
23 challenges that you, through your work, through your research, through your
24 experiences have seen to addressing gender-based and intimate partner violence. So
25 I'd like to just start, and I think Dawn, is it all right to turn to you, just to sort of start us off
26 on that conversation.

27 **MS. DAWN FERRIS:** Thank you very much, and good morning.
28 I'm the Executive Director of the Cumberland County Transition House Association in

1 Amherst, Nova Scotia, and we are the only provincially funded transition house. It also
2 has a men's program under our umbrella. That men's program has seen some overhaul
3 and changes in the last couple of years through the Department of Community
4 Services, where we've moved away from calling them men's intervention programs and
5 we're calling them Strengthening Fathers. So I'm speaking from a lens of actually
6 supporting men in their want and in their decision to make changes in their lives to live
7 abuse and violence free, that experience.

8 So my main theme today would be to say that the biggest challenge
9 barrier would be funding. And it's not enough to just say funding, so I will break it down
10 into a couple of different points that would be helpful.

11 But when COVID hit, and the risk and the fear was that the
12 escalation in homes was real and that lethality was at risk, both provincially and
13 federally the governments committed to keeping women safe and committed dollars to
14 that. And that was very effective, it was very important, but I think we now need that
15 same commitment level to make the changes for men.

16 Because in the decades that we've been working on eliminating
17 domestic violence we haven't had a lot of success of changing anything, really. We see
18 women and children in the shelter now that were children of mothers in the shelter
19 twenty-some, thirty-some years ago, and men, who are now in the men's program, who
20 were children in shelter with their moms. So we really see the need to break the cycle,
21 and to do that will take a commitment of funding that is large, but needed.

22 So the first point is that we have no proactive services for men in
23 the system. And as Katreena Scott mentioned, the system is set up to keep women
24 safe, but it also puts all the burden of her safety on her. And I am using male and
25 female references because the majority of violence is perpetrated by men towards
26 women, and so therefore, I don't need to be gender-neutral in this regard. But I just
27 wanted to explain that.

28 So when charges are laid, and those charges happen 24/7, as we

1 know, you -- always, in this domestic violence component, there's a no-contact order,
2 and if those men don't have a means to support themselves with a hotel, or friends or
3 family, because they're embarrassed, they're living on the streets on in their cars, and
4 that doesn't de-escalate anything. We have the 2-1-1 call in Nova Scotia, which is
5 great, but they can point them to programs that are Monday to Friday-based for men.

6 So there's no proactive services that reach out to a man when a
7 charge is made to say "How can we help you? Do you have a bed to go to?" And
8 outside of HRM and Sydney where there is some homeless shelters, there is nothing in
9 rural communities in Nova Scotia for de-escalation and for the helping of men. So we
10 have seen men, in our New Directions Program, living in their cars while they're
11 accessing programming. And I can't imagine anybody actually making change to their
12 behaviours while they have not got the basic needs of living met.

13 And so I think that there is huge gaps there that we could move
14 forward on, and I think it would be important if we looked at things differently. Not to
15 take away from the women's sector of keeping them safe because it's always going to
16 be paramount, but to include the -- what if -- what if as a family they had an ability to
17 decide who left the house and had someplace safe to go? And if a man had a, let's say
18 a men's transitional housing for men who use/abuse to go to that's staffed 24/7 that can
19 help him adhere to the no contact order, because the narrative that they tell themselves
20 is "I just wanted to talk to her, I just wanted to have an explanation, I just wanted to
21 explain", and then breaches happen. And if somebody in that could say it's not the best
22 course of action, he might be more likely say "you're absolutely right, I'm not going to
23 reach out tonight." So I think that type of 24/7 proactive services from wraparound men
24 would really help change the narrative.

25 The second point is we need to increase our mental health and
26 addictions funding. We work in silos. We see men who we refer to Mental Health and
27 Addictions, or they're on their waitlists and they're referred to us if it's domestic violence,
28 but we are not the mental health and addictions experts. And again, without the basic

1 needs of healthy living, people can't function in learning new behaviours and focus on
2 changing longstanding habits and belief systems when they're unable to be sober,
3 clean, and living healthy.

4 And it's a really, really important thing that we see in rural,
5 especially, but I know in Nova Scotia overall, and probably in Canada, that our mental
6 health and addictions services are actually at breaking points and in crisis. But we need
7 to -- we need to focus on that as a help, and we need to work around and look at things
8 like case conferences to support the men. A case conference with a mental health
9 person and an addictions person. Like, we do and wraparound the women with the
10 women's support when there's case conferences to help keep her safe. And this helps
11 reduce the burden on the victim of keeping her safe by spreading the burden out
12 through the systems, and also hoping that the men can keep themselves accountable
13 through those types of models. So that would be my second point.

14 I think to make changes we need a culture shift, and this will be the
15 third point, would be funding to increase for core educational programs within our school
16 systems. Catch them while they're young, and, combined with core programs and
17 education in all workplaces, so that we're having conversations with people in the
18 workforce and adults.

19 What we've learned through reports and people who have done the
20 research, like Katreena Scott, is that men are likely to talk to trusted colleagues and
21 family members, and if people have the tools to reach out and have those conversations
22 or know how to respond to those conversations, things can start changing.

23 And as we know, when you teach children in schools they can help
24 make shifts in the homes. At some point in the eighties, the Ontario Government
25 wanted to introduce recycling, and it wasn't really taking hold until they taught it in
26 schools, and those children, with their jingles and their knowledge, went home and
27 taught the parents and change happened, and all of a sudden recycling in Ontario was
28 implemented.

1 And I think if we taught children that they can actually learn to see
2 something, say something, call out behaviours and help their friends, that it will actually
3 help. So two-pronged, two-fold educational support for in schools and workplaces.
4 Very needed.

5 And lastly, I believe we need to a change to the Criminal Code
6 system to include coercive control as both an offence, but also, as a -- as a defence.
7 And as we know, coercive control changes the person and victim in the way that they
8 think and so it needs to be done. Thank you.

9 **MS. EMILY HILL:** Thank you so much for launching us into some
10 discussion with some really interesting and concrete suggestions. I appreciate that.

11 I'm going to turn now to Sue Bookchin to share her ---

12 **MS. SUE BOOKCHIN:** Thank you, and good morning. Thank you
13 for hosting this event. We have been kind of chomping at the bit to speak, and so we
14 appreciate the opportunity.

15 My organisation, Be the Peace Institute, is focussed more on the
16 systemic and structural forces that maintain intimate partner violence. I'd like to also
17 just honour the grief and anguish of the family members and friends and communities of
18 the people who were killed, and appreciate that this discussion about gender-based
19 violence may not feel helpful to them, but in a more systemic way the ways in which
20 people like the perpetrator are created and socialized, I think this is a critical discussion.

21 I'll just focus on the key challenge that I see, which is the social
22 narrative, which hasn't seemed to change much over the course of decades.
23 Mythologies that we hold about intimate partner violence, that it is inevitable, it's still a
24 private matter, it happens to other people who are not like us and it's not really that
25 serious most of the time.

26 People don't understand the complexities, they don't understand
27 the typologies and the continuum of how intimate partner violence exhibits itself. And
28 one needs to only look at mass media in the case, for instance, of Johnny Depp and

1 Amber Heard to understand that when the favour is toward the man who is committing
2 abuse in a public and mass media way, we have a problem.

3 Misogyny is so deeply entrenched in all of our systems that have
4 been created in the past hundreds of years as to be virtually invisible to those with the
5 privilege to be unaffected by it. Racism and colonialism is the same. The supremacy of
6 whiteness, of male whiteness particularly, is embedded in all of our institutions, whether
7 it is visible or not.

8 There is also still such a huge amount of shame and stigma and
9 guilt and self-blame and public blame and transgenerational trauma that we are not
10 tending to and have very few tools to help people with.

11 There is -- the question that we seem to ask when we hear about
12 intimate partner violence is, "What's wrong with that woman that she was victimized like
13 that?" as opposed to, "What's wrong with that man that he is using violent behaviour
14 and what happened here?".

15 And so I think we need a significant public mass media campaign,
16 we need to have public discourse, we need to have new opportunities for being able to
17 talk about these issues and I think we need to involve our marketing experts because
18 marketing and advertising works. And I think the other real challenge is sustained
19 political will beyond election cycles that can actually carry forward initiatives in a
20 sustained way.

21 It's the same with projects. So Katreena mentioned about pilot
22 projects, demonstration projects where there are really great ideas where the funding
23 runs out and we're not sustaining those efforts, we're not evaluating those efforts, we're
24 not looking at whether those are effective. We're not collecting data about those efforts
25 and then making sure that we amplify those efforts and resource them.

26 And also, the Neighbours, Friends and Families material that was
27 also developed at Western University, which is when we did -- we did a lot of
28 presentations in the first iteration of that in Nova Scotia several years ago and I can tell

1 you that at every presentation I did with a church women's group or a group of
2 municipal politicians, there were disclosures in the room from people who had never
3 told anybody about their situation.

4 And so once we have the opportunities to open the public
5 conversations, we find out that it's way more common than people think and we can
6 start to talk about it in a way that doesn't make people recede into their own shame and
7 trauma about it.

8 I'll leave that for now, but just to also pick up on what Dawn said
9 about children and youth is we have no comprehensive public health approach to
10 helping young people from a very early age and throughout their adolescences to deal
11 with these kinds of issues, with relational issues, with emotional intelligence, with
12 violence prevention, and I'll talk about that more when it comes to key
13 recommendations.

14 Thanks.

15 **MS. EMILY HILL:** Thank you so much.

16 I'll turn to Kristina Fifield.

17 **MS. KRISTINA FIFIELD:** Hello, everyone. Thank you for having
18 me here today.

19 Just to go off of what Sue and Dawn have just shared, I couldn't
20 agree more with us needing to deal with the normalization of violence that occurs
21 across all sectors and parts of our society. And I can say as a person who's been
22 working in domestic violence and intimate partner violence work my entire career is that
23 that normalization of violence is happening everywhere. And there is a desensitization
24 to violence and witnessing. There's a normalization, also, for individuals, both survivors
25 and perpetrators.

26 Victims have normalized from a very young age in some situations
27 that men have a right because they've witnessed it in their homes, that their bodies are
28 not theirs and that individuals can use violence and abuse against them. And if you add

1 in individuals coming from marginalized and vulnerable communities, we need to be
2 talking more about that and what that normalization looks like.

3 And with the presentation that will come later from both Nick and
4 Brian and their report is what young boys internalize, and that they have a right, that
5 because of social norms and masculinity that they can perpetrate violence.

6 And from the -- Katreena's report, I was very happy to see talking
7 about workplaces, and I couldn't agree more with -- we need more funding for both
8 survivors and victims, but also for individuals that perpetrate violence. Absolutely.

9 But we also need to be dealing with workplaces, institutions and
10 people in positions of power. We need stronger advocates and champions of intimate
11 partner violence and gender-based violence work happening in the highest positions of
12 power, our leaderships' positions in politics, not just when someone is trying to be
13 elected. But that needs to be reflected in what every leader is doing, that violence is not
14 going to be accepted.

15 There's many opportunities, but people in positions of power in
16 society often are just providing a lip service to gender-based violence and intimate
17 partner violence issues.

18 Funding not used in the right ways or used in ways that don't
19 actually deal with the roots of the issue -- funding needs -- funding and resources are
20 needed, but that lip service that is coming from people that continue to perpetrate
21 violence within our institutions and systems in society need to be addressed. Abuse --
22 abuse and violence needs to be addressed with people who are in positions of power
23 that are white and carry privilege.

24 So I'm going to give one example, and I'm going to talk about this
25 more as we continue to go, but how the normalization of violence is happening all
26 around us from a very young age and in society, in our institutions, in our workplaces
27 across all systems and structures.

28 If our leaders are invested and are in the positions of power to

1 create change through funding and services and leading advocacy, work around
2 gender-based violence and intimate partner violence issues here in the province. And
3 Claudia Chender, an MLA with the NDP, has put that forward here in our province.

4 Is the people in positions of power, our leaders, right, invested in
5 moving this forward? To ban the misuse of these so that victims and survivors are not
6 silenced? Where the continuum of violence stops? We need to stop allowing this to be
7 remained in silos in our workplaces, in institutions, in management and leadership, and
8 what people are witnessing. Survivors need and victims need to see that this is not
9 accepted, that their credibility is not going to be discounted when they come forward,
10 that they're going to be believed and not further victimized, experiencing secondary
11 wounding and institutional betrayal, but they're going to be believed.

12 We cannot allow this to remain. It's not just happening in homes,
13 where violence happens. Intimate partner violence and gender-based violence is
14 happening in our workplaces, in society, and all around us. It's happening in our
15 schools, where it's normalized, allowed to happen, and the continuum of violence
16 continues. And we need to be able to have conversations. Even as gender-based
17 violence and intimate partner violence organizations and services, we need to be able
18 to have more conversations and creating spaces for addressing violence that is
19 happening.

20 There's even a normalization of violence that happens within our
21 services, where people are put on waitlists, where we expect survivors and victims who
22 are reaching out to services to tell us every single thing about their safety; right? And if
23 we understand trauma and understand what it's like for a survivor to come out and
24 reach out for help, we prioritize, based on what they're saying, their safety, and put
25 them on a waitlist because, you know, it's not bad enough.

26 And what message are we giving, even as front-line service
27 providers, when people are going on waitlists, or we're prioritizing, or when they're
28 applying for housing? It's not bad enough.

1 And we're expecting them to disclose everything; right? And that's
2 not keeping anyone safe. It's not keeping our communities safe. So the normalization
3 of violence happens, and it's happening within our sector, it's happening with our
4 politicians, our healthcare system. So we need to be addressing that and we need to
5 be really standing by that if we're truly invested to gender-based violence and intimate-
6 partner violence response, we need to be addressing the violence that's happening
7 within all systems, institutions, and victims, and survivors, and perpetrators need to see
8 that, first off, victims and survivors are going to be believed, but there's going to be
9 accountability for perpetrators. And too often, too often white people in positions of
10 power and privilege, who abuse and use violence, are celebrated and promoted within
11 workplaces. They're promoted in our leadership, in politics. And victims and survivors
12 remain silenced, not believed. Their credibility is discounted. We need to be
13 addressing all pieces of this.

14 Thank you.

15 **MS. EMILY HILL:** Thank you very much.

16 Next we'll hear from Jeanne Sarson.

17 **MS. JEANNE SARSON:** Thank you for the invitation and for the
18 right to be here, actually.

19 I'm here in two ways. Number one, as a professional, I'm very
20 limited in the fact that what I've dealt with in the last 30 years has been the issue that
21 violence against women and children can amount to torture.

22 So in 1993, when that reality came to me, I was an outsider
23 because society didn't want to hear the reality. So not only was -- and Linda was
24 working with me at the time. We were working together. So we were outsiders then
25 and have remained outsiders, just like the women who have come to us who do not fit
26 socially because they're saying they can't name the type of violence that they've
27 endured. So there's social exclusion right away. And I know the women already before
28 me have talked about believing.

1 So what I decided to do, last night I looked at research that 153
2 individuals did around the issue of torture by non-state actors and what their issues are,
3 because they're not here at the table. I'm here at the table to tell you my experience,
4 but what are they telling us?

5 So what they said around discrimination and stigmatization is
6 there's no informed help. So that means everyone who does not hear them is not able
7 to help them, because we can't help somebody if we don't understand their
8 experiences.

9 So they're saying they're not believed, which has already been
10 spoken of. But they're saying they're not believed around the type of violence that they
11 survived and how they survived it.

12 They're also saying there's no justice, because if you can't name
13 the crime and you're not being believed, of course you don't even exist as a victim of a
14 certain type of crime.

15 And also, they say that people's beliefs, they don't want to believe
16 that among us there are those who have pleasure and fun in expressing human evil.
17 It's an action of destruction. And they're saying people don't want to believe that. And
18 yet it's in front of us every day by many of the crimes that we hear.

19 And that they also told -- this is 84 percent of the 153 that I looked
20 at last night -- say that our own individual fears get in the way of trying to believe
21 another existence of reality that might be next door in our neighbourhood.

22 So those are some key challenges. How do you fit into a society
23 that doesn't want to hear what you have to say? So that's very, very difficult, on top of
24 the patriarchy and the misogyny.

25 So a couple things I think are really important. Number one, they
26 don't want to be labelled.

27 So what Linda and I have done, instead of saying Post-Traumatic
28 Stress Disorder, is Post-Traumatic Stress Response. What do we -- how do we expect

1 people are going to respond to a certain degree of violence? How do you normalize
2 that? What do you expect a person who has been tortured, either as a child or an adult,
3 how do you expect them to respond? What is normal in a response to a degree of
4 victimization that amounts to torture?

5 So that is one of the recommendations that we have to understand
6 the normalization of survival.

7 The other issue is we talk about history, but we should be talking
8 about historical. There's a difference in the reality that women live and men live. And
9 we have to do that everyday, whether it's in school, or whether it's sitting across from a
10 male.

11 I'm looking at the Commissioner. We have a male commissioner
12 and two female commissioners, and if you told me your stories, they might be quite
13 different. So I think we have to understand that if we're going to understand patriarchy.

14 The other thing I'd like to say something about is intimate partner
15 violence, because I think we have an idea of what that might be and it doesn't take us
16 into torture, but it also doesn't take us into exploitation because that was part of Linda
17 and mine's journey around Persons Against Non-State Torture, is understanding that
18 males who inflict violence in the home and to their children, they can also exploit. They
19 go into human trafficking. And when they go into human trafficking, there's a network.
20 You're not only talking about a woman or one child, or two children. You're talking
21 about a network of violence that goes on, because you can't do exploitation without
22 knowing there's a whole community response going on.

23 So I think we have to expand how we perceive intimate partner
24 violence and violence against children. Because in Canada we already know, through
25 the Canadian Child Protection out of Winnipeg, that children are being exploited online,
26 and 25 percent of them are being tortured. So that's not new knowledge, but what are
27 we doing with it? So that's a challenge that, you know, if I look at the first question, the
28 key challenge is what are we doing with the knowledge that we have?

1 **MS. EMILY HILL:** Jeanne? Jeanne, I'm just -- I'm noticing the
2 time, and I don't know if you're -- you've gone over, and I don't -- I didn't know whether --
3 -

4 **MS. JEANNE SARSON:** Oh, okay.

5 **MS. EMILY HILL:** --- it was intended that, Linda, you would also be
6 speaking to this.

7 **MS. JEANNE SARSON:** Oh, okay.

8 **MS. EMILY HILL:** But if it's ---

9 **MS. JEANNE SARSON:** Okay.

10 **MS. EMILY HILL:** Yeah, I think we should probably move at this
11 point, but we will come back to you.

12 **MS. JEANNE SARSON:** Yeah.

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

14 So -- yeah, just to continue our conversation about the largest, the
15 key challenge that you see in addressing gender-based and intimate partner violence.

16 **MS. LINDA MacDONALD:** So for me, I think the most important
17 thing is we have to take cultural transformation as a priority. Someone mentioned the
18 other day that you can't mandate culture change, but I think we have to. I think we have
19 to make it a priority.

20 Thousands of years now we've been living in patriarchy, where
21 male -- males have power over females as a sex class, and we've only in the last
22 200 years really started to understand patriarchy, name it, name the power bases.

23 And it seems to me, if we stand back and look at it systemically, it
24 takes away a lot of the blame because it's not really that men are bad or that women are
25 bad, it's that we're both in a system that creates an environment where it's maintained
26 through power over, it's maintained through abuse of power, it's maintained through
27 misogyny, and it's maintained through violence. Violence is the most powerful way to
28 maintain patriarchy. And that's why we're today, because we have been -- endured an

1 extreme form of violence, male violence in our province.

2 So how do we get beyond that shame? And I've lived in Nova
3 Scotia since I was 4 years old, so I know the shame and the silence that goes on in this
4 province, it's not openly -- I mean, we're not unique, but we're certainly vanguards of
5 speaking openly about violence, male violence. That's the only way we're going to
6 break the cycle. So we have to do large education, and name patriarchy for children.

7 You know, I remember the day that I learned what patriarchy was. I
8 knew my father was violent. I knew I had learned violence, I knew he had learned
9 violence, but when it went beyond that to a social structural framework, a systemic
10 framework, it transformed my perspective on life. And I think that all children deserve
11 that, and adults as well. And also, the human rights framework around that. That
12 equality is really important for children to learn that they have human rights, regardless
13 of the way they're being treated in their home.

14 The one thing that really strikes me is that 20 percent, I think the
15 key speaker was talking about 20 percent of men really do not reform. That's the --
16 that's the population that Jeanne and I work with, and we talk about strangulation as a
17 key indicator of femicide; 750 percent in femicide. The know the perpetrator of this
18 mass shooting strangled. So when we start to see those red flags of strangulation we
19 have to then think of something more serious and try to get into prevention before we
20 get to femicide because femicide is really the most extreme, and mass shooting is the
21 most extreme forms of violence of patriarchy.

22 So you know, it's a learned behaviour. Violence is a learned
23 behaviour, it's not a mental illness. It's something we can unlearn. It's simple in that
24 sense, and it's very complex.

25 But I really feel very strongly, you know, we don't have a -- it's not a
26 virus, it doesn't need a vaccine. Mass education. Mass education. The younger --
27 everywhere, like Dawn said, everywhere make it a priority.

28 And always recognise that there are those 20 percent that are not

1 going to change, they have to be held accountable very seriously and caught early. If
2 this man had been caught early, I really still believe this, we wouldn't be sitting at this
3 table. If that act of strangulation and if we stop sexualising the violence.

4 Because the police documented the initial investigation as a love
5 triangle and that one of the victims was a mistress. Now, you know, you're not going to
6 start thinking about mass shooting if you're thinking of a love triangle. And then when
7 you look at Susie Butlin, and she was -- she was murdered in a femicide, and they
8 talked about her as a flirt or someone that drank with the perpetrator.

9 I mean, these kind of sexualizations of violence really have to stop
10 for us to get serious. And I know we can do better, as a -- as a human species we can,
11 but we really have to be very concerted about cultural transformation and femicide.
12 Thank you.

13 **MS. EMILY HILL:** Thanks very much.

14 I'll turn now to Dr. Pearce or Superintendent Taplin. I'm not sure
15 who would like to speak to this issue.

16 **SUPT. KIM TAPLIN:** Thank you very much. I wanted to first note
17 that there is, you know, obviously some really important information shared this
18 morning.

19 I think that for me, what I'm hearing is, you know, we're all on the
20 same page, we all want the same thing, and one approach does not work for every
21 person, not does it work for every community. I think we really need to work together as
22 a community and find a way to sort of break down some silos.

23 And I think long-term funding. I think that this is one of things that
24 we're hearing here, and I think it's sort of universal, is that long-term funding is
25 something that, you know, doesn't end after three or five years.

26 And you know -- and those risk tools for police, I think we've seen
27 them, those are really important. There is some really interesting research taking place
28 and pilots taking place in other countries when it comes to police, and I think that those

1 are worth looking at as well. I know I've looked at some myself, and how they could be
2 tailored for Canada. So I'm really -- I'm thankful to hear the information and the
3 comments that are shared today. Thank you.

4 **COMMISSIONER STANTON:** It's Commissioner Stanton
5 speaking. Would you mind giving us some examples of the pilot programs that you're
6 referencing for, I think you're saying international examples ---

7 **SUPT. KIM TAPLIN:** Sure.

8 **COMMISSIONER STANTON:** --- for police in -- for police, in
9 particular?

10 **SUPT. KIM TAPLIN:** Yeah, absolutely.

11 **COMMISSIONER STANTON:** Thank you.

12 **SUPT. KIM TAPLIN:** So in New Zealand, for example, and this is
13 probably not a pilot per se, but certainly within their police organisation and their policies
14 is the fact that every call is an opportunity for police to provide a point of contact for
15 individuals. So it's sort of every contact matters. Every time we go to a house is it an
16 opportunity for police to provide information to both the victim and the perpetrator that
17 provides information around community support services, and it looks at those risk
18 factors that might be present in a home. And certainly that when police are -- attend a
19 home, for example, or a particular situation, the victim may not be ready to pursue in a
20 conversation about what's happening in the home. And so this is just an opportunity for
21 the police there to provide some information for follow up.

22 I would say that -- so, you know, also in New Zealand, they have
23 homes for perpetrators, specifically designed for, in this case, men, to where they can
24 go and receive supports that they need, and it's a group home. So those are just some
25 interesting models that I have seen.

26 Also, in Australia, I understand that there's an application which
27 provides -- that's available to the public. It's not a police application, it's -- it's a public
28 application, it's an app, and it provides information to family, victims, perpetrators,

1 around some what some of the factors or the risk factors, that they might be seen, and
2 what to do for families, for victims, and where they might receive some support or a
3 place to go for more information and support. So those are some of the things that, you
4 know, I'm -- I've been sort of observing over the last several years, and I think that
5 there's some interesting research there. Thanks.

6 **MS. GILLIAN HNATIW:** Thanks very much.

7 We'll turn now to Kaitlin Geiger-Bardswich.

8 **MS. KAITLIN GEIGER-BARDSWICH:** Hi there. I'd like to
9 acknowledge that I'm coming from the traditional unceded territories of the Algonquin
10 Anishinabe people otherwise known as Ottawa. I work at Women's Shelters Canada.
11 I've been there for about six years, and what we do is bring together the shelter sector
12 across the country. So we work with the provincial associations, THANS being one of
13 them, and we are in coalition with THANS and Be the Peace here as Participants. We
14 also work with all of the shelters across the country, all of those dealing with violence
15 against women. We are working a bit with Katreena Scott and others across the
16 country to map perpetrator programs, and that information should be made public in
17 about the next six months.

18 I just wanted to respond to a few of the things that people were
19 saying. So as Sergeant Kim was talking about the perpetrator -- or the home for
20 perpetrators in New Zealand, we do have a home like that here in Canada. It's in a rural
21 part of Alberta. Rowan House is putting this on. It's called the Safe at Home program.
22 So it brings men into -- out of the family home and into another space and leaves the
23 women and children in the home. And I can speak to that more when we talk about
24 recommendations.

25 I also agree with what Dawn was saying about funding, so this is
26 true both for perpetrator programs as well as for services for women experiencing
27 violence. Women Shelter's Canada is currently distributing \$79 million of federal
28 funding. This was COVID funding. There was about \$34 million from 2020 to 2022 and

1 now it's 79 million from 2021 to 2023. That funding is ending in 2023. There will be no
2 additional funding, we're told, from the federal government. This money has been
3 essential for shelters to stay open during the COVID pandemic.

4 We are going to be starting our own grants program to try to fill that
5 gap a little bit. Of course, it won't be the same amount of money. We're not going to be
6 able to raise \$79 million. We are going to the corporate sector, and it is a bit
7 problematic in a way that we have to rely on the corporate sector instead of our
8 governments to keep these essential services open.

9 But in terms of the question of what are the key challenges, I'm
10 going to speak similar to things that Sue and Linda spoke about regarding the cultural
11 conversation. So the issue I see, frankly, is getting the general public to care. There
12 needs to be a cultural change in how we view gender-based violence and intimate
13 partner violence. We need to get to a point where we have with some other kinds of
14 discrimination, you know, where it's publicly shameful to say something that is racist or
15 homophobic, for example. But unfortunately, misogyny is still dismissed as a private
16 issue a lot of times, or people don't want to get involved, or they're not sure how to get
17 involved. This is especially true when it comes to the idea of a "perfect victim". We've
18 seen this with the treatment of Lisa Banfield, both in the press and in the public
19 discourse around the shooting, something that Kristina mentioned. As well around this
20 is the, you know, she's not responsible for the actions of her abusive partner. She's not
21 an extension of him, but because she survived, she has been scapegoated by a lot of
22 different people, for reasons that people don't understand, asking why didn't she leave,
23 why didn't she call the police. This speaks to what Jeanne was speaking about there as
24 well, about how we criticize victims, and we ask questions about the trauma that they've
25 been going through that we don't understand. It's -- there are no normal reactions. This
26 is a refrain we hear about most victims, you know, unless they're young, thin, blonde,
27 blue-eyed, sis-gender, virginal, straight women who've never had even a parking ticket
28 in their past, they're suspect in some way.

1 Should I wait for the -- okay.

2 Even this Commission itself has not always viewed gender-based
3 violence as the real issue that it is. I'm going to quote now. "This is where the mayhem
4 that will be submitted by the Mass Casualty Commission really commenced in terms of
5 the violence and perpetration of violence against innocent parties." These were the
6 words of Roger Burrill, Senior Commission Counsel, earlier this year when speaking not
7 about the initial violent attack on Ms. Banfield, but about the scene of the home where
8 the first community members were killed in Portapique. The implications of that
9 carefully scripted statement were clear. Lisa Banfield did not "really experience
10 violence", and even if she was a victim, she was not "innocent".

11 The three most deadly mass casualties in the last 35 years in this
12 country have all had gender-based violence components. There's been the
13 École Polytechnique attack in the 1980s, the Toronto van attack a few years ago, and
14 now the Portapique shooting. Will the public finally care about gender-based violence if
15 they think they can be collateral damage in a mass casualty? I'm not sure because it
16 has not happened yet.

17 Women's Shelters Canada recently completed a six-month national
18 awareness campaign about violence against women's shelters called More Than
19 Shelter. It was largely successful. We did receive a lot of positive comments. But
20 whenever we had to respond to something on social media, and that could be someone
21 looking for help or just a comment in general, half of those interactions were because a
22 member of the general public was asking what about men, or demonizing women, or
23 minimizing the violence they'd experienced, or trying to gear the conversation in another
24 direction.

25 Oh, and just to say that I wrote an Op-Ed for the Ottawa Citizen
26 about domestic violence earlier this year, comparing it to the dismissiveness we were
27 seeing about the violence perpetrated by members of the Freedom Convoy in Ottawa. I
28 had to stop reading the comments for my own mental health. You can only be called

1 the C-word so many time by faceless strangers before it starts to get to you. When
2 local violence against Women's Shelter retweeted the Op-Ed, we were both tagged in a
3 reply, telling us that our days were numbered. That tweet and that language was
4 apparently not against Twitter's guidelines. I did report that. So all this is to say that we
5 need a culture shift before we see any real change. Thank you.

6 **MS. EMILY HILL:** Thank you very much. I wonder if we can turn
7 now to Dr. Scott, either to reflect on sort of what you've been hearing in some brief
8 comments, or to answer the question that we posed to those here at the table about the
9 key challenges that we see to addressing gender-based and intimate partner violence.

10 **DR. KATREEN SCOTT:** Thank you very much.

11 What I'd like to do I think is reflect a bit on what people have said
12 and summarize some of the key challenges being funding, making sure that there's
13 sufficient funding, long-term funding for services. A lot of conversations about changing
14 the social narrative, recognizing power and privilege, believing survivors and valuing
15 their voices.

16 As I listened to people reflect and their comments, one of the things
17 that kept going through my mind is my understanding about why people abuse. And my
18 understanding in part around why people abuse is because they can. People abuse
19 others in part because they have the privilege to do so and because nobody is stopping
20 them from doing so.

21 I wanted to reflect on the strength of the voices that you have in this
22 room and the clear sight around seeing those patterns and privilege and how they play
23 out in individual families, in individual situations, but also in institutions and in culture
24 that end up allowing those patterns of abuse from those with more power towards those
25 with less to continue, to be invisible, to be not seen, and to be not responded to. I agree
26 with everybody that a culture change is needed, so that we can see and respond to and
27 challenge those patterns, and that having people like the people that you have in this
28 room, that have that clear vision and voice, is going to be essential to that change.

1 The one other thing that I will comment on that I -- that came to
2 mind as people were speaking was the opportunity, the many, many, many, in fact,
3 opportunities for outreach. So we had a brief conversation about some of the work
4 that's been done by and through police services in Nova Scotia. There's also been
5 some work done similarly in Canada where there's been initial outreach to say, wait a
6 second, this is a concerning -- this is a concern. This behaviour's not okay. This is
7 something that you should do something about, and to reflect that, yes, people do take
8 up that opportunity often, to then try to seek and get help. There are so, so many
9 places to do that kind of outreach conversation. It is through police, it is through
10 schools, it is through workplaces, it is through neighbours, it is through mental health
11 services, it's through social services. And once you start to ask yourself where could
12 you have a conversation about a behaviour that is concerning and harmful, and that is
13 somebody's use of their own power and privilege over another, you start to see that
14 those conversations can, and should, and are not happening in many, many, many
15 places.

16 **MS. EMILY HILL:** Thank you so much for sort of your summary of
17 some of the themes that we're hearing about so far.

18 I don't know, Commissioners, if you have any questions at this
19 point in terms of something you've just heard? It's sort of time for a break, but I wanted
20 to check in about that before we all stood up and took a break.

21 **COMMISSIONER STANTON:** I'm not sure if we're getting to this
22 after the break, but the -- there were a couple of points that I just wanted to pick up on.

23 Dawn, you talked about proactive wraparound services for me.
24 And in the rural setting, what would that look like? We heard the example of Safe at
25 Home program in Alberta. Is that the sort of thing that you're talking about or could you
26 elaborate just a little on that?

27 **MS. DAWN FERRIS:** Yes. Thank you. Yeah, it would be a vision
28 of mine to have something that's 24/7, that when a charge is laid and the man is

1 released, or a high-risk designation is made, we have all those services to proactively
2 call the woman, but there's no proactive services to call him, and he's the one that could
3 use services as well in a means of de-escalating the risk for harm for her. And so the
4 programs that we do have run Monday to Friday, basically 9:00 to 5:00, with groups
5 happening some evenings. But it would look like somebody being on call or on duty or
6 working that could reach out to him to meet his basic needs and help de-escalate him.

7 **COMMISSIONER STANTON:** So I guess I'm just trying to
8 ascertain which service provider you would see doing that?

9 **MS. DAWN FERRIS:** A men's program.

10 **COMMISSIONER STANTON:** Under a ministry? Is this a
11 provincial government bucket? Or is this, you know, -- I'm just trying to -- is this an
12 RCMP bucket? I'm trying to figure out which ---

13 **MS. DAWN FERRIS:** I feel like ---

14 **COMMISSIONER STANTON:** --- service provider it would be?

15 **MS. DAWN FERRIS:** Yeah, the Department of Community
16 Services funds the programs now that run Monday through Friday. It could be an
17 expansion of those services that would make it 24/7. Instead of an office, maybe
18 renting a house or an apartment or something with some bedrooms. I have lots of
19 ideas. I have to find the political will and the funding.

20 **COMMISSIONER STANTON:** Thank you.

21 **MS. DAWN FERRIS:** Thank you.

22 **COMMISSIONER STANTON:** And I hope you'll put some of the
23 ideas into the written submissions of the coalition as well.

24 **MS. DAWN FERRIS:** Yeah.

25 **COMMISSIONER STANTON:** And then just the other follow up,
26 there were a couple -- Dr. Scott, with your extremely constructive and helpful report,
27 thank you so much for that, you mentioned in your presentation a couple of aspects
28 around -- and this was mentioned in another person's remarks as well, that public

1 education of service providers is an important piece. And it might have been you,
2 Dawn, who said public education, you know, in grade school and in workplaces, which
3 of course makes sense. I'm thinking about something in your paper where you talked
4 about the role of a family doctor as a trusted person that a man may disclose to or have
5 a discussion about. And I was very struck in what you talked about with the sort of
6 reverse focus.

7 So when a GP sees a woman with bruises, there's now, I think,
8 training in med schools about how you might want to broach the subject and have that
9 discussion, but not so much for men. And I just wondered, you know, given there's a
10 chronic lack of family doctors as well, what might be a pathway for that kind of training
11 or recognition of an opening to have those discussions that you said could be so
12 effective?

13 **DR. KATREENA SCOTT:** Can I pick up, in fact, on two bits of
14 that? The first I'd like to pick up on is just to go back to the workplace for a second and
15 to give another example of I think how our responses have played out over time and
16 what we need to do to change.

17 So one of the things that has been very good in Canada and in
18 Nova Scotia is there's been health and safety legislation and change to require
19 workplaces to recognize domestic violence related risk as a health and safety issue. So
20 workplaces are required -- many workplaces are required to then work with survivors or
21 victims around their safety at work. One of the things -- and one of the things that our
22 centre has done is we have created free resources for workplaces around that. What
23 we've added at our centre is work around how workplaces can also promote
24 accountability for perpetrators and how workplaces can recognize risk factors and have
25 conversations with perpetrators around their behaviour.

26 And I mention that because it's the example of something that is
27 not in fact in the legislation. Workplaces are required, and I'm glad they're required, to
28 address victim safety, but they're actually not required to have provisions around

1 perpetrator accountability. And I mention that as an example of the kind of culture shift
2 and changes that are needed. And I think that adding that to the education and to the
3 legislation makes sense because there are many things workplaces can do.

4 When it comes to the medical system and to our health and social
5 service providers, it's similar in a way when we start to have conversations about
6 domestic and family violence, it's important to have those conversations about
7 recognizing risk for safety. I worry that when we only talk about what's needed to
8 understand and address victim safety without also talking about perpetrator
9 accountability, we in fact can contribute to this idea that it's somehow a woman's
10 problem or a victim's problem, rather than leaning into conversations about change that
11 is needed in perpetrators.

12 The very specific example I will give for the medical system is, you
13 know, every single medical professional and mental health professional gets trained in
14 suicidality risk assessment. It is a core part of training. One of the things that we know
15 and have known for a long time from domestic violence death review committees is that
16 when there's a history of violence and somebody is suicidal, that also is a risk for
17 homicidality. So one of the key risk factors, one of the top 10 risk factors for domestic
18 violence homicide is perpetrator suicidality and suicidal intent.

19 Despite knowing that, we do not have, as part of our core education
20 that's already happening on assessing suicidality, a bit on if there's concern about
21 domestic violence, or even if not, you should add the question, "Are you worried or are
22 you thinking about taking anybody else out with you when you think about your suicidal
23 thoughts?" That is not a mass education change. It is not adding a lot of time. What it
24 is, is it's recognizing the reality of risk for domestic violence perpetration and adding it in
25 to a core bit of training that is already happening.

26 I give that example because there are multiple places where this
27 kind of education can be integrated into already existing education programs and where
28 it's not.

1 **COMMISSIONER STANTON:** Thank you, that's really, again,
2 constructive. And you also mentioned the sobering effect program in Alberta that was
3 cancelled due to lack of funding and the nexus between substance abuse and violence,
4 which we heard quite a bit about in the couple of weeks in which we focused on gender-
5 based violence, in particular in our roundtable discussions, and that in the news this
6 morning, there's a discussion about labeling alcohol in the same way that we label
7 cigarettes because of the various health impacts of that. But when you consider the
8 nexus between violence and substance abuse, it takes on a different gloss as well.

9 So I appreciated you raising that in the report and I -- it would be
10 helpful to know if there were any other such programs that you're aware of?

11 **DR. KATREENA SCOTT:** Yeah. Again, I want to come back to
12 recognizing that for -- like, for over 25 years, SAMHSA, which has been, like, a key
13 recommendation body, has recommended that substance use programs absolutely
14 incorporate risk assessment for domestic violence as part of intake, and incorporate
15 coordinated work. And it is -- remains baffling to me that we just don't have those kinds
16 of links and services in Canada, and that the only one we had was closed down. It
17 doesn't make any sense at all.

18 In my report, I've made reference to a couple of programs, but what
19 I will say is that there are empirically supported interventions that have been designed
20 and supported that could be implemented that do bring together -- as Dawn said, you
21 know, we need the combined expertise. Often they bring together a facilitator that has
22 expertise in gender-based violence and addressing perpetration and a facilitator that
23 has expertise in substance use and addictions, and brings them together to work on
24 addressing the domestic violence and the substance use issues.

25 So, yes, there's good programs that are available, and I would add
26 that those programs need to be embedded in a collaboration that right now doesn't exist
27 so that substance use services are really recognizing and referring and working
28 together with domestic violence services.

1 **COMMISSIONER STANTON:** Thanks very much. I won't delay
2 our break any further.

3 Thank you.

4 **MS. EMILY HILL:** Unless anyone else has any questions from that
5 side of the table, I would propose that we take a 10-minute break.

6 **COMMISSIONER MacDONALD:** Yeah, absolutely.

7 Just for me personally I wanted to thank you, Professor Scott, for
8 your excellent paper as well. And just to say that personally I found the presentations
9 very helpful, very insightful, and greatly appreciated. So thank you. And we're just
10 beginning, I realize.

11 **MS. EMILY HILL:** So the clock here says 11:14, so I'd suggest we
12 come back at 11:25 and continue our conversation.

13 Thanks so much.

14 --- Upon breaking at 11:14 a.m.

15 --- Upon resuming at 11:34 a.m.

16 **MS. EMILY HILL:** Welcome back, everybody.

17 We're going to start our next piece of our discussion focusing on
18 the questions that is, what are the key recommendations for addressing gender-based
19 violence and intimate partner violence. And we think that the questions we imagine we
20 might hear about are recommendations that will have the biggest impact. And also
21 about key barriers to implementation that have to be addressed in order to achieve
22 success.

23 So I would just invite all of our participants to continue the
24 conversation. Feel free if you want to respond to something you've heard so far; I invite
25 you to do so. But we are most interested in concrete suggestions that could be the
26 subject of actionable recommendations.

27 So I'll start with you, Dawn, if we can ask you to start us off.

28 **MS. DAWN FERRIS:** Okay, great, thank you.

1 So the first key recommendation would be an increase of
2 sustainable core funding for men's/father's matter programming to move us into a
3 proactive model.

4 There was a grant given to the Halifax Regional Police just before
5 COVID through the Standing Together grant application that they created the Domestic
6 Violence Offender Navigator, the DVON, and this was a proactive response to men who
7 cause harm, and was very successful, potentially ground-breaking in the way it
8 supported men and families dealing with domestic violence in HRM. And so something
9 like that in every county in the province would be an amazing step forward. So that
10 would be the first recommendation.

11 The second, and I know this is a biggie, but a reduction of poverty.
12 The -- meeting the basic needs of living. Something -- a phenomenon that we saw at
13 the start of COVID, and I don't have the research to show what was the reason behind
14 it, but when CERB came out we stopped hearing from women in the shelters, and now
15 we could say, and potentially the reality is for lots of those women stuck in the homes
16 with their violent partners, abusive partners, that they weren't able to call us, or the
17 de-escalation of stress in the homes happened because there was an income of \$500 a
18 week to a thousand a month that carried people through meeting their basic needs.

19 So I would love to be able to figure out what the reality was, what --
20 we had a decrease of calls, but reduction of poverty would be very helpful I think in this
21 regard. So -- but it is a big ask.

22 An increase to mental health and addiction services because, as
23 we know, that the socio-economic traumas that people live through and community
24 poverty lend to an increase in addictions and mental health issues, and rural Nova
25 Scotia does not have the resources to help that.

26 Proactive -- proactive support for men causing harms would fall
27 under the increase of core funding. And lastly, the Criminal Code inclusion of coercive
28 control as both a criminal offence and as a defence for the victims who do things

1 because they've been coercively controlled.

2 Key barriers, and these are real simple, don't need to belabour
3 them. But funding, the lack of funding. The political will for change. We need to have
4 those people in the places that make those decisions, make the commitments to commit
5 to the funding and the changes that we need. And we need a cultural shift, and getting
6 there will take money, effort, resources, and tasks to people and organisations to help
7 make those changes in culture so that we can stop having these conversations and be
8 in a place where families and homes are safer for everyone. Thank you.

9 **MS. EMILY HILL:** Thanks so much.

10 I'll turn you now to Sue.

11 **MS. SUE BOOKCHIN:** Thank you. I'll try to be concise with all the
12 recommendations that I can think of.

13 My first big recommendation is about dedication to prevention. I
14 think we have very few tools in the criminal justice system or outside of the criminal
15 justice system to deal with men like the perpetrator in this mass casualty. He was not
16 somebody who would have reached out for help.

17 We now have a men's helpline in Nova Scotia, which was
18 developed at the beginning of the pandemic, and many men have been reaching out
19 and being connected to services, but I don't think he would have been one of them.
20 Even if he had been charged and spent some period of time in jail, every perpetrator
21 gets out of jail. And so we have to deal with them in a community.

22 And so it always brings me back to the question of how do we focus
23 and dedicated resources on prevention? More attention to children living in adverse
24 situations because we know that adverse childhood experiences can affect brain
25 development, critical thinking, conflict resolution, the quality of relationships later in life,
26 and so the early identification and early intervention with children in those situations,
27 and support for their families.

28 I think prevention necessarily involves schools having a much

1 bigger role, and this is a very, very challenging thing. But children spend half their
2 waking lives in school, and school encompasses all children, not just children who can
3 afford to go to extracurricular activities or be involved in leadership programming. And
4 so the violence prevention, healthy relationship-building, the focus on emotional and
5 relational intelligence needs to happen in every grade, developmentally, appropriately,
6 and sequentially from Primary to Grade 12.

7 This doesn't currently happen, at least not in Nova Scotia. Much of
8 the work that is done with girls on self-esteem and assertiveness over the years has
9 been provided by community-based non-profit organisations who get a grant that is
10 time-limited and small, and if you can convince the administrator of the school in your
11 neighbourhood to come in and work with your Grade 5 girls, then you can do that,
12 some.

13 We now have, and I think there is real promise, in work with boys.
14 So boys have been neglected, they've been dismissed with boys will be boys, so that
15 kind of behaviour is excused and ignored, and yet, they are steeped in the toxic
16 masculinity of our mass culture. It is coming at them at younger and younger ages
17 through online pornography; through videogames, where you get a lot of points for
18 killing a prostitute; and music. The kinds of things that they're engaged in is kind of
19 shocking. And boys are watching pornography, hardcore pornography on their cell
20 phones on the school bus at the average age of eleven.

21 I the work that we have done, doing some of this kind of gender-
22 segregated work, where a facilitator and a male teacher would work with boys in a
23 classroom, and a female facilitator and a female teacher works with the girls, and then
24 periodically they come together, what we have found is that boys are starved for adults
25 who will have these kinds of conversations with them, honestly and openly about
26 sexuality, about consent, homophobia, gender stereotypes and roles, and the pressures
27 that they feel to measure up.

28 So I think this work, if we did it in this way in schools, we could shift

1 the perceptions of an entire generation at the same time because these, you know, the
2 myths and the stereotypes about gender-based violence, they do shift with the
3 generations. People are telling me that younger people, millennials get it in a different
4 way, but it's our children who need to learn this kind of thing at a young age.

5 The other thing that is problematic is that teachers are not trained
6 to do this kind of deep and sensitive work with students. And I think, Katreena, it was
7 through the Centre for Research and Education, there was a recent webinar put on by
8 the Public Health Agency of Canada and PREVnet that was research about how
9 teachers in their educational programs are not taught to teach this material. So even if
10 you're a teacher in the Healthy Living curriculum, which is only Grade 7 to 9, the person
11 who gets to teach that is not the person who is skilled at it but whoever has time in their
12 schedule and happens to be the rookie. That is not serving our young people.

13 I think similarly, health and social service providers are not trained
14 to any kind of expert level in this material, and so having programming in schools about
15 violence prevention and healthy relationships is quite dependent on the administrator at
16 the school and what they prioritise. And sometimes you have a principal who prioritises
17 sports and masculinity, and really doesn't make the time and the space and devote the
18 time to have these kinds of things happen in their school.

19 And there also is backlash from parents. When you teach about
20 sex and sexuality parents get uncomfortable. And so part of the barriers to having this
21 kind of wholesale embed in curriculum this material is parents come from all different
22 backgrounds and may not want their kids learning that in grade three.

23 And also, the structure of the education system is such that each
24 regional centre for education and each school is a fairly independent unit. So it's not
25 like the Department of Education can mandate that you do this work. And also, while
26 there are curriculum outcomes about healthy relationships and violence prevention,
27 those outcomes are not measured and so we don't actually know if the teacher who is
28 teaching about violence prevention or consent or healthy sexual relationships is actually

1 doing it in a way that is effective for kids. Many kids tell us it's not. And we don't know
2 if they're actually getting the full scope of material that they need.

3 **MS. EMILY HILL:** Sue, I'm just going to ---

4 **MS. SUE BOOKCHIN:** Ah, I have so much more.

5 **MS. EMILY HILL:** If you want to just make one last point very
6 quickly? I do want to give you that chance. But then we do need to move on.

7 **MS. SUE BOOKCHIN:** One last thing about schools is that they
8 often also lack dedicated sexual assault and sexual harassment policies and protocols.
9 Often, these are embedded in a code of behaviour. Again, no protocols, no guidance,
10 no accountabilities. And they're embedded as such as to be not even articulated as
11 what girls in grade eight, for instance, have told us, they experience what amounts to
12 sexual harassment and sexual assault at school at the hands of their peers every single
13 day. But it's not called that and we have no policies and guidance for teachers and
14 principles to be able to respond to those kinds of things.

15 Thanks.

16 **MS. EMILY HILL:** Thanks, Sue.

17 Kristina?

18 **MS. KRISTINA FIFIELD:** Yeah, so I think the biggest impact is
19 going to be the cultural shift. And I think for -- it's the unlearning and relearning process
20 that needs to be happening. And that needs to be led by all of our leaders, people in
21 positions of power, that violence is not going to be accepted in all parts of our society.

22 Around recommendations, I want to focus in on, just like Sue said,
23 around schools and children and how much time they spend. A lot of adults spend a lot
24 of time in workplaces. And I do believe that more education prevention and
25 accountability needs to be attached to what is happening in workplaces, along with all of
26 the other things around funding community-based organizations, providing wrap around
27 non-carceral approaches, and having a community collaborative response to violence
28 and abuse, and also making sure that individuals that perpetrate violence have access

1 to services.

2 The one size fits all approach does not work for perpetrators of
3 violence and it does not work for victims and survivors. And our funding, funding that's
4 coming both provincially and federally, cannot be reactionary and it cannot be funded
5 with a one size fits all model and we need to be addressing that.

6 And then I want to talk about the workplace. So one way of doing
7 changing is again for -- through workplace. So through occupational health and safety,
8 violence in the workplace, through harassment and bullying that appears in other
9 policies. We need to ensure that both employers, employees, unions, and processes
10 like mediation and arbitration through the Departments of Labour or Human Rights have
11 a clear understanding of how to respond to violence and ensuring that violence and
12 abuse is not continuing in workplaces.

13 And I'm going back to the non-disclosure agreements for a second.
14 And, you know, we're seeing this, and I think it's timely for this conversation, with
15 everything that's come out with Hockey Canada, with PEI passing legislation to ban the
16 misuse of non-disclosure agreements in sexual violence, bullying, and abuse cases,
17 that our province here in Nova Scotia needs to be following with that, and giving a clear
18 message to all individuals who are using violence, doing -- you know, sexually abusing
19 or exploiting individuals, that this is not going to be accepted. Survivors and victims
20 should not be left with the message with, "We're going to pay for your silence. You're
21 going to be silenced and you can't speak." We cannot continue to allow this to remain
22 in a silo where the continuum of violence continues to happen.

23 If that continuum of violence is happening within workplaces, what
24 do we think is happening when people go home? Right? And when people are using
25 domestic violence, gender-based violence, it is showing up in lots of different areas and
26 employers need to have processes, have response and accountabilities in place to
27 ensure that this is not taking place, that they're addressing that and not avoiding that, or
28 protecting individuals within workplaces.

1 And too often, you know, there's individuals that are working as
2 employees in workplaces alongside of their partners, who might be also within the
3 organization, right, or the workplace.

4 And what messages are we giving when employers do not follow
5 their obligations and responsibilities around responding to violence and abuse?

6 And yes, in Nova Scotia, we have violence in the workplace under
7 occupational health and safety.

8 And it's not just about policies and legislation. It is about how that
9 then practically applies to holding individuals accountable, making sure that employees,
10 individuals that experience violence and abuse, or bullying, understand how to report --
11 how to safely report that employers are not knowing how to respond, right, or may be
12 part of the revictimization, secondary wounding, and betrayal that happens when they're
13 responding to individuals that do come forward.

14 We need individuals in the Department of Labour who are
15 investigating workplace violence cases to be trained in fully understanding the scope of
16 gender-based violence and intimate partner violence. We need to stop using non-
17 disclosure agreements. They need to end. And we're not talking about ending all
18 NDAs. We're talking about NDAs that are being misused in violence, abuse, sexual
19 violence, and harassment cases.

20 We need to also make sure that workplaces are responding -- are
21 culturally responsive, both from employers, managers, people in leadership, and
22 employees around being culturally responsive to individuals who experience violence in
23 workplaces and creating safe spaces.

24 Overall, whether it's individuals perpetrating violence or victims,
25 there's not enough safe spaces to come forward. And it all is, you know, based on
26 people be shamed, blamed, right, internalized messages that they're getting from a
27 response, or a lack of a person responding.

28 I do believe in my work, over the last 13 years, there is many

1 individuals who have internalized a lot from professionals around where they're
2 revictimized and we need to be addressing that. But we also need to be addressing
3 that individual's who perpetrate violence, if we use shame and blame and are not able to
4 have conversations, or avoid those conversations, that's not helping anyone. It's not
5 helping victims and survivors, but it's also not helping the perpetrator of the violence.

6 And I do believe that the more education that happens, the more
7 resources that we put into our workplaces, including our unions, around process,
8 around employees knowing their rights and creating safe spaces with employers, when
9 reports of violence, bullying and harassment come forward, we do create safety for all
10 individuals and there needs to be accountability, like Katreena talked about, with that
11 being built right into our occupational health and safety legislation laws.

12 And I know that differs between provinces, but we need to ensure
13 that there's accountability around that, around individuals who perpetrate violence as
14 well, and what those supports look like.

15 **MS. EMILY HILL:** Thanks very much.

16 Jeanne?

17 **MS. JEANNE SARSON:** On the issue of torture by non-state
18 actors, so my recommendations will be more specific. I think it begins with the right to
19 speak the truth. And for the women that Linda and I have supported, it's their idea that
20 legally they have the right to also speak the truth and to uphold their human dignity to
21 speak the truth, because they tell us all the time that if they're not listened to around the
22 torture that they've suffered, they're misunderstood, they're excluded from feeling part of
23 society. So our first recommendation really would be to eliminate the discrimination in
24 the *Criminal Code* under 269.1 which only identifies torture by state actors and it lists
25 the state actors. And that would also fall into line with what the United Nations is trying
26 to do, to eliminate that discrimination, because they know in the late 70s and in the early
27 80s, when human right instruments were being designed, that women were never
28 thought of as being torture victims by non-state actors. It was just not a reality. So that

1 would be our first recommendation to make sure there's social inclusion legally and from
2 a human right perspective and human dignity.

3 And that brings in prevention, because once we know a crime is
4 being committed, we have to learn the MO of the perpetrators. We have to understand
5 how those who are being tortured by non-state actors, how they will respond and the
6 type of healing that they need. And what we have found out in our 30 years, that we
7 have to do more than trauma informed, we have learned we had to do victimization
8 trauma informed. So that means the time needed for the women to recover and get
9 back on their feet, they have to have their victimization told. And that's a global reality
10 to state actors when they perpetrate torture, women have to tell their story. We know
11 that through the international criminal court too, that you have to have time. So that
12 changes how healing will occur. It changes the time that is required for healing. So this
13 is prevention. You know, for us, naming the crime of non-state actor torture is a fact of
14 prevention.

15 In a general sense, I think another recommendation we have is the
16 fact that watching in the last while with the Commission, we have to understand that
17 animal cruelty has to be mentioned because that's an indication. And the women who
18 have been tortured have told us over and over again that they've been forced to harm
19 their pets. I'm watching Emily there because I don't have a watch.

20 **MS. EMILY HILL:** About one more minute.

21 **MS. JEANNE SARSON:** Okay. So I think we have to look at the
22 *Criminal Code*, which was changed, to bring in the whole issue of animal cruelty and
23 bestiality, because if we don't -- if we're not free to speak the words, women are not
24 going to tell us what they've endured.

25 The issue of I think whistle blowing, I think we have to look at the
26 *Criminal Code* around whistle blowing because that's a tactic, regardless of whether it's
27 intimate partner violence or a torture, a non-state torture. The fact that they use the
28 *Criminal Code* in such a way that they make a woman go back over and over and over

1 again, when women don't have the money, they have less finances, and it just wears
2 you out. If you have defamation, you're going over and over again, your job is at risk,
3 your identity is at risk, your reputation is at risk. And Canada, in the research that I've
4 done, has some of the most limiting, if you will, whistle blowing legislation globally in the
5 studies that have been done. So thank you.

6 **MS. EMILY HILL:** Thanks so much.

7 Linda?

8 **MS. LINDA MacDONALD:** So I think I want to say that in the work
9 that Jeanne and I have done, but it applies to anyone, in my opinion, because violence
10 affects so many of us, we have to really stop thinking about, talking about violence in
11 small rooms, isolated with one person. You know, we have to refrain violence as a
12 social reality and stop worrying about the triggering, because in the work that we've
13 done with women and torture, they become untriggered after a while, the more they tell
14 and the more they talk. So if it happened -- if it can happen to them, it can happen to
15 any of us. How are we ever going to be able to talk about it on the street corner, or in
16 the bus, in the beauty parlour, you know, at the dinner table, at a party. How are we
17 ever going to really get cultural transformation if we don't go beyond the fear? That's a
18 really big part of the work that I think needs to be done.

19 And I'll give you an example. I was on a learning webinar with a
20 policeman from the United States and he'd done research all across the United States.
21 And the two questions that the police resisted asking are have you ever been sexually
22 assaulted by this person that harmed you today, or have you ever been strangled. And
23 so they asked, "Well, why didn't the police ask those questions?" And they said they
24 were too embarrassed. You know, violence is not about embarrassment. It's not about
25 having sex with someone. It's about finding the worst that they've ever done. So with
26 the women that we work with, or anyone I talk to that starts talking to me about their
27 violence, I say, "What is the worst that ever happened to you? Let's not start with the
28 least. Let's start with the worst. Get that over with." And it's amazing how many people

1 are so relieved to be able to talk about the worst. And that's what undoes the triggering.

2 So, you know, we have to get it out of these little dark corners that
3 we're talking. And it can -- anybody, you know, this doesn't apply to doctors, and police,
4 and to social workers, or nurses, or -- it applies to all of us, you know, wherever we are,
5 in any of our work, at work, or with children, or with our neighbours. That's where the
6 social transformation happens because if we can identify the worst crimes, then we can
7 be proactive and prevent them, and that's what we really need to do is start trying to
8 really understand how we can prevent femicide. That's really key. I think it's -- people
9 still have a hard time believing that it's preventable, but it truly is. And we need a crime
10 for femicide in the *Criminal Code* and strangulation in the *Criminal Code*, so that they're
11 identified separately. So we refrain. You know, men are killed and so are women.

12 The homicide in our country is going down, but femicide has not
13 moved. And every two days in this country a little girl or a woman are murdered. You
14 know, that's an outrageous statistics in a so-called developed country, and we're not
15 going to get beyond it by doing anything but being real and going towards the worst, not
16 run away from it with our fear. That's my simple response. Thank you.

17 **MS. EMILY HILL:** Thanks very much. I'll turn now to Maryanne or
18 Kim. Okay. Thank you.

19 **DR. MARYANNE PEARCE:** Hi, thank you very much for having
20 me. Do I sound okay? Okay.

21 So both from my academic work, my work with the RCMP and my
22 volunteer work with women's shelters and animal rescue, I have a couple just thoughts
23 of things that I've seen over the years that might help developing recommendations.
24 For one thing, the idea of the threats or the actual abuse or killing of pets has been
25 identified as a major risk factor. There is an article, I don't remember the author, but I
26 do have it, I can send, is "Not Without my Dog" or "Not Without my Pet". It is a really
27 good example of academic research on this issue.

28 So in Ottawa where I'm from at the moment, for instance, Interval

1 House in the last couple years has allowed for pets to come in, and so that's been
2 helpful, but not all women's shelters can do that. There's also an initiative called Safe
3 Pet. There's one in Ottawa. It's usually Safe Pet Halifax, Safe Pet whatever city. And it
4 is a network of -- so you call, and there are foster homes that will take your pets, take
5 care of them for free, vet, food, everything, until you are safely out of the shelter in a
6 home and then your pets can be returned to you, so you don't have to have that worry.
7 And in more rural areas as well, there's -- I've seen partnerships with -- well, even in
8 cities, partnerships with humane societies, but in more rural areas sometimes breeders
9 or boarding kennels will partner up with a shelter or something to provide that service as
10 kind of a community service, so I've seen that.

11 In -- I've seen on reserve where there's a -- because the housing is
12 largely controlled by the Band Council -- has instituted a policy where the -- it is the
13 offender who is removed from the house and the rest of the family stays. As Dawn was
14 saying, so you don't have somebody living in a car or without housing, but also not
15 being put into somebody's potentially overcrowded house as well to other vulnerable
16 people, so -- but again, that requires a place to go and, in this case, they do.

17 And I do have some literature on that as well.

18 And I believe in Nova Scotia they have these idea of hubs. In
19 Ontario, they call them situation tables. I was really fortunate enough to be able to see
20 these in action and -- in Ontario and, you know, all the folks come together stopping the
21 silos and social services, the education, everybody together. And the issues of privacy
22 around this are well managed through these situation tables or hubs, and I can also
23 provide some information on that.

24 And since COVID, the child protective services in Texas, all their
25 court stuff is online and it's been very interesting, but in that situation they consider --
26 they will remove children if domestic violence is happening in the home if it's not --
27 there's not a safety plan in place and that type of thing, but before -- even before that,
28 before children are removed or afterward, there is a full wraparound services for both

1 victim and offender which include social and psychological assessments, very intense
2 addiction services, individual counselling, children's counselling, a batterer's
3 intervention program and a victim portion of that. So -- and that's all provided, I believe
4 except for the batterer's -- offender part free of charge.

5 So -- and that -- and they generally try to do that before children are
6 removed.

7 So there are -- and then through COVID, because in rural setting
8 and/or pandemic ways of using technology to provide access to services that may not
9 exist in the small town where you live, and that has been very interesting, so.

10 And then the last thing I was going to mention is we do have a
11 document put together as of 2017 that identifies a bunch of different violence prevention
12 programs and initiatives across the country for the RCMP that I'm happy to provide as
13 well. If any of this is useful to the Commission, I'm happy to provide it to Heidi to pass
14 on so that you can look further if you have an interest.

15 Thank you. Migwech.

16 **MS. EMILY HILL:** Thank you so much.

17 I think one of the papers you've referred to is -- sorry -- was brought
18 to our attention by Dr. Doherty, so I appreciate you referencing that, but we may follow
19 up with you with regard some of the other resources that you've listed. Thank you.

20 And so I'll turn to you, Kaitlin, I think.

21 **MS. KAITLIN GEIGER-BARDS:** Great. So I agree with everything
22 that's been said.

23 Just to follow up on what Maryanne was saying about technology in
24 providing services, we also need Wi-Fi and good connectivity, especially in rural areas,
25 to access some of these. I mean, it's great that things can go online as long as they're
26 accessible, of course.

27 So the big thing that I want to say is that we -- the work has already
28 been done. We don't need more recommendations. We just need action, essentially.

1 Katreena Scott has set out her clear recommendations and the
2 perpetrator programs. I'm going to speak specifically about the National Action Plan,
3 which I know has been spoken about by others at the -- during this inquest.

4 So this was a moment when 40 experts from across the country
5 came together last year to produce a ready road map for the National Action Plan on
6 Violence Against Women and Gender-Based Violence. This roadmap answered the
7 question, "What will it take to achieve a Canada free of gender-based violence?"

8 Different sectors came together to do this, looking at different
9 required responses. The report was a culmination of 10 years of advocacy, so we've
10 been saying the same thing for 10 years and would like to see some action on that.

11 The United Nations had said that every country should have a
12 national action plan, I think, by about 2015 was the year, and we're just getting there in
13 Canada now.

14 So the report for the National Action Plan, the roadmap, set out 100
15 recommendations across four pillars, so 100 recommendations are already there.

16 These were across the four pillars that were enabling environment
17 and social infrastructure, prevention, promotion of responsive legal and justice systems
18 and support for survivors and their families.

19 The NAP talks about it, for it to be successful, there needs to be
20 independent oversight and evaluation. There needs to be billions in investment, not
21 millions of dollars. There needs to be an all-government approach, cooperation and
22 coordination between all levels of government. Of course, the voices and experiences
23 of people most affected need to be at the centre. There needs to be a minimum of a 10
24 years horizon.

25 So the barriers to this implementation, of course, is political will,
26 which we've talked about before, and also partisanship. So we really need to get to a
27 place where it's obvious to every politician and every member of the general public as
28 well that gender-based and intimate partner violence are not -- are non-partisan issues.

1 There's always the fear, for example, regarding the NAP or any improvements made by
2 any government that if an opposing party comes in, those gains will be undone. We've
3 seen this happen in the past.

4 So the political will to invest this amount of money is needed to do it
5 properly.

6 Women's Shelters Canada is concerned about how the NAP is
7 being implemented, so there -- currently there's individual agreements between the
8 federal government and the provinces and territories, so it's not going to be this holistic
9 response or all of government coordinated response.

10 Quebec has already said it won't sign on to the NAP, to our
11 understanding, so that is problematic as well. And a line we often use is that the
12 services and supports women received should not be dependent on their postal code,
13 and we're concerned that that's still going to be the case in the way the NAP is being
14 implemented.

15 Along with the NAP, we need training, as has been spoken about
16 before, so we need training for police, we need proper training for shelter and
17 prevention staff, mental health workers, physicians, workplaces, neighbours, friends,
18 family, everything that's been stated, especially judges and lawyers.

19 So I was going to bring up a case in Gatineau, Quebec that just
20 happened where a man who was found guilty of physically abusing his wife was --
21 received a conditional discharge because the judge said that imprisonment could put his
22 job in jeopardy and that a criminal record would prevent him from visiting his sister in
23 the U.S. and could prevent him from volunteering at his church.

24 So these are things -- we need more training in all of these
25 examples.

26 I agree with what Sue was speaking about, and Dawn and others,
27 about education. We need coordinated education about consent, about healthy
28 relationships across the country.

1 I did do some work about 10 years ago in England with the White
2 Ribbon Campaign UK, and we went into schools and talked about healthy relationships.
3 And just to give an example of sometimes what the misperception among children, so
4 there was this idea that like, you know, if my boyfriend is texting me constantly every
5 five minutes because he wants to know where I am and he cares about me, and that's --
6 you know, there's the idea that that's a caring -- a caring thing. And we were able to
7 say, "Well, if it's every two minutes then, like, that's a controlling behaviour. That's not a
8 caring behaviour". And kind of be able to teach that.

9 I would also speak about gun control. So there should be an
10 automatic suspension of firearms licences upon any domestic violence-related charge.

11 I would personally say any violence-related charge, but I haven't
12 discussed that with my organization.

13 We know that a vast majority of mass casualties involve femicide or
14 familicide, so the killing of family members. We know that more than half or so of the
15 massed shootings in the U.S. that involve strangers or members of the public start with
16 an act of intimate partner violence or violence against a female family member.

17 We know that owning a gun increases the risk of death in a
18 domestic violence setting. In rural settings, especially true. We also know that rural
19 women are disproportionately victims of femicide.

20 In terms of funding, we need more funding, full stop. We also need
21 to stop the per capita funding when it comes to rural, remote and northern areas. These
22 are areas that are most in need of funding, so we need to not do the per capita funding
23 where northern -- where the territories have the most -- the highest statistics of violence,
24 where northern parts of provinces have the highest rates of femicide where, as I said,
25 rural women are disproportionately affected by femicide. So we need to put more
26 resources into the rural, remote and northern areas.

27 Those are all my comments for now. Thanks.

28 **MS. EMILY HILL:** Thank you very much.

1 So I'll turn now to you, Katreena Scott, just to offer your comments
2 on these questions. And again, feel free to, yeah, reflect back on what you've heard at
3 this -- up to this point.

4 **DR. KATREENA SCOTT:** Well, I'd like to thank you and I would
5 like to share some of the panelists' frustration and reflections that we have had many
6 recommendations made. They are well thought out, they have been consultative, they
7 have brought many voices together in terms of what needs to change, and so we know
8 a lot about what to do.

9 I think what I would like to do is reflect a little bit starting on services
10 and then I'll talk a little bit about training.

11 When we think about services, and what we need to do, is we need
12 to gradually build a more -- a flexible and responsive system of response to abuse.
13 Perpetrators that, as was said, that kind of echoes and has some of the features of work
14 with survivors and victims.

15 I think in doing that, one of the ways -- one of the things to think
16 about is we know that different communities across our province and across the country
17 are different, and they have different needs. And I think one of the ways to start to
18 develop flexible services is to really empower communities to build this work. That
19 means bringing leaders of communities together, leaders in the public sector, leaders in
20 the child protection sector, leaders in the justice sector to make sure that they, first of
21 all, have the training on domestic violence and they understand the magnitude of the
22 problem, and then can collaborate to decide what is needed in their community to move
23 the dial.

24 So in some communities that might be housing-based, in some
25 communities that might be developing linguistically and culturally appropriate services,
26 in some communities it may be expanding or working with the mental health plus
27 domestic violence services so that communities can have some power to implement the
28 changes and gradually build in a way that makes sense for moving the dial in their

1 communities. And so that requires both at leadership level and, as was just talked
2 about, the collaboration, the systems level, case level collaboration where people can
3 come together on high-risk cases and discuss what needs to happen.

4 Because one of the other things is that, you know, many of us in
5 our lives know somebody who we're already concerned about because of the way that
6 they're behaving or because of something that they're experiencing. Many times those
7 individuals who are most high-risk are known by multiple different service and service
8 providers in community, so having situation tables or collaborating tables that can come
9 together and make plans for those individuals that promote accountability and safety is
10 really important.

11 So that's what I want to say on the service development side.

12 In terms of for training and awareness, I find myself reflecting a little
13 about, you know, the importance of this Commission and the voice that this Commission
14 has and what might be possible with it. So I am trained as a clinical psychologist. I've
15 been teaching for years, originally at the University of Toronto for many, many years in
16 the Clinical Psychology Program. In the clinical psychology doctoral and masters level
17 training program, the only material that our -- our new clinical psychologists got on
18 gender-based violence was material that they got in a course that they took from me if
19 they chose it as an elective.

20 In clinical psychology there is no requirement on training in gender-
21 based violence. This is true in most regulated professions. And I know that when you
22 try to advance the need for training in gender-based violence there's a lot of pushback
23 around, you know, we have other things that we need training on, but if we're really
24 going to recognise that gender-based violence is a core issue in child protection, in
25 policing, in justice, in mental health and substance use, we can't allow that not to be
26 taught in our programs. Social workers and colleges of regulation around social work,
27 around psychology, around medicine, around nursing, around law and judicial training is
28 needed to be mandated in gender-based violence.

1 Finally, I have asked to show one slide because the final point I
2 want to make is around recognition of the expertise of those who do work specialist
3 work in gender-based violence. This is the final diagram of a national project that we
4 engaged in over the last couple of years. The report was released a number of months
5 ago, it's referenced in our report, but it shows the expertise that those who have -- that
6 work in gender-based violence as specialists that shows what they bring to the table.

7 I think it's important to better recognise that skill and knowledge,
8 and I think it's important to do that because often the voices of people from shelter, the
9 voices of people who are working with victims of torture, or with children and youth who
10 have been experiencing domestic violence are not given the same weight and value at
11 the table as those of other -- of other professionals, and I don't think there's strong
12 recognition of the really specific and important expertise they bring to the table.

13 This diagram is kind of a culmination of a large document that
14 outlines what it is that gender-based violence specialists know, understand, and are
15 able to do. There is more work to be done. The blank petals represent areas that still
16 need development. For example, we didn't look in this project on sexual violence and
17 the importance and the knowledge of those who provide sexual violence services. But I
18 think recognising that expertise in a very formal way is going to be also important.
19 Thank you.

20 **MS. EMILY HILL:** Thanks very much.

21 I'm not sure, Commissioners, if there are any questions or ideas
22 that you'd like to hear us speak about a little bit more before we -- before we take a
23 break?

24 **COMMISSIONER STANTON:** It's Commissioner Stanton
25 speaking. One thing I would just note for the public is that the diagram that was just
26 shown is in the Commissioned report of Dr. Scott. So it was hard to see on the screen,
27 I appreciate that, so the Commissioned report is on the website, and -- so people can
28 take a look at it there.

1 I did just want to follow up. Dr. Pearce, certainly we would be very
2 interested in the resources that you mentioned, and I'm grateful for that. I'm of course
3 familiar with your foundational dissertation that identified the scale of the Missing and
4 Murdered Indigenous Women and Girls crisis in the country, and so it's good to know
5 that you are continuing work in the area that you're in.

6 I wondered if you could talk a little bit about the unit that you're
7 affiliated with the RCMP? If you could restate the name of it, and just tell us a bit about
8 what it does, please?

9 **DR. MARYANNE PEARCE:** Sure. It's National Crime Prevention
10 and Indigenous Policing Services Canada. My colleague, she's actually my boss,
11 Superintendent Kim Taplin, is probably -- she -- I'm a special advisor, but she's in
12 charge, so perhaps she would be better off to speak about the ins and out of it, if that's
13 okay.

14 **SUPT. KIM TAPLIN:** Yeah, I'd be happy to. So in my role, I'm
15 responsible for overseeing national policy programs, education, community outreach
16 from the National Headquarters perspective. I am supported by numerous employees
17 who focus specifically on areas, such as, you know reconciliation, victims services,
18 human trafficking, community safety and well-being, youth services, are just a few of the
19 areas of experts of folks that support the work.

20 One of -- I would -- I would mention that one of the important
21 factors here that we take into consideration, is that while we may have a national policy
22 or procedures, what's really important here is that we build in the flexibility for the RCMP
23 to work with their communities at the local level to implement strategies that work for
24 that community and that recognise the expertise, the services available in those
25 communities, and also, you know, sort of the size and -- of the communities and such.

26 So in a nutshell, that's what I do. I could go on for hours, probably,
27 but I hope that that's enough information for you.

28 **COMMISSIONER STANTON:** I wonder if you could tell us a bit

1 about whether your unit has remit to review the recommendations made by past
2 inquiries and to ensure their translation into policy for the RCMP, and then how that
3 knowledge gets transferred to members?

4 **SUPT. KIM TAPLIN:** Sure. Yeah, perhaps I would -- I would --
5 Maryanne just signalled that she would like to provide some information on that. So if
6 you would.

7 **COMMISSIONER STANTON:** Sure, and maybe just tell me when
8 your unit was established, please?

9 Is it a fairly recently structured one or ---

10 **SUPT. KIM TAPLIN:** No, that's been ---

11 **COMMISSIONER STANTON:** --- it's quite ---

12 **SUPT. KIM TAPLIN:** --- in existence for many years.

13 **COMMISSIONER STANTON:** Okay.

14 **SUPT. KIM TAPLIN:** And it falls under the Contract and
15 Indigenous Policing line.

16 **COMMISSIONER STANTON:** Right, okay, thank you.

17 **SUPT. KIM TAPLIN:** M'hm.

18 **DR. MARYANNE PEARCE:** As part of -- I was on part of the team
19 that responded to the MMIW Inquiry on behalf of the RCMP, and one of the things that
20 we did is -- now, most of them I had personally knowledge of from my academic work,
21 but I went through them, plus many, many more. We did a mapping exercise, a small
22 team of us, on the recommendations and then our policies, both nationally, divisional,
23 and then if there was detachment ones.

24 So we did a huge analysis of that and then as anything came in just
25 make sure that we were either, you know, at level or exceeded, or it wasn't applicable
26 because some things -- for instance, if it's for the Winnipeg police, well, I would still read
27 that because it -- take a WPS, and maybe RCMP, maybe it would work, but some of
28 those were very specific to that telecom or something, so not applicable. So we went

1 through that to make sure all those recommendations.

2 And that's something that we -- you know, we still do this. It's part
3 of our -- it's not just myself and Kim's team but other parts of Contract Policing will, for
4 instance, MCrOps, the National Crime Prevention -- Criminal Operations section would
5 do the same thing, like, when the Toronto -- when the report regarding McArthur came
6 out, you know, that came to me but would also go to MCrOps. And we would all take a
7 different review.

8 From my perspective, I was looking from a gendered, Indigenous,
9 LGBTQ perspective, as well as just the policy part. So we would all do that. That's kind
10 of our daily business is making sure that regardless of it's our police service, a province,
11 a territory, that we do review that to make sure anything relevant and best practices or
12 you know, systemic issues that were identified. We look at it from our perspective,
13 that's kind of a standard.

14 **COMMISSIONER STANTON:** That's really helpful. And I just
15 wonder how the knowledge gets transferred out to frontline folks from -- it's good that
16 the analysis is happening. How does the knowledge transfer happen?

17 **SUPT. KIM TAPLIN:** So that's a really good question. They're a
18 large organization. So I would say generally that information is shared through our
19 Criminal Operations Officers; for example, through coordination with them,
20 conversations with them. But also at a more, I would say, granular level, each of the
21 units within the National Headquarters that fall under my purview, have contacts in --
22 within the divisions. And so they maintain regular contact through those working groups
23 steering committees; just regular information sharing.

24 And so that's sort of at the more granular level, but certainly at the
25 higher level it's shared through, you know, more formal means.

26 **COMMISSIONER STANTON:** Thank you very much.

27 I just have one clarification that I wanted to make, in particular for
28 Women's Shelters Canada. You've made a submission a number of times now that

1 says that the Commission has essentially added to the problem of the cultural framing
2 of gender-based violence. You, each time, specified the remark made by Commission
3 Counsel with the first Foundational Document that was presented. I think you've made
4 it three times verbally and once or twice in writing.

5 We've heard it each time, but I would invite people to know that
6 structurally we have independent Commission Counsel, and I would invite you to also
7 attend to the very carefully worded submissions made by independent Commission
8 Counsel during the two weeks that we spent on gender-based violence, and the way in
9 which the evidence was presented at that time, and we can spare you from making that
10 submission a further time.

11 So we really do appreciate all of the submissions today, they've
12 been extremely helpful, and we are very much looking forward to the written
13 submissions that we will receive.

14 So thank you all so much.

15 **MS. EMILY HILL:** I think the time suggestion is that we take a one-
16 hour break and come back. We'll be joined by a couple of more participants and
17 continue this conversation this afternoon.

18 --- Upon breaking at 12:31 p.m.

19 --- Upon resuming at 1:41 p.m.

20 **MS. GILLIAN HNATIW:** Good afternoon, Commissioners,
21 Participants. We are going to resume proceedings for the afternoon.

22 This afternoon's session will be focused on a discussion of equality
23 and community safety and wellbeing. And in a few moments, Emily, my co-facilitator,
24 will invite you all to reflect on questions that are designed to help the Commission
25 understand what resources and supports women, children, and other vulnerable people
26 experiencing violence need in their communities to help with safety. And we're
27 particularly interested in hearing about the particular needs of individuals in rural areas
28 and also the particular needs and particular impacts on members of marginalized and

1 racialized communities when we look at possible ideas and actionable
2 recommendations for keeping families, individuals, and communities safer in the future.

3 We are joined this afternoon by four new faces around the table.
4 So I will just quickly introduce and welcome Julia Rustad, who is with “H” Division Victim
5 Services; Nick Cardone, who’s with Free Range Therapy and has authored a report for
6 the Commission and will be offering us a brief presentation in a few moments. And also
7 as representatives of Nova Scotia, I’m very pleased to welcome DeRico Symonds,
8 who’s the Senior Executive Advisor to the Deputy Minister, the Office of Equity and Anti-
9 Racism Initiatives; as well as Jill Barkhouse, who is the Director, Child, Youth, and
10 Family Supports from the Department of Community Services.

11 So welcome to you all, and welcome back everybody else from
12 lunch. Hope you all had a chance to get some food and take a breath and engage in --
13 prepare to engage in this afternoon’s discussion.

14 So as I mentioned a moment ago, we’re joined as well this
15 afternoon by Nick Cardone, who’s a therapist in the community and is going to deliver a
16 brief presentation to start our discussion this afternoon.

17 So without further ado, over to you, Mr. Cardone.

18 **MR. NICK CARDONE:** I think I need to see my slide deck. There
19 we go.

20 **MR. NICK CARDONE:** Good afternoon. It’s an honour and a
21 privilege to have been invited to the Commission to participate, what I believe is my
22 scope of practice, my expertise, and the experiences I have as a mental health clinician,
23 certainly as a male-identified individual, and also as a father.

24 My discussion today is a looking at is a brief summary of the report
25 that was commissioned by myself and my partner in this work, Brian Braganza. It’s
26 important to state at the outset that this presentation here is and cannot be a complete
27 summary of the report. We simply don’t have enough time for that, so.

28 I will do my best to summarize and for more details on anything that

1 comes up, please feel free to speak to me afterwards or, if you have a while, you can
2 read the report.

3 Again, my name is Nick Cardone. I am a mental health clinician, a
4 registered counselling therapist in the Province of Nova Scotia. I have a private practice
5 clinic called Free Range Therapy where I work with, almost exclusively, men and boys,
6 male identified folk. That is my primary specialty.

7 The secondary specialty is how I work and how I do the mental
8 health piece, and so I invite my clients into exploring non-traditional or alternative ways
9 to do the therapy or places to do the therapy. And so for example, this past Monday I
10 spent part of my day walking around Point Pleasant Park with some of my clients.

11 There's a longer story to that. I'll get into that a little bit later.

12 My partner, Brian Braganza, he has been working with men and
13 boys for the last 30 years in various capacities. He is an educator and a facilitator.

14 Brian and I, if we could sort of summarize the nature of the work we
15 do is, really, to work to disrupt harmful expressions of masculinity and invite men into
16 exploring healthier versions of themselves as men or boys.

17 The intention here in this presentation, as briefly as possible, is to
18 explore these concepts of masculinity, again, which are complex in and of themselves.
19 I'll do my best to be brief in those descriptions, but also to explore some of the -- or
20 introduce some of the harmful expressions of masculinity beyond the reason why we
21 are here in terms of the mass shooting and, ideally, invite us to consider some
22 recommendations, solutions, strategies and supports across the spectrum and not just
23 with men, either.

24 In a larger context, what I hope to do here in a broad sense is really
25 try and render visible what, in many ways, is invisible or ignored, this notion of
26 masculinity. I'll explain more about that in a second.

27 Thank you again to the Commission. I think it's also important for
28 me to acknowledge that I come to you here on the shoulders of largely women over

1 generations who have worked so tremendously hard, screaming from the mountaintops
2 and busting it in the trenches to basically say what I think I'm going to be saying to you
3 today, that masculinity in and of itself is not a bad thing, and yet harmful expressions of
4 masculinity pervade our society, our community, our children, our schools every day
5 and we tend not to see it and the impacts are negative, harmful and unacceptable.

6 And I'm here on the shoulders of all that work, and I think it's
7 important to explore that, especially those in the room here right now who do that work
8 as we speak.

9 A couple of quick definitions. You might hear me refer to notions of
10 gender, male and female, which sound quite binary. I assure you, I do not ascribe to
11 that belief. Gender is expansive in the work that I do and the notion of masculinity itself
12 is a multiple concept. I do not ascribe to the singular notion of what malehood,
13 masculinity or men is or are. Masculinities are as diverse as gender.

14 So before I jump in here, I'd like you to take a moment to think of a
15 man or a boy in your life, someone you know, family member, colleague, friend, okay,
16 someone who has suffered, someone who has struggled, someone who has been hurt
17 in some way, shape or form by another man or boy. And if you feel comfortable doing
18 so, I'll take a couple seconds here, please write that name down on your page
19 somewhere.

20 I will not ask you to show that. I will not ask you to share that later
21 as well.

22 If you wouldn't mind writing that name down, I'll give you a minute
23 to do that, please.

24 Okay. Please hold that person in your thoughts as we go through
25 this -- the rest of this presentation.

26 So the parable of the fish in the water. There is this story, it's in my
27 report, of these two young fish who are swimming through the water talking, as fish do,
28 and as they swim along, they see an older fish coming in the other direction. And as

1 they pass, the old fish says to the younger fish, “Hey, folks, how’s the water?”.

2 And that’s all they say, and they swim by each other. And then the
3 two younger fish look at each other quizzically and one of them says to the other, “What
4 the heck is water?”.

5 And my invitation is to assert and reassert throughout this
6 presentation that notions of masculinity and the harmful impacts of harmful -- of
7 unhealthy expressions of masculinity are all around us like the water around the fish.
8 And one of two things happens, okay.

9 We need to change the water because the young fish don’t know
10 it’s there or vaguely aware of its presence. The older fish knows it’s there and either
11 plays an active role in doing something about the water, the culture of masculinity, or is
12 complicit in those harmful expressions of masculinity.

13 And so I was rock climbing with one of my daughters a number of
14 years ago and when my kids are climbing, I always make sure to tell them, “Climb as
15 high as you want. If you need some help, please feel free to ask. Otherwise, when you
16 want to come down, let me know and I’ll lower you down”.

17 And there was a young boy about the same age as my daughter,
18 approximately 10 at the time, and his father and they were climbing right beside us.
19 And this young boy must have heard us as he was climbing. He was about 10 feet off
20 the ground. He looks down at his father and says, “I’m ready to come down now”. And
21 the father says, almost verbatim, “We’re here to climb up, not to climb down”.

22 And so the boy tries again and he looks back down at his father
23 and you could tell his voice was getting animated and he was clearly distressed and he
24 wanted to come down. And his father kept pushing and pushing and pushing with an
25 angrier and angrier tone until, finally, frustrated, with a loud huff, he lowers the boy
26 down.

27 And he says to the boy when he comes down, angrily, “How could
28 you let a girl pass you?”. Okay.

1 And so in that moment, I am, I'll say sarcastically, wanting to say to
2 the dad, "I'll see your son in therapy in about 10 years".

3 And the impact that moment has on that boy about his -- how he is
4 seen in the eyes of his father, his messaging around what it means to be a boy or a
5 man, how it means to compare to girls or women in that moment is transcendent. And
6 it's interesting as I sort of, out of the side of my eye, I just noticed the ripples in the
7 picture on the Mass Casualty Commission. The ripple effect keeps going, and it's not
8 just with that boy. It's his next interaction with someone who doesn't want to climb, it's
9 his next interaction with a girl or a woman. It's his next interaction with his father, okay.

10 That's one ripple effect. The other one, which goes ignored,
11 largely, is what does my daughter hear in that moment as well.

12 Masculinity as a social construct, social construct meaning it is a
13 notion, as I said, of guidelines that we as humanity, as individuals create the
14 boundaries, the expectations of what it means to be a man. Masculinity in and of itself
15 is not bad, okay. It's the harmful expressions of masculinity, okay. The water, the
16 culture of masculinity. That's where we get ourselves into trouble.

17 And so I made a comment about this earlier, but if we look at the
18 difference between the older fish and the new -- and the younger fish, the old fish, he is,
19 on some level -- he, if I can use that as pronoun -- he's aware of the presence of
20 masculinity enough to be able to ask about it.

21 The young fish, they may or may not be aware, right, maybe on
22 some level, like the teenager I'm currently seeing in my practice, who comes to me
23 because he is absolutely sick and tired of all the conversations with his peers, at school
24 primarily, right, who ask him, "How much sex have you had lately?" Or they're bullying
25 and taunting him because of the shirt he wears, or because of something that happened
26 last year, where he got emotional about something, and they're still chirping him a year
27 later. And so he might not be aware of the water around him, the culture of masculinity,
28 but it's having an impact nonetheless.

1 And for those older fish, if I can use that expression, right, those
2 who are aware and still use masculine norms in unhealthy ways, we condone those
3 harmful expressions of masculinity, we promote, they're celebrated in many ways.

4 I use this word "honour" that came up within the context of sort of
5 military culture where, you know, being a man, being a strong man, being a brave man,
6 being a tough man, is an honoured -- badge of honour.

7 And men are also compensated for those harmful expressions.

8 And so these unhelpful, unhealthy expressions remain largely
9 invisible until we start to shine a light on their presence, their harmful impacts, and what
10 we can do about it, which is one of my hopes with you today.

11 This is a current example that we all see in the media currently.
12 The Hockey Canada stories of sexual improprieties by junior hockey players throughout
13 the years. These are just the stories that have come to light; right? And yet we would
14 be remiss if we don't at least highlight, on some level, that over the years, and things
15 are changing, I'm going to own that, the Board itself, for example, has consisted largely
16 of, pardon the expressions, older white men. We can't ignore that.

17 Now, I'm not an expert in all the content around Hockey Canada;
18 okay? But this is what I see when I look at these stories. There's a reference to this
19 fund. Again, I believe it was referred to as the fund for uninsured liabilities or something
20 to that extent. And a good chunk of that money goes toward paying off people, women,
21 to maintain their silence. But there is a fund, our tax payers, by the way, our tax payer
22 dollars, that is allocated to paying people off to maintain silence.

23 And so the silence also is what we don't say, but also -- so one
24 example -- so there was a job opportunity that came up recently as a function of all this
25 going on with Hockey Canada, and in almost all of the media stories, I did a search on
26 this last night, almost all of the media stories, in the job description, okay, there is -- I
27 found two small references to the term "masculinity". Toxic masculinity I believe was
28 one of them. I don't like using that term.

1 My point is that we don't name what should be named.

2 And so, you know, the problems remain largely invisible or
3 silenced. Let alone the impacts. The impacts on other men and boys, but others in our
4 community: women, young girls, families, children, peers, workplace partners, et cetera.

5 So let me just give you a quick overview of what some of these
6 harmful expressions, harmful expressions of masculinity, look like. This is all in the
7 data. There's plenty of data to support this. I picked one set of references here. I'm
8 going to rifle through them quickly, just in the interest of time.

9 So the Conforming to Masculine Norms Inventory has 11
10 characteristics of "harmful expressions of masculinity": this notion of wining at all costs;
11 that I must control myself emotionally; high risk taking, high adventure type behaviours;
12 the condoning or promoting of violence; the dominance over others; the notion of a
13 playboy or having lots of sex; that I am good, I'm fine, I can go it alone, I don't need your
14 help; that work takes priority over all else; that there is some notion of a power structure
15 over women and that men are more powerful; some level of disdain for homosexuality
16 or anything that is not the same sort of sexual identity as a man; and that status is
17 something worth pursuing at all costs.

18 Now, these -- there's some generalizations in here, I do realize.
19 This is what this particular norms inventory highlights as the top 11 harmful expressions
20 of masculinity.

21 And so what happens here, and this comes from -- I mean, there's
22 many references to this, but I'm stealing this from the American Psychological
23 Association Guidelines for the Psychological Treatment of Men and Boys, I believe is
24 the reference; okay?

25 And I'll show you the quote in a second, but the nutshell is this, is
26 that -- let me just go back here -- is that the more a boy or a man adheres to these
27 norms, and there's ways to measure it, the greater adherence to masculine norms,
28 traditional masculine norms, the greater the likelihood a man or boy will suffer from

1 mental and/or physical illness.

2 The greater adherence to those norms will negatively influence the
3 mental health and physical health of a man or boy.

4 And so it comes, to me, it's a large term, I know, but I believe -- I do
5 believe that there is this crisis of masculinity. That's not just in this timeframe now. This
6 has been going on for generations, if not centuries. And, you know, we could have
7 another talk one day about the history of all this stuff. But in our present moment, men
8 are struggling. Men and boys are struggling.

9 And the ripple effect goes beyond just men and boys.

10 Here's where we get into some of the harmful impacts. So again,
11 there's a lot of stats here. Please just glance through them quickly. Okay. But if we
12 look at suicide rates, homicide deaths, perpetrators of homicide, incarcerations, mass or
13 school shootings, addictions, and overdose deaths, this is a disproportionate number of
14 men who are leading in these categories. And these are just some of the statistics. I
15 had to shuffle this down from about 50 percent of the stats that I had. The stats also
16 include, you know, intimate partner violence perpetrators, homelessness, struggles in
17 academics, first responder and military mental health and addictions statistics.

18 So why are we still talking about it? I've been given a five-minute
19 sort of warning, and so I'm going to sort of quickly go through a couple of things, if you
20 don't mind. I do apologize for the repitity [*sic*].

21 The older fish versus the younger fish. There is a notion of power
22 and privilege that cannot be ignored by those who stand to benefit from these harmful
23 expressions of masculinity. In doing so, that sets up a culture of dominance that if I
24 show up this way, that I will benefit in some way, shape, or form in my culture, in my
25 family, in my community, in my school, in my workplace. Right? And it's impossible to
26 ignore the connection to patriarchy here.

27 Habits and patterns are invisible, largely. So without shedding a
28 light, it's hard to change.

1 Here again, I'd love to talk about this more, but language is quite
2 powerful. And so whether it's what we don't say, or what we limit ourselves saying
3 when we don't talk about, you know, harmful aspects of masculinity in the Hockey
4 Canada stories, for example. When we talk about, you know, you know, a woman
5 being a victim of sexual violence, as opposed to a man being a perpetrator of sexual
6 violence.

7 I'm going to zoom through these notions of where do we learn
8 about masculinity because we're aware of all this stuff. This is just sort of media stuff.
9 This influences how a man shows up just as much as this. And these notions are
10 perpetrated in families, especially in father figures, but not exclusively, in our peer
11 community, through the media, and our community. And our community, for me, is
12 where do our children spend the bulk of their time? It's school, sports and socializing.

13 In rural settings, there is almost a magnifying effect because there
14 are more traditional expressions of gender roles in rural settings. The report, by the
15 way, has the -- some of the data and the research to support these statements. There
16 are fewer alternatives for other ways to show up as a man. There's a social reinforcing
17 and policing of traditional masculine norms that's quite rigid in rural communities, and
18 also, there's less access to gender-sensitive programming.

19 We do need a seismic shift, otherwise, nothing changes, and those
20 stats stay the same or they get worse.

21 So by way of example, I used to be an outdoor educator in north of
22 Toronto, and we used to do an environmental impact assessment of the Humber River,
23 measuring the quality of the health of the river from the north -- just north of Toronto all
24 the way down to where it flowed into Lake Ontario. And it goes without saying, but I'm --
25 further downstream the contaminants increased.

26 And so I use this notion, Brian and I use this notion of upstream
27 and downstream work to describe the same idea with men and boys. Upstream, how
28 do we work with men and boys at younger ages? How do we work with boys? And that

1 includes, and I'll give you some examples in a second, downstream is how do we work
2 with men who are already influenced, who are already, contamination is a strong word,
3 but who are already influenced by harmful expressions of masculinity?

4 We need to change the culture for youth and children, directly and
5 indirectly, and that means getting into our communities, especially our teens, and our
6 schools, and our youth groups. Okay? And that's where we get to have positive
7 influence for young people by changing the culture when they're young, and this
8 includes developmental programming, and media literacy.

9 How do we impact the influencers of young people? Parent,
10 coaching, and mentoring. Coaches, teachers, and therapists need greater training in
11 terms of gender sensitivity, and I believe on some level, we need greater media
12 accountability as well. Downstream, we need to find more effective, more resonant
13 ways to help men heal and find ways, better expressions, healthier expressions for
14 them to be men.

15 And in the therapy I do, okay, we talk about this idea that men have
16 poor help-seeking behaviours. And I don't disagree, but what I do assert is that we say
17 that if a man doesn't go to therapy, for example, that he must have poor help-seeking
18 behaviours. What we don't ask is does the therapeutic offerings that we do have in our
19 community—private, community-based, hospital-based—do those therapy offerings
20 resonate with men and boys, and are they gender sensitive.

21 Based on the work that I do, working almost exclusively with men
22 and boys, my clinic is busting at the seams. The group work that Brian and I do has an
23 attrition rate, and this is unheard of in the mental health community, an attrition rate in
24 the group work that Brian and I do of 1 percent. So therapy settings that resonate.

25 I believe I heard Dr. Scott earlier reference, these are my words,
26 but something of a drop-down menu of options, and this includes with intimate partner
27 violence programming, and improved access, of course.

28 The TONE Project is the name of the group work that we do, and

1 we need to create brave and vulnerable spaces for men. Jackson Katz refers to the
2 bystander coaching. How do we support men and boys to stand up in respectful,
3 responsible ways to call each other out in honourable ways?

4 And it's not just about mental health and addictions, it's also about
5 partnering, intimate partner violence, how do we engage in our communities. And we
6 need to train our therapists and other community leaders.

7 The question, and maybe I'll finish on this, just to honour my time
8 here. One of the questions that I received for this afternoon's part of the roundtable; this
9 is a direct quote:

10 "...what resources and supports do women, children,
11 and other vulnerable people need to be safe and
12 protected from violence?"

13 Now, I am not an expert in how to support women, children, and
14 other vulnerable populations. I do that, but I'm not an expert in that. What I am an
15 expert at is supporting a healthy evolution of men and boys by shifting the culture that
16 will then have a ripple effect into families, parenting, schools, therapy settings, sports
17 settings, and thus, the water I referred to earlier, the upstream and the downstream,
18 then becomes a cycle. Boys grow up to have healthy expressions of masculinity, who
19 will eventually become fathers, and coaches, and teachers, and mentors. That is my
20 hope of hopes, and I think the river feeds back on itself.

21 I'm going to leave you with this quote. It's an honour to be able to
22 quote -- to put this quote out to you, but I do believe that in the notion of power and
23 privilege it is the people in positions of power and authority that have the social
24 imperative to change. And if anyone's a Rush fan in the audience:

25 "...the men who hold high places must be the ones
26 who start to mold a new reality [that's] closer to the
27 heart."

28 It's not just about men, it's all of us in positions of power, big and

1 small.

2 And with that, I will say thank you very much for the privilege of
3 being able to speak here today.

4 **MS. EMILY HILL:** Thank you very much for that presentation. And
5 yes, the report is available and goes into some of these ideas in more time and with
6 more depth than we have today. Certainly, what we heard I think echoes a lot of the
7 conversation we heard from others around the table with regard to the change that's
8 needed in the community at large and how it connects to school and media, but also,
9 the important, I think, message throughout the change is possible, and we have to start
10 from that assumption that change is possible.

11 I'd like to now just move into the -- to discussing the question that
12 we just saw up on the screen a moment ago, which is what specific resources and
13 supports do women, children, and other vulnerable people need to be safe and
14 protected from violence? What is particularly needed in rural areas?

15 The hope, again, as we go around, is if people can keep their
16 comments under five minutes and think about if you're -- if you're here with another
17 organisation and sharing that time, just to make sure we can get through and hear from
18 everybody. I know that we've already heard some really helpful ideas that can generate
19 recommendations. In our -- at the break, I heard other people discussing this, and
20 certainly we even received a suggestion. Scott McLeod is here with us, someone who
21 has been personally touched by the work -- the mass casualty, and shared his
22 observations about the possibility of a recommendation focussed on linking in
23 Corrections and the work that happens in Corrections with some of the community and
24 other government resources that are available. And I see nods around the table to that
25 recommendation.

26 So I appreciate the work that's being done here today to offer those
27 practical solutions, and I just wanted to acknowledge that recommendation that came to
28 us.

1 So if you're comfortable, I would start with you, Emily, and ask you
2 to address the first question.

3 **MS. EMILY STEWART:** Hi. My name is Emily Stewart, and I'm the
4 Executive Director at the Replace Transition House. We serve Colchester and East
5 Hants communities. I'm also a registered social worker, so keep that in mind with some
6 of my responses here.

7 Thank you, Nick, for your piece today. I hadn't planned on sharing
8 a story that I had working with the youth who had been taken into care due to violence
9 in the home. He asked me to paint his nails, and I said sure, but why? And he said "I
10 want to be a girl." I said, "Oh, okay. Why is that?" And he said, "Because girls are kept
11 safe." We're told -- we teach boys we don't hit girls. So this 7 year old had internalised
12 that he had been removed from his home but his sister hadn't been because he was a
13 boy and he was bad and he was a violent person. And he had internalised that at such
14 a young age.

15 And you know, that always really stuck with me about the
16 messaging we're sending out to generations of people and how that's being heard. And
17 I always heard it in a different way because I am a women and I don't want to be hit, but
18 then there are -- the flip side to that is boys are seeing violence everywhere, and they're
19 experiencing it themselves, and they're learning at a young age, without understanding
20 the historical context that has made women more vulnerable to violence throughout
21 thousands of years.

22 So I think when we get to the recommendations and the public
23 education piece, this is very important to include.

24 I'd also like to back it up a little bit and deconstruct the idea of what
25 it means to be a vulnerable person.

26 So a vulnerable person in this is somebody that we're saying is less
27 able or unable to protect themselves and needs somebody to intervene on their behalf.
28 What this negates to consider is systemic things that leave people vulnerable. Are

1 women inherently weak? Are they inherently submissive? Is that why women are
2 vulnerable? Or are there bigger structural elements at play?

3 And Bell Hooks is quoted also in Nick's report and talks about how
4 these notions get reinforced in the patriarchy and that we need to address those things.
5 So instead of looking at people who are vulnerable, we need to look at marginalization,
6 colonization, oppression, and exploitation.

7 So in this case, vulnerability refers to a higher risk of experiencing
8 violence. It can also bring to mind a dichotomy of what a deserving and undeserving
9 victim can look like, because if we imagine a vulnerable person who is weak, who is
10 easily exploited, who doesn't fight back, the people we serve as a transition house don't
11 fit neatly into this perfect victim categories.

12 In terms of resources and support, I think it's important to address
13 the fact that in a capitalist society, access to money is the most valuable resource. So
14 as Dawn spoke about earlier today, my observation had also been quite similar. When
15 CERB was around, things were different. Women had \$2,000 a month, which meant
16 they could find housing. Right now, you cannot find housing for under about \$1,000 a
17 month pretty much anywhere in Nova Scotia. Income Assistance gives you \$975. So
18 lack of affordable housing, lack of financial security, lack of affordable daycare are all
19 resources that need to be put in place for equity to be achieved and may not, you know,
20 be immediately coming to mind when we think about community safety and wellbeing.

21 I think it's also important to recognize that in rural communities, we
22 kind of have a preconceived notion, especially in Nova Scotia, that's it's predominately
23 white and that there's less culturally relevant services available in rural communities.
24 And we could definitely use more for newcomers, as well as African Nova Scotian
25 communities. And I'm lucky that I'm in Truro, where we do have Millbrook Family
26 Healing Centre to serve Indigenous women and that the Resiliency Centre that has
27 recently been announced I think will really address some of those core routes for
28 Indigenous girls and women and two spirit individuals.

1 Further, in rural communities, lack of transportation makes it really
2 difficult to court appointments and other essential family errands. And then we also
3 have lots of areas in the community that you still can't get cell service. So when you
4 have a high-risk designation for a woman in a rural area and she is unable to use her
5 cellphone to call for help and the RCMP-provided panic alarms in some cases require
6 service to run off, those are systemic and structural barriers that all influence intimate
7 partner violence and community safety.

8 Also in rural areas, with the fewer resources available and fewer
9 degrees of separation because people may avoid using certain services because their
10 mom, their aunt, their uncle, their abuser's brother, somebody works there. And in the
11 past 30, 40, 50 years, we've heard a lot of, "Well we don't want to duplicate services.
12 We want to make sure that everyone has their mandate and everyone sticks within their
13 lines." But when you don't have duplication of services and there's no overlay and
14 there's no overlap, that's where the gaps exist. And when you have gaps, that's where
15 people fall through.

16 So I think there's just a lot of ways we can reimagine what we're
17 doing and recognizing what's already being done and recognize that not all forms of
18 abuse that I would recognize or, you know, a lot of our community partners here, are
19 criminal. So it is important that we invest in community-based resources, because
20 mental abuse, financial abuse, spiritual abuse, those things are -- psychological abuse
21 are deeply impactful, but they're not criminal. They would be if it was a stranger, it
22 would be forms of harassment, it would be different criminal definitions, but when it's an
23 intimate partner context, those things are very difficult to address with the criminal
24 justice system. So they can also be precursors to, you know, moving on to physical
25 abuse. And the earlier we can intervene and get the support for the person
26 experiencing the abuse and ensure that the person who is perpetrating the abuse has
27 adequate resources as well, that will also go toward building a safer community for all.

28 Yeah, those are my thoughts.

1 **MS. EMILY HILL:** Thanks very much. I appreciate your comments
2 with regard to vulnerability. I think it helps -- provides a good context for this
3 conversation.

4 I'll go now to Sue.

5 **MS. SUE BOOKCHIN:** Thank you so much.

6 And thank you, Nick, for that presentation. I would say, yes, yes,
7 and yes to all of that.

8 And also to ensure that we think about culturally designated,
9 culturally responsive, culturally sensitive work with boys and men, because if you are a
10 Black man in Canada or a Black boy, the pressures, the biases, and the traumas are
11 quite different than if you're a white boy. And the same for Indigenous people, that we
12 always be mindful that we are tending to and carrying for the people who have had the
13 least access to resources like this.

14 I think in terms of other recommendations, I think our carceral
15 response or calling of the police is quite limited. Most survivors do not call the police
16 and we need a range of providers who can help in filling the cracks that people are
17 falling through. I call these people navigators in some ways. So I have sent a proposal
18 that we had crafted about gender-based violence navigators. We know about offender
19 navigators. People who will walk with people who are going through these situations
20 throughout their time, whether they go through the criminal justice system or not,
21 whether they have to go through the family court or not. It's a foreign land for ordinary
22 citizens to go into the criminal legal system to do any of that. And it's very painful.

23 The other thing that survivors need because of that is some
24 accountability for system-induced harms. Many survivors have told us that if they had
25 known how they would suffer going through the criminal legal system, they would not
26 have reported the abuse.

27 We need restorative and transformative options, and those terms
28 are sometimes used interchangeably, but I think there are nuanced differences. And

1 because most people want to stay together. Most people do not want their relationship
2 to break up. So we need some options for people who need help in that way.

3 Survivors also often want the opportunity to contribute to change in
4 these systems. We rarely, if ever, invite them to the table. This Commission is an
5 example of that. But it happens everywhere at every decision-making table, at every
6 evaluation table, at every policy table. We don't actually invite survivors, who are the
7 ones who have the lived expertise to tell us what we're doing right and what we need to
8 change.

9 And I could argue that we need the voices of people who used
10 violence as well who are the one third to two thirds of people who use abuse who do
11 change. We need those voices too, because they can also inform what we're doing.

12 In a research project that we did that interviewed 40 women about
13 their searches for justice, it came down to three things: they wanted support; they
14 wanted validation that they had been harmed; and they wanted to exercise agency in
15 the process.

16 And when you go into the legal criminal system, you get, often
17 troublingly, very little of that.

18 But what we heard is that one person who offers that validation,
19 one person who offers you some dignity as someone who has been victimized can
20 completely change the course of that experience for you and change the course of a
21 life. If you get a judgmental response back, you may completely shut down and run in
22 the other direction and carry that trauma for decades.

23 The -- somebody had mentioned about collaboration and -- let me
24 leave that. I'll leave that for the next round before we leave.

25 But also, how do we restore the sense of community that there
26 used to be in our communities where we cared for each other? Not only did we know
27 each other, but we looked after each other. We knew what was happening. We
28 gathered support. Our communities have changed, and I don't know how we do more

1 of that, but I know that it's critical to human health and well-being and I think it's
2 worthwhile thinking about that.

3 Thank you.

4 **MS. EMILY HILL:** Thanks very much.

5 Kristina.

6 **MS. KRISTINA FIFIELD:** Hello, everyone. So I'm going to take a
7 little bit of a different approach than I took this morning and talk about some work that,
8 as participants -- so Avalon Sexual Assault Centre is in a coalition with Wellness Within
9 and LEAF. And through our participation in this Inquiry, we were noticing some gaps
10 with the work of the Commission.

11 And it was through wage funding through our navigator, our
12 community navigator, who is directly working in the African-Nova Scotian community,
13 that we were able to bring together a proposal to the Mass Casualty Commission to
14 engage in some community engagement. And this was to create safe space for
15 individuals from the African-Nova Scotian community and indigenous communities who
16 were impacted by the perpetrator.

17 I know today we're not talking about individuals directly impacted by
18 the perpetrator because we're looking larger at gender-based violence and intimate
19 partner violence, but I think it's important that, through our proposal that we put forward
20 and the community engagement work, that Avalon was taking a position that it's really
21 important that we're getting survivor-led recommendations as part of this work and that
22 recommendations coming from vulnerable, marginalized and racialized individuals is
23 vitally important to the work of the Commission.

24 And because people were directly impacted or because families
25 were directly impacted by the perpetrator, that by creating safe space, by having
26 facilitators from the African-Nova Scotian community with our worker who is a navigator
27 through Avalon, who is African-Nova Scotian, who's working in the community, it
28 created space to bring recommendations forward.

1 So what I'm going to do now, and as I continue throughout the day,
2 is talk about what is needed to create safety for women and children, especially from
3 vulnerable, marginalized and racialized communities. This is direct feedback that has
4 come from three community engagement meetings that we have done so far, and
5 there's a few more planned later this month.

6 I also want to say that there will be a report coming later this month
7 around the work that we're doing and there will be recommendations coming directly
8 from survivors. So I'm doing this all with consent from individuals that have come to the
9 community engagement meetings.

10 So individuals that experience gender-based violence, intimate
11 partner violence, especially from marginalized and vulnerable communities, do not have
12 any safe space to talk about violence. And because of how violence is normalized from
13 a very young age and how young girls normalize violence because of what they're
14 seeing that they don't know where to go and don't -- they feel that if they do come
15 forward, if they talk to family about it, if they go to school and talk about it, there's no
16 safe spaces for that.

17 And they're also seeing that if they do report, the fear and the
18 retaliation and violence that comes from police and how their community members,
19 males within their community, will be impacted. I think this is really important when
20 we're understanding -- trying to understand why individuals don't come forward.

21 And I'm not just saying come forward and report to police, but why
22 do people not come forward, why do people not engage with services or reach out for
23 services? It's because there's not enough safe spaces that are culturally responsive,
24 that are culturally safe, that understand what trauma looks like for marginalized and
25 racialized individuals and how that might look different than individuals that experience
26 violence coming from privilege and individuals that experience violence that are white,
27 or white women.

28 We need to understand all of this and we need to understand this

1 through the lens of survivors that are impacted by violence, and they need to be at
2 these tables, at all of these tables, informing recommendations, what services are
3 needed, what is lacking within their community, how rural communities, violence
4 continues to be even more isolated because of fear and because of close connections,
5 family, violence that's happening between family members, between community
6 members, people in positions of power.

7 Fear, retaliation, everything I talked about this morning around
8 victim blaming, secondary wounding, institutional betrayal. And also, if you're
9 marginalized and racialized, your credibility is even more discounted when coming
10 forward, and we need to understand that as workers in all sectors and systems, whether
11 we're a therapist, counsellors, frontline staff working in transition houses, providing
12 services to males, health care providers, doctors, everywhere across and in our
13 workplaces. We need to understand this.

14 We also need and what has been identified as a recommendation
15 is that when funding is coming to work with marginalized and racialized communities
16 that we're not actually reaching out to those communities to actually see what their
17 needs are and we clump everyone together thinking this community is -- every rural
18 community needs the exact thing and this "one size fits all" model does not work when
19 we're looking at rural communities and responding to violence.

20 And we need to understand the unique differences that exist in
21 communities and between communities and how we're making things equitable. And
22 this morning, you know, when we're talking about whether or not someone has access
23 to services, it should not be based on their postal code. People should have consistent
24 services that they're able to access no matter which part of the province they're in and
25 they should have culturally responsive services that they can access.

26 And another feedback and recommendation is that oftentimes when
27 individuals coming from marginalized -- when marginalized or racialized individuals are
28 coming forward and engaging with services that they don't see individuals that look like

1 them. They don't see workers. They don't see supportive people. They don't see
2 people -- if they're going to report a sexual assault or report to the police about intimate
3 partner violence, they don't see indigenous, African Nova Scotian, other individuals,
4 people of colour, right. They're not -- they're seeing white individuals.

5 And because of the amount of violence that has been perpetrated
6 by white individuals, this is further a barrier in regards to creating safe space and having
7 individuals come forward, which further isolates and creates a silo and keeps the abuse
8 within the home. And if that has been reinforced and told -- if young girls are told from a
9 young age that what happens in the home stays in the home and then they're seeing
10 this, there's no safe space, no safe people, individuals that do not look like them and
11 they're seeing the violence through media in their communities where their community
12 members, the males, are treated with violence, that is a huge barrier.

13 And I think another important recommendation that came forward
14 that I know that all of us that had been involved in the Avalon work and the community
15 engagement work is when individuals engage with service providers and professionals,
16 they often go into offices, you know, if it's community based or if it's in hospitals or if it's
17 going to the police station, they see, you know, a statement about your behaviour will
18 not be tolerated, violence will not be tolerated by you, harassment and, you know, like a
19 code of conduct as a person coming into a service. But the feedback that I think is
20 really important for all of us who are attached to professional bodies, the regulatory
21 bodies, individuals in positions of power, is that there is transparency for individuals that
22 are engaging with service providers about if violence, abuse, harassment, or bullying,
23 sexual abuse is perpetrated by an individual in a position of power such as a doctor, a
24 social worker, therapist, a nurse, that individuals know how to report what that looks like
25 in regards to making a complaint. Why are we not transparent -- why is there no
26 transparency about our regulatory bodies, our registration, our numbers as, you know,
27 I'm a registered social worker, so I have a number and there should be transparent to all
28 people about if there's violence that happens, this is how we create safety. That

1 individuals see that this base that I'm coming into has an understanding that violence
2 and abuse should not be happening and that if it does happen, there needs to be
3 transparency and there's going to be accountability and there's safety in that by seeing
4 that when we engage with service providers at all levels.

5 And we also need to reduce the barriers that all services provide
6 and that's what creates safety is that individuals, both survivors and individuals that
7 perpetrate violence, needs to be able to access services that work with, you know, them
8 using substances, right, and that they're not further isolated and told they don't fit. I'm
9 going to leave it there.

10 **MS. EMILY HILL:** Thanks, Kristina. I know that you're bringing
11 forward messages on behalf of the work that you're doing on behalf of a coalition, so
12 thanks for -- thank you for your comments.

13 I'll turn now to Jeanne.

14 **MS. JEANNE SARSON:** Thank you. On the issue of naming,
15 which has been mentioned even earlier today, I'm still mentioning the issue of torture.
16 It's a different crime when it's perpetrated by private individuals than abuse. And if
17 we're looking at the issues of support, if we don't name what it is we're dealing with,
18 we're at risk of not giving the right support. So naming is critically important.

19 And with the families that we have come to know in Nova Scotia
20 and elsewhere, the issue of the perpetrator's also different. They have an MO that is
21 quite different. We have found that it's quite complex. And when it comes to the issue
22 of children, we have -- the women have told us repeatedly that when they were young
23 that the little boys were taught to be perpetrators, if you want to use that word.
24 Intentionally they were taught as very young children to engage in so-called -- it wasn't
25 called rape, but that's what they would grow up to know, to be aggressive -- sexualized
26 aggressing -- aggression against children and sexualized aggression against their
27 siblings. And actually, one of the women told us that if their brothers brought girlfriends
28 into the house, it was not surprising that the girl would be raped right there because that

1 was their normal behaviour.

2 So naming is critical. The issue of understanding the MO, the
3 continuum of violence that starts with physical, it can be burning. And we had a woman
4 say, "Well, I was burnt with a hot lightbulb." So does that become sexualized? Yes, the
5 hot lightbulb was inserted into her vagina. And then you talk about the psychological,
6 so that is that continuum of their MO.

7 We also found that human trafficking or sexualized exploitation was
8 a common occurrence. So that means there's an informal network because you cannot
9 engage in exploitation unless there's a formal network. And that brings me to the issue
10 of rural areas, because not only can it be a crime site, it can be a destination site,
11 because some of the women were taken to farms. They were victimized on farms.
12 They were tortured on farms. And they were treated like they said like animals on the
13 farm. So we have to look at our society and exactly understand what is happening.

14 So when you talk about marginalized populations, if we don't
15 understand the MO, we're going to have groups of marginalized populations. And even
16 though I'm talking about Nova Scotia because it happened in Nova Scotia, actually, 30
17 years ago this month, we have become global and it's a story that's repeated in many
18 countries on this planet. So I would really ask that we hear what the women are telling
19 us to talk about.

20 The other issue I'd like to talk about is the fact that when we are
21 listening to women tell the truth, we have to have the language that we understand and
22 the culture that we're dealing with. And for Linda and I, we ended up calling it a co-
23 culture because all of a sudden we were emerged in a way of understanding gender-
24 based violence and intimate partner violence in a way we had never ever imagined.
25 And for us to provide the resources and the support, we have to be able to go there and
26 walk with the women through their victimization of torture. So thank you very much.

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

28 Linda?

1 **MS. LINDA MacDONALD:** Thank you. I was looking at an idea for
2 resources and support for women, and girls too because I think some centres work with
3 girls. I know that some of the centres we know in Ontario they work with young girls as
4 young as 12 who've been tortured. To make sure that on the assessment, the
5 assessment tools or whatever you're using, women and girls can see the language of
6 torture, because now it's -- you know, it's assault or it's abuse, but they never see the
7 word torture so they're not going to start thinking in that language. And we have a
8 questionnaire that we use with the survivors, and they can list many different forms of
9 torture. So in the London Abused Women's Centre they have an assessment tool that
10 does include torture and they identify an average 67 women a year that are tortured just
11 by using that tool. So if we start to imagine what it's like all across Canada in different
12 centres, we'd start to really understand how much torture is happening to women and
13 girls.

14 And aside to that, I know you mentioned -- I'm terrible with names,
15 but you mentioned Hockey Canada, and you mentioned Hockey Canada. And, of
16 course, Hockey Canada talks a lot about gang rape, and gang rape is a form of torture.
17 It's a known form of torture at the UN because it is so spirit and self shattering because
18 you have such a large group of people attacking one individual and it really takes them
19 beyond themselves. So in our everyday reality, we're hearing about torture. We're just
20 not thinking of it as torture. So it's a way to reframe the different crimes that we're
21 hearing about.

22 And I think I'd recommend on the assessment tool that women, just
23 like Katreena mentioned about asking questions that help women identify the crimes
24 that they're enduring, is to ask whether they feel that their life is at risk, do they feel that
25 they're going to be murdered by the person that they're living with or escaping from, so
26 that we can start tracking those femicides. And always ask the question have you been
27 strangled.

28 Also, whether you are involved in an informal network of organized

1 crime. That's one area that women are very terrified to talk about, most people are very
2 terrified to talk about. But we -- you know, I've heard of at least four or five organized
3 crime gangs in this province. I was shocked to hear that there's that many in this
4 province. I know of two. I didn't know that many. And that's the ones that are named.
5 Then the ones that Jeanne and I hear about, they're informal and they're not -- they
6 don't have a name because they don't want to be that visible. So there's much more
7 organized crime in society than people are willing to deal with. And yet the young
8 women and girls who are trying to escape from this, they know that there's organized
9 crime because everywhere they turn, there's someone stopping them. And if you start
10 to think of the women that you've helped to escape from violence, you know that they're
11 in organised crime because you know who you've come across and them trying to
12 escape as well. So we have to start naming the crime. And educate young children. I
13 mean, a teenager should know that there is organised crime around. Hopefully they'll
14 be less apt to get pulled into it.

15 One of the things I'm really thrilled about is the -- how many people
16 have mentioned patriarchy here today, and you know, it's just -- it's so -- it's like the
17 water again, we live in patriarchy.

18 So if -- patriarchy was named by feminists, and I think we have to
19 really start acknowledging the work of feminists in Canada, in global reality, because it's
20 -- feminist theory, it's feminist work who is going to get us out of all this violence. And if
21 we start naming it, and naming it with children and being proud talking about feminism,
22 then you're not going to get the backlash that we get now.

23 I mean, Jeanne and I have had backlash about being part of this
24 Commission because we're feminists and be accused of all kinds of things that I won't
25 get into here now. But it shouldn't be the day -- there should be a day where feminists
26 don't have to deal with backlash. It's just not right.

27 So I -- as you had mentioned, I acknowledge, Nick, all the feminists
28 who came before us because that's why we're here today talking about patriarchy.

1 Thank you.

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

3 I'll hand it over, I'm not sure who on the -- who is here on behalf of
4 RCMP wants to speak to this question of resources and supports that are needed to
5 help women and children be safe, and thinking particularly, if possible, about actionable
6 recommendations and practical solutions.

7 **SUPT. KIM TAPLIN:** I think for time, we're just going to pass on to
8 the service providers, if that's all right, just to allow then a little more time.

9 **MS. EMILY HILL:** Yeah, that's fine.

10 And if it's okay with you, Nick, I think you've answered this question
11 at your presentation, so I'll just jump right to Kaitlin if that's all right?

12 **MR. NICK CARDONE:** That's fine.

13 **MS. EMILY HILL:** Thanks.

14 **MS. KAITLIN GEIGER-BARDSWICH:** Hi. For those who are new
15 here, I am the Director of Communications, Grants, and Development at Women's
16 Shelters Canada. So we're a national organisation that brings together shelters across
17 the country.

18 To answer this question, the first thing we thought of was the
19 continuum of services, especially in rural areas, and particularly, the importance of
20 providing those services to women who choose to stay with their abuser for whatever
21 reasons. I'm saying choose, but be it that they choose to or are forced to due to lack of
22 capacity and shelters or affordable housing options.

23 Outreach services are so so important. We know that shelters
24 serve way more people outside of the shelter wall than within. A number that we have
25 used in the past is that for every two women served in shelter five are receiving
26 outreach services.

27 Through the program that was developed in Prince Edward Island
28 that Women's Shelters Canada has taken national in rural areas of Alberta,

1 Saskatchewan, and the Yukon, called Circles of Safety. A circle of safety is a trauma-
2 informed, survivor-centred, collaborative approach to safety planning that brings
3 together a survivor, service providers, and informal support networks to generate
4 creative, holistic solutions for safety. And this was a program that was funded by
5 Women and Gender Equality of the federal government.

6 Transportation is a huge issue. I would echo exactly everything
7 that Emily said. Affordable housing is a big thing. So this often creates a bottleneck
8 when we're talking about people staying in shelters. There are very -- no affordable
9 housing options basically across the country in both urban and rural -- urban and rural
10 areas, so when women come into shelter they're staying for a lot longer than the
11 shelters were meant for them to stay in initially, and then they can't move out, so no new
12 women can move in, creates the bottleneck, it creates a lot of capacity issues.

13 Funding has been mentioned before as well. So we have
14 completed several studies on emergency and second stage shelters that show the lack
15 of funding. And I'm just going to read a couple of those statistics.

16 So the majority of VAW shelters, 64 percent, do not receive an
17 annual cost of living increase from their main government funder; 1 in 5 indicated that
18 they had not received a funding increase in 10 years or more. More than 50 percent of
19 shelters could not meet their operating expenses without fundraising; and 10 percent
20 could not meet their operating expenses even with fundraising, but the vast majority do
21 not have fundraisers on staff. So it's people who are doing this work, and I'm looking at
22 Emily nodding, you are doing this work outside of your desk to try to fundraise to keep
23 your doors open, which is problematic. One-third of respondents indicated that they did
24 not receive funding from their main funder to do any prevention or awareness work.

25 We can, of course, provide the Commission with any further
26 information on the programs or reports that I mentioned there. As I said this morning,
27 we need a national action plan that will help. We also need to increase capacity
28 everywhere. We need to get to a place where no woman is turned away from a shelter

1 due to lack of space, and no man is turned away from a perpetrator program.

2 We also need to take care of the staff and the professionals who
3 are doing this work. There's a lot of burnout, a lot of people are leaving the sector, a lot
4 of turnover. We can't do this work without properly trained, properly paid people to do it.

5 I refer back as well to my comments this morning about needing a
6 cultural change. Women and children need a cultural change in order to be safe and
7 protected from violence. And on that, I just want to quickly end by addressing the
8 Commissioner's statement just before the lunch break to Women's Shelters Canada.

9 I was unprepared, and frankly quite uncomfortable that Women's
10 Shelters Canada were singled out for bringing up a Senior Commission Counsel's
11 problematic wording when these previous submissions had been made by our coalition
12 consisting of Women's Shelters Canada, the Transition House Association of Nova
13 Scotia, and Be the Peace. It is our coalition's work for these connections to be made.
14 This Commission is meant to be operating from a trauma-informed perspective,
15 whereas I felt that aspects of my submission were being silenced and dismissed.

16 This is the first time anyone from the coalition has been invited to
17 appear in front of the Commission. It is my first time here. I prepared these statements
18 last night, after receiving the questions a few hours before. My main point was about
19 the need for a cultural change and a shift in how we understand these issues. I felt that
20 the example I used was the perfect example, among many examples I used, of how
21 longstanding and ingrained these misperceptions are. Thank you .

22 **COMMISSIONER STANTON:** Thank you for that, and you're quite
23 right, I should have properly given that direction to counsel who has appeared on behalf
24 of your coalition, as opposed to you. I didn't realise that you hadn't been apprised of the
25 prior times that that same example has been put to us by your coalition. I think what I'm
26 getting at is that we have so little time and it's so precious when we do have you here,
27 what we're really interested in are making use of the time for things that we haven't
28 already been provided. And so the submissions, I assure you we do carefully consider

1 and we do review them, and so we're just so keen to have what it is that you have to tell
2 us that we haven't heard at this point. So thank you for that, and we -- we've -- we do
3 appreciate what you have to tell us. So thanks.

4 **MS. EMILY HILL:** Now, is it yourself, DeRico, who's going to be
5 addressing this question? Yeah, thank you.

6 **MR. DeRICO SYMONDS:** Hello everyone, and before I begin, of
7 course, just would like to acknowledge, we are in Mi'kma'ki', ancestral and
8 unsundered territory of the Mi'kmaq people; as well, recognising the contributions,
9 four hundred plus years of the African Nova Scotian community.

10 So there's a couple of things that I want to address -- I want to
11 address in this question. So a few things I'll sort of say off the top, and then I'll get into
12 answering the question.

13 So the first thing that sort of came to mind when reading what we're
14 discussing was thinking about the intersectionality for members of the 2SLGBTQQI+
15 community. Because we're talking about, you know, men, women, and gender binary, I
16 just wanted to make sure that we're sort of the table just thinking about this may
17 intersect with folks who do not subscribe to the gender binary of men and women.

18 And so for context, I work for the Office of Equity and Anti-Racism
19 Initiatives. I have a background working in community, community crime prevention, as
20 well as persons experiencing homelessness, as well as mental health challenges.

21 So the first thing I just sort of want to point, just even in regards to
22 the title that we're discussing, I think it's -- I think it's important. It's not necessarily a
23 criticism at all, but just -- I think the details are important. So equality and community
24 safety and well-being, I think we're talking about equity because when we say "equality"
25 we're inferring that everyone is the same -- of the same, and equity is talking about
26 meeting people where they are to ensure that everyone has what they need where they
27 are.

28 And so the first sort of thing is I believe that we're connected but not

1 coordinated. I think that there's a lot of coordination that needs to happen regarding the
2 particular services. I think that this can be a very nuanced conversation if we're talking
3 about particular subgroups of the population, Mi'kmaq, Indigenous, Black and African
4 Nova Scotian, members of the 2SLGBTQQI+ community. And then as well, there's
5 many questions that come to mind when thinking about this; where do these behaviours
6 begin; what are youth growing up learning; how is this bred in society; and how do we,
7 as a society, continue to perpetuate these particular behaviours within our systems?
8 And if you're old enough to experience it, I think that you're old enough to learn about it.
9 And this is going into a point regarding embedding these types of learnings into our
10 curriculum.

11 And last point I wanted to make before I answer the question is, it
12 shouldn't matter which government is in power, who's in. It's really about the work that
13 needs to be done. And my concern is that this type of work and these types of
14 conversations continue to become politicized and we're talking about real lives and real
15 people here. So it shouldn't matter which government is in. It's about the work that
16 needs to happen.

17 And so when I talk about -- when I get into the question, I think
18 about root causes. So I go back to some of what Nick was talking about, having that
19 upstream conversation. So how do we get there? And thinking about poverty, mental
20 health, education, certainly housing, as well as increasing protective factors for folks,
21 and unemployment. Looking at addressing these things holistically, rather than sort of
22 Band-Aid or singular approaches. We need to look at the entire system in terms of how
23 folks are falling into that river and having that upstream conversation.

24 The next piece is around -- so a therapist roster. So we understand
25 the model of sort of a youth advocate worker. We understand the model of social
26 workers, where they have a roster of folks that they continuously work with. But can
27 they have the same thing for therapists?

28 And so imagine folks like Nick Cardone, or folks like who have that

1 particular background, who are trained therapists, who then have a roster of people that
2 they can work with in community and it's no cost to community. Simply put, if I am
3 someone that wants to get, you know, my sports funded, I can fill out a form, Kids Sport,
4 boom, and I got it. But what about therapy? And how can people access that? And so
5 if we had mobile therapists the same way as we do youth advocate workers or social
6 workers, I believe that can make a difference. I also believe in culturally relevant and
7 responsive mental health supports. And this is when I talk about this could be a very
8 nuanced conversation, depending on which subsection of the population we're talking
9 about.

10 I think awareness and education around what is actually available.
11 There's often a poor job done in terms of advertising the actual services that are
12 available to folks. And when we get into different communities, different levels of
13 income, rural communities, a lot of it is online. A lot of it is on the internet. How are we
14 getting it in the hands of the people who actually need it so that they know that these
15 services are available?

16 And then how can somebody use that service if they don't have
17 reliable internet, they don't have reliable phone connection, speaking about rural
18 communities.

19 I believe in embedding relevant information at a school-based level.
20 Oftentimes, kids are spending more time in school than they actually are at home in the
21 run of a day. And so things around gender sensitivity, sexual violence, healthy
22 relationships, all of the above, all of the things that Nick had talked about regarding toxic
23 masculinity. So I understand and I know that there are groups who are in and out of the
24 schools. I used to be one of those folks. But what about putting it in the curriculum
25 itself? So kids are learning that information while they are there.

26 The other thing around -- so transformative over punitive, simply
27 ask the question, how do we think incarceration and punitive jail approaches are
28 working to actually help or solve these behaviours? I think we know, you know, the

1 answer to that. Is it really truly rehabilitative? I'd rather look at transformative
2 approaches. I'm not throwing away jail completely, but I think that we know the answer
3 to the question if we ask how is that working.

4 And so specifically sort of rural communities, some of what has
5 been said in terms of reliable internet connection, 2022 and everyone does not have
6 reliable internet connection, and that's become, in some cases, a sole source or a
7 single source of how we are getting information out to folks. It creates a very
8 inequitable circumstance for people.

9 Also, phone connection. Many of our rural communities, if you're
10 driving, you don't have a connection or it's a very spotty connection. And as somebody
11 mentioned earlier, if somebody is in danger and they are looking to call, how can they
12 do so? Having a reliable phone connection can save a life.

13 Infrastructure, simply infrastructure and investments to rural
14 communities so that they're not simply pass throughs, they're destinations that people
15 will go to, people will move to. And in my experience, when work -- when I was working
16 in rural communities and doing work in communities, they were -- folks were saying that
17 they're often forgotten about, especially comparing to sort of city-center work. Folks
18 feeling as though when things are happening in city-center, that they are forgotten
19 about. And the advertisement or what is happening does not make it to them, because
20 of where they're living.

21 And I think an obvious one, transportation and bus services. And
22 really, my answers are all around building social capital, social infrastructure places,
23 spaces, and conversations, education, and awareness so that folks do have a social
24 safety net. Folks have awareness, they have education, and understanding of the
25 things that are around them.

26 And, you know, in terms of big impact, a pointed plan involving
27 relevant levels of government, and it's funded and led by the non-profit groups in the
28 community.

1 Non-profit groups in the community are, in a lot of ways, in more
2 ways than one, leading the charge in this work, and therefore it shouldn't be a funding
3 fight every year for these folks to receive funding to continue doing the good work within
4 the communities.

5 And so a pointed plan. You know, we could say a five or a 10-point
6 plan, but involves and is led by those organizations who are at the forefront, and a
7 coordinated approach within that particular plan.

8 As I said, we're connected, but we're not coordinated. There's
9 many groups who are doing great work in communities. They don't know about each
10 other. Government doesn't know about them. They don't know about us. And so in a
11 five/10-point plan, in terms of making big impact is coordination, true coordination.

12 And thank you.

13 **MS. EMILY HILL:** Thank you so much for that. You really took us
14 through a lot of material in a very short period of time.

15 I don't know, Katreena, if you have any last thoughts on this round
16 of questioning?

17 **DR. KATREENA SCOTT:** If it's okay, I would share some. Is that
18 all right?

19 **MS. EMILY HILL:** Yeah, that's fine.

20 **DR. KATREENA SCOTT:** I -- in this question, and reflecting on
21 what are the resources and supports that are needed for women and children, and
22 particularly in rural areas, I also agree that one of the important things to do is to talk to
23 women and children. And so I wanted to tell you a little tiny bit about some work we've
24 done as part of the Canadian Domestic Homicide and Vulnerable Populations
25 Initiatives. Some of this will echo themes that others have said. I will be brief in terms
26 of describing it.

27 The Canadian Domestic Violence Homicide Prevention Initiative
28 was a multi-year project national in scope around thinking about what we needed to do

1 to prevent intimate partner homicide. The third phase of that project involved in-depth
2 interviews with 129 participants. Thirty-eight (38) of those participants were loved ones
3 of those who had been killed in a domestic homicide. The remainder were women who
4 had survived lethal or near-lethal or very, very serious forms of domestic violence.

5 Interviews were around what their thoughts and feelings and
6 recommendations were for change.

7 There's a recently released report by the Domestic Violence
8 Homicide group on survivor voices around navigating risk and moving to safety. And
9 there are three themes that are important in terms of survivor voices.

10 One is understanding. Survivors talking about the need for
11 professionals to understand that leaving is a process that is not easy, it's not yes or no,
12 it is a process.

13 The importance of listening and having less judgement, which is
14 something that has been repeated and mentioned by many people here.

15 A third theme that we haven't talked as much about is
16 understanding -- the survivors talking about the importance of understanding how
17 abusers use systems against survivors. Examples of that include things like threatening
18 to report a survivor or reporting a survivor to child protection, threatening to have a
19 survivor reported to immigration or deported, using the family court system against
20 survivors. So thinking about how perpetrators of violence actually make use of our
21 institutions and systems against survivors is another theme that was important.

22 There -- Dr. Diane Crocker is also a partner on this grant and is
23 doing more in-depth work, in particular around survivor voices in Nova Scotia, but in this
24 broader report there was some specific analysis of the voices and experiences of
25 survivors and proxies in rural areas, and there were a number of things that came out in
26 that.

27 One -- three of them had to do with, really, just understanding the
28 unique experience in rural areas. That includes survivors having to cope with a delay in

1 help, so understanding and what the experience of violence is like when you know that
2 police won't necessarily get there quickly or emergency services won't necessarily get
3 there quickly and how that influences all aspects of what's needed to promote -- or to
4 keep oneself safe.

5 Another thing that was mentioned as being particularly important in
6 rural communities was having to make a decision about reporting meaning that that
7 would be a loss of privacy, recognizing that word spreads quickly and so that also is an
8 important influence that survivors and proxies identified.

9 And finally, the importance and increased acute judgment and
10 blame that survivors and proxies described in rural areas.

11 In terms of recommendations, the -- in addition to some of the other
12 recommendations, three that were highlighted were the importance, especially in rural
13 areas, of survivors being able to stay in their homes. And that recognizes things like,
14 you know, there's not -- you can't -- if you don't stay in your home, you can't actually
15 have your child stay in the same school because there's not another school that is
16 accessible, necessarily, in a rural area, wherein sometimes in an urban area you can do
17 that, so the importance of housing and being able to stay in your home was really
18 highlighted.

19 The importance of having shelters with harm reduction rather than
20 no tolerance policies around substance use was identified as critical.

21 And finally, women and proxies talked about the importance of
22 colocation of services within rural areas, recognizing the large distances that might be
23 needed to travel and the importance of being able to access those services, so having
24 some of those services co-located, including employment services and help for women
25 and survivors who are escaping in those locations was identified as important.

26 Thank you.

27 **MS. EMILY HILL:** Thanks so much.

28 Are there any questions or areas of further discussion that we

1 should delve into from the Commissioners' point of view before we take a break?

2 **COMMISSIONER STANTON:** Just really appreciate the focus on
3 the rural context. It's been a bit of a theme for the whole Commission in terms of trying
4 to really focus on the tendency to have policies mapped onto the urban setting or
5 designed for the urban setting, and those often simply are ineffective or unhelpful given
6 the rural context that we, of course, are focused upon, but which our recommendations
7 are going to need to take into consideration given that it's a joint federal-provincial
8 inquiry.

9 So thank you very much for framing the question to include that,
10 and really appreciate the constructive and concrete recommendations that reflect that
11 reality of the different rural contexts, so thank you.

12 **MS. EMILY HILL:** Thanks.

13 **COMMISSIONER FITCH:** I was just going to say that I will reserve
14 my comments and observations to the end of the day.

15 Thank you.

16 **MS. EMILY HILL:** So I think we'll just take a 10-minute break, so I
17 see 3:08, so if we come back at 3:20 and we'll resume the conversation taking up the
18 second question that was shared around.

19 Thank you so much.

20 --- Upon breaking at 3:09 p.m.

21 --- Upon resuming at 3:29 p.m.

22 **MS. EMILY HILL:** We're going to get started, and we have one
23 more question, so we'd like to make sure we have everyone have a chance to address
24 it.

25 We are -- we have one hour left in our time together today.

26 So I'll start just by saying that the question is that, "What do service
27 providers need to do or better understand in order to contribute to community safety in
28 rural areas? How can we account for the needs of vulnerable or marginalized

1 individuals and communities in designing and implementing responsive policies,
2 program and interventions?”.

3 So you’ve certainly spoken about some of these themes already,
4 but again, recommendations and ideas for practical solutions are the focus of our time.

5 So I’ll hand over to Emily Stewart.

6 **MS. EMILY STEWART:** Thank you.

7 First I thought I should start with just saying a bit more about the
8 work that transition houses do. So we provide shelter and outreach services to women
9 and children leaving abusive situations or considering doing so.

10 So I think what’s important for us to do, and we’ve heard around
11 this table today, is not to shy away from the hard conversations, not to decide not to talk
12 about a topic that could be uncomfortable, could feel like blame is being assigned, but
13 to really address things as directly as possible.

14 In our line of work, what we see and hear is just a snapshot of all
15 the worst things that are happening in the homes in our communities. We walk around
16 with this knowledge that around any corner a victim’s partner could be. You could only
17 imagine that for the victim, every trip to the grocery store has the potential to elicit
18 mortal fear. And what we to do, and as Dr. Scott mentioned earlier, is build that web of
19 accountability.

20 So women are being held accountable for the violence they’re
21 being experienced, whether it is through the systems, so here in Nova Scotia, exposure
22 to intimate partner violence is a form of child abuse. So women are at risk of leaving
23 their -- or losing their children if they are experiencing abuse and not taking enough
24 protective steps.

25 I think it’s also important to realize that violence can happen to
26 anyone, however, there are factors such as gender, race, class, age and ability that
27 make an individual more susceptible to violence, which is why employing an
28 intersectional feminist lens and utilizing the social determinants of health while exploring

1 what gender-based violence looks like and is experienced in the community is
2 important.

3 I'd also like to comment on what Kaitlin mentioned about staff
4 burnout and turnover. I would -- I don't have a statistic on this, but I think it would be a
5 worthwhile study to look at individuals who come to this work, violence against women,
6 gender-based violence, and understand how many of them have their own lived
7 experience and how being exposed to similar situations impacts on the workforce.

8 And I will speak from my organization that we have had staff
9 turnover and as an organization that calls themselves trauma informed, it's been difficult
10 for me to listen to my staff say that they love this work, they would love to keep doing it,
11 but the impact on them is so great and I, myself, am leaving my role soon because it is
12 a lot to carry and it is -- I'm grateful that there's men around this table, but it has been
13 carried by women for too long and it needs all hands on deck.

14 Earlier, I spoke about the messaging we're providing in schools,
15 and it should have a gendered lens, but I think the message is quite simple and quite
16 clear. Everyone deserves a life free of violence. And if we introduce that from primary
17 onward, we will hear more from children who are disclosing abuse at home by their
18 parents or children understanding relational violence in the context of bullying instead of
19 just saying these are natural phenomenons (sic).

20 Violence is a global societal issue. We see it. It's so pervasive.
21 We are so deep in the water that we see it as natural. But when we see it as natural, it's
22 unmoving, it's unchangeable. So once we understand and lean into the fact that it is a
23 learned behaviour as we've been talking about, we understand that there are ways that
24 we can change it. And I think earlier mentioned that I don't think anyone goes to jail and
25 comes out less violent. So if that's our only option to hold people accountable, things
26 are not working, and we do need to look at various forms of intervention. And whether it
27 be focussing most of our resources on violent offences within the criminal justice system
28 and moving away from some of the victimless crimes, I suppose we could call drug

1 offences, and consensual sex work, I think would allow for resources to be redistributed
2 to address real harms and problems.

3 I grew up in rural Nova Scotia, so I think, you know, it's an
4 important thing to consider in the rural context that firearms are a natural part of life in
5 terms of protecting, you know, your family pets or your livestock from predation, from
6 hunting, and so that everyone -- or a lot of people in rural communities have a different
7 relationship with firearms; however, the presence of firearms in a house is an indicator
8 and a higher risk for lethality for women and children. And people use violence who feel
9 that they have no further response and, you know, the Desmond inquiry I think was a
10 very difficult example of how those situations can play out. So we need to understand
11 that gun culture comes from our shared history and growing up on rural communities
12 with bears, coyotes and those things, but also, when we enact legislation that it should
13 be informed by research and evidence based, but also from survivor experiences who
14 are most impacted.

15 And I think it's also important that we approach the work from a
16 multiagency, multidisciplinary team, so that we have different perspectives at the table.
17 So social workers, men's support workers, transition house, whoever, all working
18 together to resolve the problem. I think another recommendation would be the inclusion
19 of mental health services and therapy under MSI, so that anyone who needs help and
20 feels that they want it, that cost is not a barrier. And by making it built into our normal
21 healthcare system, it normalizes that it's okay to ask for help and that mental health is
22 just as integral to your wellbeing as physical health.

23 And I think it's also important to recognize that there are individuals
24 in the community that you can't -- there are men that it's difficult to say no to because
25 violent responses, and that it can feel as though that their bad behaviour doesn't get
26 accounted for or they're never held responsibility because nobody will come forward.
27 And it's kind of that vicious cycle is nobody will say anything, so nobody could get --
28 nothing gets done, but nothing gets done because everyone's too afraid to say

1 something about it, so I do think we need to really think critically and intentionally about
2 how we can redirect resources to respond to violent criminals or people who use
3 violence more directly because sometimes it's a small -- as we heard earlier today, 20
4 percent or less of the population of people who use violence are quite possibly
5 impacting at home, at work, at the bar on a Friday night, that some individuals are just
6 responsible for a disproportionate amount of violence and we need to address those
7 individuals. Thank you.

8 **MS. EMILY HILL:** Thanks, Emily.
9 Sue?

10 **MS. SUE BOOKCHIN:** My one-word answer for what we all need
11 to do is collaborate. We talk about collaboration. We say we collaborate. We don't
12 know what collaboration looks like and we don't do it. If we do it, we do it off the side of
13 our desks. And so the idea of building an infrastructure so that collaboration is an
14 essential part of all that we do I think is the next thing we need to be doing.

15 When issues are so complex and so intractable, we need to have
16 the most accurate version of reality before we start creating solutions. And the most
17 accurate version of reality requires all the vantage points at the table. It needs to be
18 2SLGBTQ people, African Nova Scotians, indigenous people, men. As someone said,
19 the bulk of the responsibility for this work over decades, maybe hundreds of years, has
20 been on the shoulders of women. We need men to step up, like the men in this room.
21 No one organization, no one government department, no one person can fix this. We
22 need each other, but we need to build an infrastructure where we can learn together
23 continuously, where we can mobilize the knowledge and the research that's being
24 created, where we can evaluate the things that we try on an ongoing basis and collect
25 data about it, so that we can take innovative and wise action without creating more
26 problems because we didn't actually get the most accurate version of reality. It needs to
27 involve government, academia, community-based services and survivors.

28 When I mention survivors and their urge to contribute to social

1 change, the House of Commons Standing Commission on the Status of Women just
2 completed a study on intimate partner violence. I was amazed how many briefs they
3 received from survivors. And if you want to hear the stories over and over again about
4 systems harms, about the ways that systems have failed people, it's instructive to read
5 some of those briefs.

6 And someone also mentioned hubs. You know, we -- I sit on two
7 hub tables. The hub tables that we have here tend to be information sharing, which is a
8 first step. We need to know each other. We need to put faces to names. We need to
9 know who's doing what and who we can call on. But this is about beyond hubs. Is how
10 will we take innovative action together, based on what we are learning together, so that
11 we have these constant feedback loops.

12 The other thing I would just say, because it's come up a number of
13 times about, we have was it 79 reports in the environmental scan that Jennifer Cox
14 presented the other day, that all have, I don't know, a total of hundreds or
15 recommendations, some of which are repetitive, year after year, decade after decade.
16 One of the problems in complexity is that the people who are immersing themselves in
17 understanding the problem from all the vantage points are not the people who are
18 responsible for the implementation. So you all -- and I just want to acknowledge the
19 three Commissioners, I can't imagine sitting through this day after day after day, trying
20 to focus and integrate and connect dots. I just want to honour the work that you're
21 doing. But that -- and then I lost my thought. So the people who are here and part of
22 this Commission, who are immersing themselves in understanding it, the people who
23 are going to be handed the recommendations to do something with them have not.
24 They have not had the benefit of this immersion experience, and so they will pick and
25 choose what seems like the right thing to them from their vantage point. They're not
26 going to read thousands of pages of documents. They're just not. And I wonder also in
27 those reports, I have often seen reports with recommendations, but they don't come
28 with an implementation plan. How is it going to be implemented? Who are the people

1 or departments who are accountable for doing things? What are the milestones that
2 need to be checked? Where's the report card?

3 So I'm hoping that with the recommendations that you will be
4 making in the report, that will be similar, I'm sure, and repetitive, but maybe some new
5 ones, and so I appreciate the request to say when we put in our written submissions,
6 say who do you think is accountable for getting this done so that those accountabilities
7 can be assigned, and we have some hope that in 10 years we're not sitting here again
8 going through the same thing over and over again.

9 Thank you so much for the opportunity to be here today.

10 **MS. EMILY HILL:** Thanks, Sue.

11 Kristina.

12 **MS. KRISTINA FIFIELD:** Okay. So I think that it's really important
13 that when we're looking at what needs to be understood in building community safety,
14 especially in rural areas, is that to build safety there needs to be visibility and there
15 needs to be trust amongst workers that are working in gender-based violence
16 organisations and all other services.

17 And I believe -- I'm going to share something. Since my time
18 working at Avalon in, you know, kind of this re-imagining services, this unlearning and
19 relearning process that we should all be engaged in and having open and honest
20 conversations about that as service providers, as therapists, whether it's police
21 responding, teachers, Department of Community Services, is that because so many
22 people don't trust, and because individuals, there's no visibility a lot of times in
23 community.

24 So there might be organisations and community organisations in
25 community, but is there visibility on the ground in communities. Is there workers
26 working outside of, you know, transition houses? And I know transition houses because
27 I worked with one for a very long time. They usually have one outreach worker, right,
28 and they're responsible for all the services, you know, for individuals not coming into the

1 transition house, and that makes it near impossible for them to have visibility because of
2 the nature and demand of the job and the waitlist and -- with individuals who might not
3 want to come into shelters.

4 I believe that what has been piloted through the wage funding at
5 Avalon, so I know we're providing lots of different services, trauma therapy, supportive
6 counselling, legal advocacy, SANE program, is that when we have navigators and
7 outreach workers working on the ground in community, who already have trust with the
8 community, that creates pathways, safe pathways for individuals who would not
9 normally engage with services because of violence that has built in the state, violence
10 that they have witnessed, situations where they have experienced revictimization,
11 secondary wounding, and institutional betrayal. When they have trust with key workers
12 working on the ground in communities in rural communities that are part of that
13 community, that is fundamentally important in creating safer communities and making
14 sure that our most vulnerable marginalised and racialized individuals are able to
15 connect with the services and supports in community.

16 Because we cannot assume that all individuals are aware of those
17 services, feel that they fit in those services, they often don't see culturally responsive
18 messaging, no visibility in situations. And because of you know, what Emily and Sue
19 has just talked about, you know, we need to be collaborating, we need to be working
20 together, we need to be working as allies together and moving this work forward, social
21 justice and advocacy work around gender-based violence and intimate partner violence.
22 We also need to be talking about the need for services for individuals that perpetrate
23 violence,.

24 And what Emily had said around everyone deserves a life free from
25 violence, we also need to -- individuals need to know at all parts of our community
26 structure systems, and like I talked about earlier, about in workplaces, in schools is that
27 violence will not be accepted and there will be accountability. And that doesn't mean
28 that it needs to come through carceral approaches, through the police that there's

1 accountability and there's that web of accountability that Katreena has talked about, and
2 that's really, really important.

3 And we need to have navigators and outreach workers that work
4 outside of their traditional eight to four and nine to five. Individuals who need -- who are
5 experiencing violence need to have access to individuals that are connected to
6 community.

7 So yes, we have transition houses, but not all individuals engage
8 with transition houses, just like not all individuals engage with police. We need to have
9 those connections that trust build with key workers in community that have that visibility
10 and trust, and they need to be coming from individuals who are African Nova Scotian
11 and Indigenous and people of colour.

12 And we need to always be centring the voice, and I think that if
13 there is the more opportunities where survivors, where victims, or individuals that
14 perpetrate violence, where they have can have spaces, safe spaces to talk, that this is
15 all part of, they need to be, you know, they need to be able to speak to people in
16 positions of power, including, you know, our politicians our leaders, and ---

17 **MS. EMILY HILL:** Kristina, I'm just going to ask you to wrap up.
18 We ---

19 **MS. KRISTINA FIFIELD:** Okay.

20 **MS. EMILY HILL:** Perfect.

21 **MS. KRISTINA FIFIELD:** And just one more thing. When we talk
22 about designing and implementing policies, programs and interventions we need
23 individuals coming from marginalised and vulnerable communities and we need more
24 diversity. Because we cannot inform polices, practices and implement programs if it's
25 all being built from individuals that are white and individuals that have never had
26 presence or stepped into the communities, especially rural communities in our province.
27 Thank you.

28 **MS. EMILY HILL:** Thanks.

1 Jeanne?

2 **MS. JEANNE SARSON:** Thank you. I think my first
3 recommendation would be to ensure that the *Judges Act* in this province is indeed
4 followed because I think that will have -- the conversation about the decisions that are
5 made that are misogynistic it will bring it out into the open and make it more transparent.

6 The other recommendation the RCMP are responsible for teaching
7 on human trafficking. We know that the -- from Linda, my experience that women in
8 intimate partner violence can be exploited. And the UN Office of Drugs and Crime have
9 identified that indeed sexualised exploitation is an issue in intimate partner violence.

10 And the third point would be on the education of children. I taught
11 children in school, designed a program, and they told me that the most important thing
12 was understanding they develop a relationship with themselves. I had over a thousand
13 evaluations that said that.

14 And the other comment around education in the school is that the
15 women who were tortured and trafficked as children they have told us that maybe if the
16 education was open around violence they might have known what was happening to
17 them was not normal. And we can learn by the MO a simple thing, like disassociation.
18 A child might say "the hand did this" instead of "my hand." So we have lots that we can
19 learn about the MO of perpetrators. So thank you very much.

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

21 Linda?

22 **MS. LINDA MacDONALD:** Well, to build on what Katreena said
23 about perpetrators manipulating all those around them, the ideal place for a perpetrator
24 to manipulate is a rural area because it's small, everybody knows one another. Women
25 that Jeanne and I have worked with, they were literally surrounded by everyone who
26 were pulled in by the perpetrators; that includes the police.

27 And a person I'm thinking about, a woman I'm thinking about right is
28 the Nova Scotian, Jane Hurshman. Thirty years ago she was murdered, and she was

1 really abandoned by her community and by our province. And she was begging the
2 police for support and was murdered, or not murdered, but she was -- she was so
3 abandoned that she felt that all the recourse she had was to kill her own husband. She
4 ended up having to fight for justice for that, but I don't think she ever really, really ever
5 got over the abandonment and she ended up dying by suicide. But in my opinion it was
6 more of a suicidal femicide because I think that she was really abandoned by our
7 province. And now we have Susie Butlin, 30 years later, we're talking about her. And
8 the perpetrator manipulated the community. The police, the RCMP, when he got drunk,
9 they drove him home. You know, they didn't arrest him when he was accused of
10 assault. They just drove him home.

11 So the police are a specific population of misogyny that from John
12 Sewell says in his book on crisis in police, he talks about how education will not change
13 the misogyny of the RCMP or any policing. There has to be more accountability. And I
14 think that that's what we really need for the police in particular. I mean, education will
15 change our culture, because children do not need to be held accountable. They need to
16 be educated. But the police need accountability. And that means they need to lose
17 their jobs, they need to lose pay, they need to be suspended without pay, they need to
18 be reprimanded in ways that it makes it a deterrent for other RCMP or other police to act in
19 that misogynistic way. We have to become very serious about this. I really believe that.
20 And the misogyny in the police is not going to change by education. It's been shown
21 over and over. And to come and say that they'll do better is not enough. Not enough.
22 Not in my mind, anyways. And especially in rural areas where women and children
23 depend to be protected against men who are violent with guns.

24 Thank you.

25 **MS. EMILY HILL:** Thank you. Looking over at this side of the
26 table, I don't know who would like to address this question? Go ahead.

27 **DR. MARYANNE PEARCE:** First, I wanted to just mention about
28 Nick Cardone's paper too. I thought that the diseased tree, I love the fish, but the

1 diseased tree analogy I thought was a really good starting point. It had the story telling
2 element, which I could see actually being, you know, taken into a -- for children. We
3 keep talking about education. That's a really nice -- and it could be a nice graphic too.

4 So I just really liked that. So thank you very much for that. And I
5 hope that it expands and grows.

6 And the other thing is a tree is maybe not in Nunavut, but in
7 Canada, it's a very universal symbol. So it's very, very accessible. Because another
8 thing we keep talking about is the -- you know, the need for cultural relevant, cultural
9 safety, and the different masculinities, the different femininities, the different identities.

10 One of the things that I kept thinking, I go back to the research I
11 read where, you know, perceptions, and this could be police, service providers, anyone,
12 the perceptions of victims and victimhood and what it should look like and what it does
13 not look like. And that could be very, very different cross-culturally, different religions,
14 and different sociological statuses. If you're from a very, very rough neighbourhood
15 where showing any kind of weakness walking down the street makes you further
16 vulnerable to outside versus -- never mind domestic vulnerability, you're not going to
17 show maybe the same victim face as someone who has never experienced -- a first
18 time victim or the -- you know, the classic, you know, cis-white upper middle class
19 privileged victim.

20 And so that, I think, is something we need to keep in mind, is that,
21 you know, there is a lot of differences between perpetrators and victims and their
22 backgrounds.

23 And the -- now, Nick's paper, he mentioned about, you know, the
24 2SLGBTQ and -- aspect has to be included. And I think that's really important. And
25 also, I was really glad that you talked about the idea of colonialism as well. I think these
26 are all elements that need to be, you know, in our mind there.

27 Mr. Symonds, DeRico, had mentioned meet them where they are.
28 And I had written that down before he had said that and I was smiling because I think

1 that's really important. And it's not just the victims as well. It's the offenders as well.
2 And there has to be ways of being able to address what is going on, not what we think
3 is going on or what we hope is going on. We have a program for this, but not this. But
4 if it doesn't match, then it's not going to do anything. And I think that flexibility that
5 Nick's paper was talking about was really interesting, just the different, you know, you
6 know, what -- sorry, what the -- this basic idea of group therapy or therapy itself may not
7 be the way to do it. and we heard this earlier today as well. So this flexibility, creativity,
8 meeting people where they are, and providing, you know, solutions that are culturally
9 safe, physically safe, I think that's really important.

10 And the last thing I wanted to mention is I just -- I think it's
11 important, we've heard about it all day, but I was thinking about this later -- earlier this
12 week, preparing. I think it's important that everybody recognizes the importance and
13 the impacts of vicarious trauma and compassion fatigue on service providers, first
14 responders, you, yourselves, the Commissioners. These are important things that I
15 hope everybody keeps in mind, the need to keep physically, mentally, and spiritually
16 well, and how to help their colleagues' family, who are providing, you know, all the
17 Commission lawyers and everybody behind. This is something I hope everybody keeps
18 in mind. And my thoughts are with you all in your very important work.

19 Thank you so much.

20 **MS. EMILY HILL:** Thanks very much.

21 Pass over to you, Nick.

22 **MR. NICK CARDONE:** Thank you very much. I hope, in the grand
23 scheme of the Commission, there's a number of recommendations and supports and
24 resources that are offered to support women, children, and vulnerable populations. My
25 greatest hope is that we don't forget men and boys in this larger conversation and we
26 hold space for a both/and kind of sentiment.

27 For example, wouldn't it be lovely if there were more male-identified
28 folk around this table, in this room, attending these roundtable discussions or

1 Commission proceedings? There's a larger story about why that's the case, and we
2 can talk about that another time, but for the shifts that we are hoping for to truly take
3 place on a grand scale, we need more men and male voices as well, and supports.

4 Some of those supports in my hope of hopes, again, look at the up
5 and down stream. And I'll just give a couple of quick suggestions.

6 I made a comment to my desk partners over here earlier around a
7 story at school where one of my other daughters was playing in the playground and she
8 went to one of the teachers saying there's a group of boys that were stealing the
9 basketball from them, and the teacher said, more or less, "Boys will be boys" and
10 sluffed it off.

11 And so one of the, sort of, greatest upstream, I think, supports we
12 need is greater education and training for educators. Community leaders in general, but
13 educators as well.

14 And as someone mentioned earlier, that's where our -- I think it was
15 DeRico, that's where our kids are spending the vast majority of their days anyways.

16 Similarly goes for coaching environments where coaches are role
17 models and what they say and what they do has a great influence on the young people
18 and the young minds and the young lives.

19 DeRico also mentioned curriculum that is long overdue to address
20 any one of the number of issues that are brought up at this -- that's been brought up at
21 the table here.

22 And lastly, coaching, parenting, mentoring support for parents.

23 In a downstream capacity, it sounds like Dr. Scott mentioned this,
24 and the language I use this notion of a culture class. There's this culture of masculinity,
25 which I described earlier. There's also a culture of therapy. And generally speaking,
26 therapy more or less looks like 50 minute/hour, sitting in an office in a confined space,
27 generally talking about your feelings. And that tends not to resonate. And there's lots
28 of research that says that the traditional notion of therapy tends not to resonate with

1 most men and boys. And so to sort of shift the ability for men and boys to heal from
2 anyone of a number of things, doesn't matter if it's violence that's been perpetrated
3 against them, or the traumas they've experienced doing something to someone else,
4 that we need to find ways to invite them into a therapy space, headspace, heart space.
5 And that doesn't mean that they just need to sit in an office.

6 And so the work that I do, individually and for groups, is to invite
7 men and boys to see that there are other ways and other places that we can do the
8 therapy.

9 There is plenty of research that has been coming out in recent
10 years that demonstrates quite unequivocally that men and boys tend not to either show
11 up in therapy, adhere to therapeutic work, or just drop out simply because the therapy is
12 not the right approach and the relationship with the therapist is just ineffective. And so
13 we know that men and boys need therapy supports. We just need greater resonance,
14 gender-sensitive therapy approaches for men and boys to help them heal.

15 And there's my pie in the sky. Thank you very much for the time.

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

17 Kaitlin?

18 **MS. KAITLIN GEIGER-BARDSWICH:** So I did forget to mention in
19 the last question specifically about second stage shelters and I just want to take a
20 moment to talk about that. Second stage shelters are a form of transitional supportive
21 housing for survivors of intimate partner violence, who are at risk of danger post
22 separation and need additional time and support to heal from their trauma and rebuild
23 their lives. They're often created out of a need seen by an emergency shelter.

24 And a note as well, I've been saying shelters throughout this,
25 recognizing that they're called transition homes in this province and other parts of the
26 country. Shelters and transition homes are used interchangeably, but when I'm
27 speaking about shelters, I'm speaking in this province about transition homes, just to
28 make that clear.

1 Second stage shelters are basically not in existent (*sic*) in rural,
2 remote and northern communities. We -- Women's Shelters Canada has been doing a
3 large-scale research study about second stage shelters, the first of its kind in this
4 country, brought out a recommendation that we really need to increase the number of
5 second stage shelters in these regions. They are limited due to often the critical lack of
6 affordable housing, additional costs to build in the north, fewer opportunities to partner
7 with housing organizations, and barriers to local fundraising. Second stage shelters do
8 not receive any government funds in some provinces such as Saskatchewan and
9 Newfoundland. Quebec recently started funding them and that was only after a
10 concerted campaign by the second stage coalition in that province.

11 Women's Shelters Canada is also working on a new second stage
12 shelter program that will work with 14 emergency shelters to build second stage
13 shelters, and we're particularly looking at rural areas, to providing these supports
14 including some funding to navigate the systems needed to get these shelters operating.
15 But as I mentioned before, the grant to do this is from a private foundation, not from
16 government sustainable funds.

17 Now to answer this question, the simplest and most important
18 response I think is that we need to have vulnerable and marginalized individuals and
19 communities at the table when we're designing those policies, programs and
20 interventions. I wholeheartedly echo everything that Kristina and DeRico have been
21 saying this afternoon and this morning particularly about that.

22 Service providers need to better understand accessibility issues. In
23 the shelter and transition house sector, many are not physically accessible because
24 their buildings are old and falling apart. It's not because of a lack of desire to be
25 accessible, but a lack of being able to. I recommend connecting with our reading the
26 work of DAWN Canada specifically on accessibility.

27 Additionally, for rural and particularly marginalized individuals, the
28 Commission should -- I'm not sure if you are doing this, but I recommend seeking out

1 recommendations from indigenous organizations. Our sister organization for on reserve
2 shelters is the National Aboriginal Circle Against Family Violence, so they could give
3 specific recommendations for that.

4 Service providers outside the IPV, intimate partner violence sector
5 need to better understand the realities of the people in the shelter system. For
6 example, in some provinces, the housing authority and Child Protective Services will
7 only allow a woman to have her children returned to her if she can find housing that has
8 a separate bedroom for each child over the age of five. As we mentioned regarding the
9 housing crisis, that is impossible for many women seeking to leave a shelter.

10 We've talked about education for children. Service providers need
11 to provide trauma informed services for children and youth who have witnessed or
12 experienced abuse. Women's Shelters Canada is also taking a BC Society of
13 Transition Houses program, the PEACE program, national, which does this work with
14 children and youth and is focussing on training shelters located in rural, remote and
15 northern communities outside of B.C. But again, more funding, more of that would be
16 really useful.

17 Service providers also need to understand technologically
18 facilitated abuse and how it particularly affects rural women. Through a federal
19 government grant this time, we are scaling up another BC Society program on tech
20 violence and bringing training to shelters across the country over a two-year period.
21 And again, these are all sort of, like, *ad hoc* grants based things and there's not really a
22 concerted core effort to get all this happening where we don't have to keep applying for
23 money to have it happened.

24 As Katreena mentioned earlier regarding low barrier, trauma
25 informed services, there needs to be more supports for services to operate this way and
26 more funding to do so. This is especially true in rural areas where a woman's shelter or
27 transition house is often the only place to go. They can have people referred to them by
28 police or by hospitals if they do not necessarily have the services to adequately serve.

1 In a report I referred to earlier, about 80 percent of shelters have
2 served women with substance use or mental health concerns, but 80 percent of those
3 reported that this was a major challenge for shelters.

4 Again, through a corporate donation, we are creating a community
5 of practice working with 40 to 50 shelter staff from across the country to identify ways to
6 better support women with substance use and mental health challenges. However, the
7 applications we received were three times the number of slots we had, which again
8 shows the demand for that training and increased training on that issue. Thank you.

9 **MS. EMILY HILL:** Thank you so much. Just before we move to
10 Nova Scotia, I want to just check in. Julia Rustad, did I -- I may have skipped over you
11 inadvertently. Did you have anything you wanted to add?

12 Okay. I just wanted to make sure. And go ahead, yeah, DeRico.

13 **MR. DeRICO SYMONDS:** Thank you. The first thing I wanted to
14 say as well is just a thank you to the ASL interpreters in the room. I just appreciate that
15 this is as accessible as it can be.

16 Just three observations and then I have a bunch of things I'll get
17 through very quickly. So one, I just want to point out how different the question was
18 present in question one. So just doubling back is what resources and supports do black
19 women or do Mi'kmaw women or and you could add on. And I just want to bring home
20 how nuanced the conversation can become if we structure the question differently.

21 And then observation number two is that listening to all of the
22 answers, nobody mentioned sort of police, sort of in what they may need more of or
23 what police can do. I'm not going to go into sort of qualifying that particular observation,
24 but I just wanted to point that out. So I think it's noteworthy especially if we're talking
25 about community safety.

26 And then the other one is around I also sort of wonder if we have a
27 sort of generalized understanding of what safety means because I think it's also
28 different, especially if we're talking on the binary with men and women, because me

1 being safe at nighttime walking down the street would not be the same safety in the
2 same situation for a woman. And I think that it's important to understand when we're
3 talking about safety what are we talking about, and do we have a working definition that
4 we're qualifying for what we mean when we say safety.

5 And so a question I'll kind of lead with to start in is will you do what
6 is easy or will you do what is right? And the easy thing, of course, is to do nothing,
7 which I've heard so many mention about reports. And so will you do what is easy or will
8 you do what is right.

9 So I have maybe about nine things. I'll get through them. Five
10 minutes is enough.

11 So we need a systemic approach. We need systemic solutions for
12 systemic issues. We know that this is something that has been going on on the
13 shoulders and the backs of women, I think someone pointed out. We know this. And
14 so why continue to create best practices for issues that we know exist rather than let's
15 look at eliminating the issue. And one of the things that Nick had talked about is
16 certainly more men around the table, and I would take it a bit further in terms of, you
17 know, this particular space you would need an invite, but rather than men being invited
18 into spaces, men creating spaces and/or tables for themselves to talk about this issue.

19 Two, so looking at the question, so, you know, what do service
20 providers need to do, I'm sort of thinking, well, what do -- what does society need to do,
21 because I think that there's a bit of a sort of indirect implication that the onus or the
22 blame is on service providers by asking them what they need to do to better
23 understand.

24 And then I think that we're stuck in a perpetual motion of
25 intervention. And so desk colleagues, as Nick referred, is that, you know, what I was
26 saying is that we'll have no education about any of these subjects through elementary,
27 through junior high, through high school, and then we'll be surprised when something
28 happens or when someone commits gender-based violence, but we've provided no type

1 of preventative education along the way, and we're catching folks on the other end and
2 intervening rather than looking at preventative measures directly from the beginning.
3 And so that conversation that Nick was talking about where, you know, what the teacher
4 said and what his daughter was experiencing, that could be completely different if that
5 curriculum or that conversation in that school had some of this stuff embedded into it.
6 And accountability, so accountability in action, so who's held accountable if nothing
7 happens? Because, again, we talked about -- I know there was a comment somewhere
8 around there about reports, reports and reports and reports. So who's held accountable
9 if nothing happens?

10 I think that certainly diversity, diversity of opinion, diversity of
11 people. When we have the most amount of diversity we can have in any conversation, I
12 believe we come to the most well-rounded answer that we can get to because we have
13 the most lived experience, different cultural background, et cetera.

14 And then as well, I think that some of these things become
15 normalized in community. Rural, small communities these particular behaviours
16 become normalized and then when folks step out of those communities, this behaviour's
17 not acceptable. And so I'm not saying it's right. I'm just saying that it becomes
18 normalized within those particular communities.

19 And yeah, that would be it. Told you I would get through.

20 Thank you.

21 **MS. EMILY HILL:** I didn't think you could do it, but I can confirm
22 that you did, so thank you.

23 And I should apologize. Jill Barkhouse is here, I understand, with
24 quite a different mandate than her other colleague here from Nova Scotia. She's the
25 Director of Child, Youth and Family Services within the Department of Family -- of
26 Family Supports within Department of Community Services.

27 And so I should have given her the opportunity to respond to the
28 first question and didn't, so I would invite you now, Jill, to address both questions and I

1 won't be quite as heavy with my hand on the buzzer here.

2 **MS. JILL BARKHOUSE:** It's okay. I'll try to make it quick, yeah.

3 So thank you very much, first of all, and a lot of what I would have
4 shared in response to the first question I'll keep it really concise because a lot's been
5 shared already.

6 I do appreciate having space to talk about the needs of children in
7 response to issues of violence and community safety.

8 So we'll just kind of recap some of the thoughts that have come
9 from our team with the Department of Community Services specifically around well-
10 being of children in families and in communities.

11 In terms of resources and supports, coordinated responses to
12 family violence that have a whole of family approach with increased emphasis on
13 responses and interventions for children. Experiences including direct exposure to
14 violence in childhood is traumatic and, really, education about healthy and safe
15 relationships, personal safety, community supports is essential and helps to reduce the
16 likelihood to be harmed or harm others as an adult.

17 It's critical that there is equitable access to direct interventions for
18 children and families when safe to do so as a whole family, with children in the centre.
19 Supportive services should seek to connect people and wrap around those affected
20 when safe to do so, with less focus on division, separation and stigmatization, which
21 can cause further harm to all.

22 There's been lots of mention, and just to reiterate, focus on safety,
23 support and accountability for all affected. Services for male identifying individuals and
24 people using violence should include services that promote healthy community
25 engagement and address gender-based norms and traditional ideas of masculinity.

26 Just also around the coordination of response that are relevant and
27 timely in terms of information sharing and collaboration with considerations for informed
28 consent, autonomy and safety being paramount.

1 Communities themselves need to be supported to establish plans,
2 services and programs that ensure safe spaces, networks of trust and support as well
3 as navigation services, which has been mentioned, that are readily available to all and
4 destigmatizing.

5 Resources should be formal and informal, varied to support
6 accessibility in person, in office, in community, virtually, groups, peer led using online
7 platforms to keep -- to connect with people where they are to provide information and
8 support.

9 In terms of rural areas, I just wanted to mention aspects around
10 social isolation and geographic isolation. So social isolation, of course, is a risk factor
11 for family and interpersonal violence, and community inclusion is needed. Oftentimes,
12 marginalized families are not included or engaged in the larger community. Barriers to
13 participation often include transportation, childcare, financial resources. Community
14 development approaches should have a particular emphasis on engaging vulnerable
15 populations.

16 There are also multiple barriers for people affected by violence in
17 terms of geographic location, housing security, limited employment opportunities,
18 access to supports and services, transportation. All of those have been shared today.
19 Services, again, need to meet people where they are.

20 Consideration for enhancing community hubs and networks at sites
21 for possible support and engagement using existing resources and sites in our rural
22 centres in Nova Scotia.

23 Also mention about public and individual safety can be enhanced
24 by ensuring all of rural Nova Scotia have basic utilities, have basic needs met, have
25 internet connectivity and cell service capability. I think that's been mentioned as well.

26 Ensuring -- so biggest impact in terms of addressing violence,
27 ensuring a coordinated approach, and collaboration is key, with no one system being
28 responsible to address the safety and support needs of children and families. This

1 coordinated response should engage all and shared principles that guide responses to
2 violence, things like respect, inherent dignity, inclusion, autonomy and no wrong door.

3 Ensuring community members, including Elders, leaders, youth,
4 family members are included in identifying the issues, impacts and developing their own
5 solutions. The largest impact and lasting effects will come with a child and family-
6 centred approach that is embraced by all in policy development and delivery of
7 programs and services.

8 In terms of service providers and what is needed to better
9 understand to contribute to community safety in rural areas, understanding the
10 community context and needs, seeking and building a network of service providers and
11 community leaders engaged in the work of safety, provide trauma support for service
12 providers specific to addressing violence and harm, focus on early education,
13 prevention and community engagement.

14 Also, some consideration for recruitment and retention strategies to
15 address and attract the level of services required in rural areas in holistic ways. Ensure
16 information and transparency in recruitment activities for service providers about the
17 challenges and chronic responses to hurting children and families. Support staff and
18 their families holistically with wellness plans and goals aimed at retaining them as
19 healthy members of community.

20 I just have a couple other notes around vulnerable or marginalized
21 individuals and communities.

22 So emphasizing engagement of vulnerable and marginalized
23 populations and focus on inclusion and barrier-free access, accountability for diversity
24 and equity in all aspects of policy, programs and services.

25 Programming for male-identifying individuals, that's been
26 mentioned a number of times this afternoon. Need to enhance what already exists to
27 ensure preventative outreach before violence occurs or as soon as risk factors are
28 present. Enhance supports specifically for African-Nova Scotian and indigenous male-

1 identifying folks.

2 We have experienced changes in terms of our child welfare service
3 delivery in terms of new Canadians, so I also wanted to recognize unique needs there,
4 especially those who arrive in Nova Scotia and in Canada with experiences of trauma
5 and violence requiring culturally-informed and safe supports, may need consideration
6 for translation, literacy, orientation to specific laws and norms and differing gender
7 perspectives.

8 I think addressing violence will be most impacted if we're curious
9 together, if we're intentional and if we inquire of community members around their own
10 needs, their expertise and leadership in the development, implementation and delivery
11 of resources in their communities.

12 Thanks.

13 **MS. EMILY HILL:** Thanks so much.

14 Katreena, do you have any -- a few brief comments based on what
15 we've heard in this last round?

16 **DR. KATREENA SCOTT:** Well, just very briefly say that one of --
17 there are two things that really stand out for me in terms of the comments that
18 everybody's made. One is the really clear understanding of a gender-based and
19 intersectional analysis and how lovely it is to hear that repeated over and over again.

20 And then the second is, you know, I -- we've come through many
21 years where the idea of accountability has somehow been made synonymous with the
22 idea of punitiveness. And it's not the same thing. And I really appreciate the way
23 people have been able to speak about accountability in a way that is also healing, that
24 the idea of being accountable and also healing is not -- they're not mutually exclusive
25 that you can hold somebody accountable for their behaviour, you can help them
26 change, and you can do that in a way that doesn't necessarily mean that you're being
27 punitive.

28 And finally, I just want to reiterate some of the things that Nick said

1 and others said about the importance of meeting people where they're at and thank
2 people for their many examples of the ways in which we can rethink the way we meet
3 people and address their needs.

4 Thanks.

5 **MS. EMILY HILL:** Thanks so much.

6 I look to the Commissioners to see if there's any questions for
7 further comments.

8 **COMMISSIONER FITCH:** Thank you, Emily.

9 I just want to express my gratitude for each and every one of you
10 around the table and everything that you've brought to the discussion today. I was
11 sitting here doing the math in my head and realizing that I'm getting close to the four
12 decades than the three decades of interest and commitment to dealing with intimate
13 partner violence, family violence, domestic violence, all the various names that we've
14 attributed to violence in our communities over the years.

15 You know, I know that we're here united with a mission to make
16 things better going forward, to find opportunities to prevent, and to intervene, and
17 educate, and respond effectively when response is required. But as often I've
18 experienced, as I'm sure all of you around this table have over the years, is that
19 oftentimes we're preaching to the choir. We're the same people in different provinces
20 pulling up to the table. There's pockets of amazing work being done everywhere, you
21 know, around the world on this very, very complex -- these complex issues.

22 You had mentioned that we're connected but not coordinated. But
23 sadly, there is a lot of times that we're not even connected. You know, It's -- we talk
24 about the silos and the difficulties with, you know, breaking down those silos.

25 And Sue, when you were talking, I was smiling because the one
26 question that I actually had was a question I was going to pose to you, not for an
27 answer back to myself or my fellow commissioners, but as a takeaway question for you
28 to ponder when we talk about what is collaboration. So like not what is collaboration,

1 but what does it actually look like, what does it feel like, how do we know when we're
2 successful?

3 You know, I would dare guess that probably in this room, nobody
4 knows about an initiative that was launched with the Canadian Association Chiefs of
5 Police back in 2016 on the police collaborative action to intimate partner violence. And
6 we talk about systems and programs to support male offenders. It's in there. We talk
7 about community wraparound services. It's in there. We talk about intervention,
8 prevention, communication. All of those things. But sometimes the left hand doesn't
9 know what the right hand is doing.

10 So my question to you folks is what does collaboration really
11 mean? You know, we've been entrusted with coming forward with recommendations,
12 and I'm sure my fellow commissioners will talk about this, but we don't have the ability
13 to actually make the implementation. That goes back to community. That goes back to
14 the people on the ground to hold each other's feet to the fire, to make sure that these
15 great recommendations actually get lifted off the page and get put into action.

16 So what does collaboration look like when it's in action, when it's
17 being applied, when it's actually making change and not those of us talking into a bowl
18 to one another?

19 And if -- I would be so thrilled if at the end of the day, our
20 communications team came to us and said, "You know all those online viewers that we
21 had through the first phase of our work when we talked about what happened in those
22 terrible 13 hours?" That, "We had the same number of people tuning in to this
23 presentation today because they care enough to know about some of the root cause
24 issues that got us to where we are and why we're here."

25 But I do want to say, just on a personal note, and then I'm going to
26 turn it over to my fellow Commissioners.

27 Nick, you'll be happy to know that one of my most delightful
28 moments in policing was when I was giving a talk on the steps of City Hall in

1 Fredericton, and it was on one of the White Ribbon campaigns, and I looked down into
2 the crowd and my nephew and most of his rugby team was there. And I also want to
3 say that I think he actually met his wife when they were studying in the women's --
4 sociology of women's issues.

5 So to say that men need to be at the table, it takes everybody.
6 When we talk about community, community policing, police have to be a part of that;
7 right? But they can't do it alone. And NGOs can't do it alone. Government can't do it
8 alone. And we really need people in communities, individual human beings stepping
9 up.

10 So thank you. Those are my comments and my one question back
11 to you guys about what successful collaboration actually looks like. Thank you.

12 **COMMISSIONER MacDONALD:** I'll just, very briefly, offer a huge
13 thank you to all of you. I mentioned this earlier, but for me personally, this has been
14 enormously helpful and insightful and I state with humility that powerful men have to
15 step up. I heard that. Thank you very much.

16 **COMMISSIONER STANTON:** I really appreciated the submissions
17 as well, or the discussion.

18 Further to what Emily said about there being individuals in rural
19 communities who are responsible for disproportionate amounts of violence and people
20 are too afraid to do -- to say anything or do anything about it, the web of accountability
21 that you referred to in your paper, Dr. Scott, is, I think, what we're all kind of talking
22 about. And Commissioner Fitch has said this with, you know, what does collaboration
23 look like? When you mention a coordinated community response in your paper, it would
24 be very helpful in the submissions that we'll get to have an understanding to address
25 that question that Commissioner Fitch has asked of, "Okay. How do we coordinate that
26 community response?" Because it can't be just one agency, or on -- and it can't all be
27 on the shoulders of the women's organizations that are doing so much heavy lifting, or
28 on any one person, obviously.

1 And then I just wanted to say to Sue's point about the
2 environmental scan and the over 2,000 recommendations that we've logged that are
3 relevant to this mandate from previous inquiries, some of which have been
4 implemented, we'll say, but many of which have not. And so our framing and the
5 reason why we asked for that environmental scan early on was to say, "Okay. We
6 recognize that our mandate will generate recommendations, some of which will be new
7 to -- because of this mass casualty and what it evokes, but some of which will be ones
8 we have seen many, many times before."

9 And so, again, in submissions, final submissions from Participants,
10 it would be very helpful to identify what have been the barriers to implementing some of
11 these recommendations that we've seen time and time again so that we can actually
12 identify the locus of responsibility for those recommendations and say we understand
13 that you would be the responsible party for implementing this and we see that this has
14 been recommended many times before, and we suspect that here might be the barriers
15 to implementation and figuring out how to -- what is the lever to press to remove those
16 barriers so that implementation can happen, so that we aren't all back here in 10 years
17 having that same discussion. So that really has been our thinking with respect to that
18 environmental scan is not just to say, oh, look, this has all been said before, but to
19 identify clearly it has been said before. Why has it been said repeatedly and not been
20 addressed? And I think that's the critical piece that we really do need to sort through.
21 So that's been a preoccupation, for sure.

22 So I have a few closing remarks at the end of the day, Emily and
23 Gillian, but back over to you to close. Thank you.

24 **MS. EMILY HILL:** Thank you. Just very briefly on behalf of Gillian
25 and myself, the Commissioners and the whole Commission, I just want to thank all of
26 you who came today. I know this came together on very short notice, and so I know
27 that that meant rejuvenging your schedules, leaning on colleagues, perhaps family
28 members to make the space to come and devote a whole day here. I also know it

1 probably meant prep time after hours and so I just want to acknowledge that and thank
2 you all very much. You have seen us all taking notes. There is also a transcript that will
3 be available to the Commission, and certainly, I want you to know that what we discuss
4 here goes beyond just the Commission staff that you see here. We have a research
5 and policy team, other members of our legal team, who review these transcripts to
6 make sure that we're getting everything that we can from these conversations. We also
7 do have many, many viewers who watch the webcast, both in real time but also later,
8 especially those who are really doing in this work. We've heard from them that they are
9 finding these webcasts to be a really important resource for their work. So I just want to
10 really let you know that what you have shared with us has been really helpful, and thank
11 you for your time, and I look forward to continuing to work with you as Participants
12 through phase three and right through our final report. So thank you all very much.

13 **COMMISSIONER STANTON:** And thank you, Emily and Gillian,
14 for your facilitation today and for acknowledging the tremendous work that Participants
15 have put into assisting us in this process. And so thank you on behalf of the
16 Commissioners to all of you, the representatives of gender-based organizations and
17 governments and institutions who have assisted us today with this thoughtful
18 discussion. Participant consultations like this are an important way for us to hear from
19 knowledge keepers and experts on potential ways to implement changes to help make
20 our communities safer.

21 As noted by Dr. Pearce, it's important to attend to your mental
22 health as you're listening to these discussions, so please, if you're in the room, we do
23 have mental health support team in the room. And if you're attending virtually, please
24 do see the supports page on the website. And I do want to express gratitude to all the
25 service providers who have bake sales and bingos in order to raise the money to do life-
26 saving work. We really appreciate what you do.

27 Tomorrow morning we'll hear another Participant consultation with
28 representatives from police related organizations. And as a reminder to the public,

1 tomorrow is the final day to submit academic or technical research related to the
2 Commission's mandate through our public submissions survey on the website.
3 Throughout September we'll continue to accept suggestions for changes or ways we
4 can strengthen community safety. You can submit your suggestions through our
5 website, or over the phone, by email or letter. The Commission has developed a
6 discussion guide to help make it easier to share your suggestions for change by
7 introducing issues analyzed by the Commission and asking questions to help you think
8 about potential recommendations. The discussion guide and other useful resources
9 can be found on our website.

10 Thanks again, everyone, and we'll see you tomorrow.

11 --- Upon adjourning at 4:39 p.m.

12

13

CERTIFICATION

14

15 I, Wendy Clements, a certified court reporter, hereby certify the foregoing pages to be
16 an accurate transcription of my notes/records to the best of my skill and ability, and I so
17 swear.

18

19 Je, Wendy Clements, une sténographe officiel, certifie que les pages ci-hauts sont une
20 transcription conforme de mes notes/enregistrements au meilleur de mes capacités, et
21 je le jure.

22

23

A handwritten signature in black ink, appearing to read "W. Clements", is written over a horizontal line.

24

Wendy Clements

25